Practice enquiry guidelines: A framework for SCIE commissioners and providers

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Introduction: summary and purpose

The conduct of practice enquiries for SCIE

These guidelines concern the conduct of practice enquiries commissioned by the Social Care Institute for Excellence (SCIE), and are a companion to the guidelines on the conduct of systematic research reviews (Coren and Fisher 2006). They are intended to be of use to SCIE staff, to external applicants and commissionees, to our funders, as well as to the wider community interested in social science methodology. The interim framework below is the result of work undertaken jointly by research and practice development managers at SCIE, and remains subject to revision and updating.

This version was last updated in August 2009.

Aims of producing practice enquiry guidelines

SCIE values transparency and accessibility in all its work. The aim of this publication is to facilitate:

- greater consistency and transparency in the conduct of SCIE practice enquiries
- airing and sharing the limitations and challenges such methods face, with a view to developing better ways of applying them
- promotion of good standards of ethical research, so that the findings from SCIE-commissioned enquiries are useful for policy-makers, practitioners and people who use services
- contribution to methodological advances in social care research
- better commissioning by SCIE staff and hence increased value for money
- practice enquiries which are authoritative in delivering conclusions because they are explicit about the enquiry method and outcomes.

About this framework for practice enquiry guidelines

The knowledge reviews produced by SCIE will usually include both a research review and a practice enquiry. The present framework outlines guidelines for SCIE staff commissioning practice enquiries, and for contractors undertaking a practice enquiry for SCIE. The guidelines are flexible to accommodate the aims and resources of different projects in ‘surveying’ current practice in the field of social care. However, they will promote conformity with values which are important to SCIE in all its work, such as transparency and the need to draw on knowledge from all types of stakeholder. They do not dictate methodology, and will need to be adapted to the precise circumstances of the commission, including the time, money and other resources available.

Readers should be aware that there is considerable repetition (of topic and material) in this document. The reason for this is that, rather like its companion (Coren and Fisher 2006), we expect parts of the document to be ‘dipped into’ by different people seeking advice on different processes. For this reason, it is important to include some commentary in more than one place.

This document is organised around five sections:

1. Definitions and outlines. What is a SCIE practice enquiry? Why do we do it? How does it fit in the jigsaw of evidence?
2. Planning and commissioning a SCIE practice enquiry. This is for use both internally and externally to SCIE, and discusses how tenders are assessed.
3. Undertaking a SCIE practice enquiry.
4. Rapid appraisals of practice.
5. Reporting practice enquiries.

1 Definitions and outlines

1.1 What is a SCIE practice enquiry? Definition and purpose

Arriving at a definition of a SCIE practice enquiry is problematic. In the past, SCIE has used the term 'practice survey', which usually refers to a structured questionnaire enquiry 'sent' – perhaps by post, email, or filled in by telephone interviewers – to a sample of people chosen for particular reasons. To avoid confusion, this document uses the term 'enquiry' to suggest making enquiries about current policy and practice in social care settings.

A practice enquiry is a 'made to order' structured or semi-structured original enquiry into aspects of current practice in health and social care. It can address whatever themes and organisational levels (and types of knowledge) are the concern of the people paying for it – the commissioner(s). A practice enquiry may attempt universal coverage (e.g. by including all councils with social services responsibilities, or CSSRs), or target a sample of these to be investigated. If the object of enquiry is a specialist service of very limited numbers, universal coverage of all of these may be attempted.

A range of methods (such as surveys, interviews, focus groups and case studies) may be used in the enquiry. Methods used in practice enquiries are designed for purpose, and may need to be relatively quick and cheap in order to meet the requirements of SCIE's work programme and funders. Inevitably, they therefore lack the rigour of more comprehensive designs. For example, practice enquiries within organisations often rely on the self-reported views of one particular individual respondent. They give a taste of the content, rationale and range of practice, and their findings should not be considered to apply to all similar contexts.

A SCIE practice enquiry may aim to:

- See what is going on in a particular field of practice, although the view is only partial.
- Capture the range or characteristics of different practice and progress in relation to a specific topic area or research question.
- Consult with a range of stakeholders, or with one or more types of stakeholder (e.g. practitioners) on their experience and/or views of particular topic areas or research questions.
- Complement a literature review by:
    - (i) focusing on gaps in what the literature describes
    - (ii) providing examples of practice which may not yet be written up
    - (iii) illustrate findings from the literature
- Harvest self-reports of innovative, interesting or representative practice.
- Identify the presence – or absence – of particular services or interventions. It may then be part of a practice enquiry to follow these up with more detailed enquiry methods, such as case studies.

1.2 Why does SCIE commission practice enquiries? Advantages and limitations

1.2.1 Why do practice enquiries?

SCIE's role is to identify and make available the evidence on which improvements in the social care sector can be built. Some of that evidence is written up in journals and research reports, and SCIE commissions systematic reviews to bring together the documented evidence. SCIE also commissions practice enquiries for a number of reasons, including the following:

1. Acknowledgement that emergent (and even established) practice is unlikely to be captured in a research review of available evidence.
2. Practice enquiries can indicate the state of current practice in the topic area and whether this has moved beyond, or fails to meet, the evidence base or expectations of policy-makers.
3. Key messages from a research review will be enhanced by examples from the practice enquiry which show that the goals advocated by research can be achieved in practice.
4. The contextual considerations behind policy, organisational change processes and legislation can be identified.
5. Enquiry material could be integrated into reporting of trends and secondary analysis of datasets to support 'turning the curve' methodology.
6. Practice enquiries can create reciprocal relationships and lines of communication with (individual and organisational) providers of services.

1.2.2 Advantages of practice enquiries

1. Provide data on practice – potentially some evidence on process and outcomes where initial scoping or mapping may have shown there is little available research in a particular topic area.
2. Contribute to the evidence base if properly researched and recorded.
3. Permit field testing of evidence (and/or recommendations) from scoping/knowledge reviews.
4. Generalisability of evidence findings (process and context as well as outcomes) can be explored.
5. Can be more cheaply and quickly undertaken than full-scale research.
6. Findings are of interest to policy-makers, implementation and practitioner organisations.
7. Practice-based knowledge may influence uptake of a particular approach.
8. Enquiries can act to engage and feed back to the stakeholder community/ies.
9. Enquiries are flexible, and can use multiple and mixed methods fit for purpose and resources (e.g. telephone interviews, online enquiries etc.).

1.2.3 Challenges of practice enquiries

1. They cost time and resources, and may be difficult to commission externally, especially at short notice.
2. They are usually classified as research, and hence may need complex clearances (under the research governance framework), causing some delays.
3. Depending on methodology (resources) and depth of coverage, they are likely to rely heavily on self-report. How frank and independent can that be? The method may suppress negative findings.
4. The people or organisations involved in the enquiry – those who find time to actively take part or 'respond' – may be unrepresentative of the sector, so conclusions drawn cannot be assumed to be generalisable.
5. If relying on survey methods, enquiries may suffer from poor response rates.
6. Any kind of enquiry into the busy field of practice has to make itself relevant and attractive to respondents, and this can be difficult.
7. Status of findings may be compromised for a number of reasons (self-report; snapshot doesn't show sustainability; long-term outcomes are uncertain etc).
8. Researchers who carry out practice enquiries must report on the limitations of their approaches.
9. The quality assurance of practice enquiries is difficult because they are so varied.

1.2.4 What practice enquiries may deliver

Depending on the requirements of the particular commission, the enquiry may indicate or illustrate (rather than prove):

- the range of current professional consensus
- custom and practice
- presence or absence of particular services or service configurations
- emerging new and/or innovative practice
- conformity of practice with current benchmarks, recommendations or policy requirements
- the knowledge base or other rationale for professional activity, whether implicit or explicit
- gaps in available information about current practice
- gaps in the knowledge base for practice
- the acceptability of current guidance or policy to different stakeholders.

1.2.5 Limitations of practice enquiries

A practice enquiry cannot:

- Establish or quantify the prevalence of specific practices. This is because it will never achieve a universal – and perhaps not even a representative – sample of responses.
- Provide evidence that is generalisable – though it may be highly suggestive of what is happening in the field, and may identify the range of models, though not reliably how many people or organisations are following these models.
- Offer an independent assessment of practice, since most reporting will be self-report.
- Provide objective evidence of 'good' or 'best' practice (since this would require a rigorous and comparative assessment of the quality of the practice and its outcomes).

1.3 How Practice Enquiries fit within SCIE's knowledge capture function

SCIE has a number of methods of acquiring and disseminating evidence from the social care sector. These include the following.

Systematic maps. Mapping is a systematic approach to scoping and searching for evidence on a particular topic. Full texts are sought out and evaluated against exclusion criteria, and resource databases built. Structured data, in the form of keywords or responses to specific questions of interest to the overall project is extracted from each text and held on file to categorise:

(a) the topic area of each paper, as a guide to what evidence exists, and what possible research questions it might address

(b) the quality of the available data (design of studies, inclusion of stakeholder views etc).

Knowledge reviews. If no map is planned, or the map shows evidence which can address the questions SCIE (and SCIE's partners) propose to answer, a full knowledge review may be commissioned. This will certainly entail a research review (a systematic analysis of the published literature identified by the map, with some updating). A knowledge review may also include a practice enquiry. The report of the knowledge review will then report on both aspects separately within a single report, using evidence from both the literature review and the practice enquiry to arrive at conclusions.

A practice enquiry may also be carried out independently of a research review, if the initial mapping shows that the content of available evidence is limited, untrustworthy or does not address the research questions of interest.

SCIE has in the past carried out practice enquiries with in-house resources led by SCIE staff, but is more likely to commission the work to external research providers. This guide is intended for use by both SCIE staff and external providers.

1.4 The timing of practice enquiries

A SCIE practice enquiry may be designed to complement research findings from other SCIE methods. SCIE practice enquiries are often commissioned simultaneously with a research review (together forming a SCIE knowledge review). However, if the enquiry is motivated by shortcomings in the evidence available to a literature review, there may be added stress on the rapid availability of results. Practice enquiries may also be commissioned to inform the scale and focus of reviews and other major work programmes, or to test the acceptability of guidance drawn up. Where rapid results are required in order to support subsequent programme stages, it may be necessary to limit the stakeholders consulted, to limit the scope of enquiry and to downsize the sample. Further comments on conducting a rapid appraisal of practice are to be found in Section 4. The essential need is to identify and agree between both parties what is expected of the enquiry at the beginning of the process.

1.5 The focus of practice enquiries: what they find out

Practice enquiries find, describe and consider examples of current practice. The commissioners of a practice enquiry – usually SCIE in this instance – will need to write a short and clear statement or commissioning brief about the question, topic or practice the enquiry is about (see Section 2.3). Depending on the requirements of the particular commission, the enquiry may be designed to indicate one or more of:

- knowledge held by people who use services, practitioners and organisations
- custom, practice and/or consensus
- emerging new practice
- the extent to which practice conforms to the current evidence base, policy or benchmarks
- the knowledge base or other rationale for professional activity, whether implicit or explicit
- gaps in available information about current practice
- gaps in the knowledge base for practice.

The scope of practice enquiries will be influenced by a number of features, including the availability of other sources of evidence, and the audience for which the findings are designed. SCIE aims to inform and influence a wide range of stakeholders, including students, practitioners, commissioners and policy-makers, and publishes research briefings and practice guides only if and when the standard of findings permits them.

The method and reporting of practice enquiries therefore require transparent reporting of shortcomings in the process, and the limitations of the findings, so that the standard of evidence is clear.

Evidence from a practice enquiry is likely to be predominantly qualitative, and based on what people say. However, there is the prospect that, where organisational practice is being investigated, some quantitative data may be collected to suggest the extent or scope of any activity. This might include, for example, the number of clients assessed by an organisation in a particular period. However, the status of this data – ordinarily self-reported without independent evaluation – means that it is not suited to quantitative analysis beyond the reporting of frequencies. Quantitative evidence from a practice enquiry is descriptive, and is most useful:

- Where it relates to the internal characteristics of an organisation taking part in the enquiry (e.g. internal audit figures; how many people signed up to direct payments)
- In describing the characteristics of the organisations or people who responded to the enquiry (e.g. 33 organisations responded, of whom 20 were charities).

If the practice enquiry takes the form of a postal, email or telephone survey, it is likely to report the percentage of respondents who chose particular responses. It cannot be inferred from this that the same percentage can be assumed across all similar respondents, unless the sample was very large or achieved nearly universal response rates. These numbers are purely descriptive of what we *do* know (e.g. that 35 per cent of those who sent back questionnaires and/or completed that question gave a particular response). Clarity of reporting is important: exactly what denominator is applied should be made clear when percentages are reported.

1.6 Identifying good practice

One aspiration of a practice enquiry is to look for innovative and promising practice. Because there is rarely consensus about an explicit definition of *best* practice within a particular context, a practice enquiry cannot be expected to identify such practice. Indeed, this would require testing through rigorous research methods, comparing the outcomes of several different ways of doing things. However, it is possible and often desirable that the enquiry should ask about areas of practice that seem to deliver positive outcomes. SCIE has recently developed an approach to the identification of such practice, known as the Good Practice Framework, which offers a structure for collecting, interrogating and reporting such data. Further discussion of the Good Practice Framework can be found in Section 3.4.4, and a worked example of the use of the tool is provided in Appendix 3.

1.7 Data for practice enquiries

Sources of data for practice enquiries may include:

- questionnaires (web-based, postal, telephone e-mail, etc.)
- semi-structured interviews and focus groups with different types of stakeholder
- case study approaches
- consultative consensus methods such as Delphi exercises
- web searches
- literature searches
- published and unpublished accounts of practice, including user and carer accounts
- inspection and regulation documents
- awards materials (e.g. Beacon sites and IDeA awards).

Who the source of the knowledge is – whether they are staff, managers, people who use services, carers, regulators or members of the neighbourhood community – is important to what is made of that knowledge. It is not always clear, for example, which person in an organisation completes a questionnaire enquiry, or gives information to an enquirer on the telephone: wherever possible, this should be ascertained, sometimes (depending on the topic) with detail about their job, affiliations etc. Stakeholders who stand in different relationships with a particular service or issue will be expected to reflect those relationships in their views, so it will be important to establish their backgrounds, or to target people with particular functions, so as to contextualise (and possibly aggregate) those views.

1.8 Outputs and audiences

Practice enquiries should be written up as a piece of empirical research (see Section 5.2), with transparent reporting of limitations and shortcomings in methods and samples. They form part of the 'jigsaw' of evidence (of various methodological standards) that informs social care practice.

Clearly, practice enquiries do not have the rigour of systematic reviews of quantitative or qualitative evidence (Fisher *et al.* 2006), nor of controlled studies, but they may, particularly where a sample strategy is designed to capture evidence from specifically different contexts, form the basis of more structured enquiry if resources are available. This parallels health care research, where clinical trials are usually preceded by small, exploratory and descriptive studies. For example, practice enquiries could be used to explore the potential for cluster-randomised trials of complex community interventions.

Practice enquiries are a means to engage with the wider audiences for SCIE's work. Practitioners consulted during an enquiry may be more alert to the use of SCIE products, and to opportunities for formal collaboration through SCIE's Practice Partner Network. SCIE's mission is to influence practice change, and opportunities for

engagement are intrinsically valuable. Most practice enquiries will seek to work with different types of stakeholder, including those who use services, and those with commissioning and inspection roles. This is in recognition of the many players in the social situations in which social care is negotiated.

Ultimately, SCIE's products are designed to inform development and improvement in practice. Currently, findings from knowledge reviews (i.e. from literature and from practice enquiries, combined in the 'analytical' end section of the knowledge review) are considered by a project manager responsible for the potential guide development. He or she will decide whether the findings are sufficiently certain and generalisable that they can form the basis of a practice guide.

This stage of the process could test key statements or hypotheses derived from a knowledge review (either or both parts) with a representative audience. If done as an email survey, this could take the form of an adapted Delphi exercise. Practice recommendations could also be explored through focus group methodology. This form of practice enquiry would try to elicit practitioner knowledge about the 'doability' or feasibility of practice supported by knowledge review findings. The final product would then have had some field testing before publication rather than, as at present, of the final product once published. Such testing would contribute to SCIE's work to review the utility of its products. A similar process is used by the National Institute for Health and Clinical Excellence (NICE) in its 'fieldwork' testing of guidelines (NICE, 2009), although NICE relies on focus groups for rapid feedback.

2 Planning and commissioning a practice enquiry: the SCIE approach

This section is primarily for the use of SCIE staff, but will be of interest to those applying for commissions.

2.1 SCIE personnel involved in practice enquiries

Practice enquiries are usually commissioned and managed by SCIE practice development and research analyst staff, and would be sited within one of SCIE's themes (adults' services; children's services and workforce development). In most cases, a SCIE project lead will be established for the work. SCIE may also organise practice enquiries as part of a joint project with external collaborators, such as the NICE/SCIE public health guidance for supporting the physical and emotional health and well-being of looked-after children and young people. In partnership working, it is helpful to agree the division of responsibilities, what can be undertaken without consultation and what both parties should have opportunity to comment upon.

Practice enquiries seek, wherever possible, to involve knowledge users and service users. The SCIE participation team should therefore be involved at an early stage. The SCIE communications team need to be informed approximately two months before the likely delivery dates for the report, in order to support design, publication and launch of products.

2.2 Service user and carer involvement in commissioning and carrying out practice enquiries

There are many roles that practice partners and people who use services can take on in the commissioning of work (e.g. rating tenders and advising on the scope of an enquiry). It is also desirable that commissionees involve people who use services and carers in the commission, and this will be facilitated if they routinely work with people who use services who they can engage at short notice because they have established networks. Practice enquiries that seek the views of end users and carers should at the very least involve them in steering the work. Practice enquiries that focus on participation (e.g. SCIE position paper 09: *Developing measures for effective service user and carer participation*, http://www.scie.org.uk/publications/positionpapers/pp09.asp) depend on particularly high levels of service user input.

Where SCIE invites tenders from providers who are not registered, it may wish to encourage tenders from user-led research organisations. (None of SCIE's current registered providers are user-controlled, though many collaborate with such

organisations.) Examples would be the Shaping Our Lives (SOL) organisation, and the Service User Research Enterprise (SURE) at the Institute of Psychiatry, King's College London, which are well established in the field of mental health research. As commissionees, SCIE may be instrumental in bringing together academic and service user-led research bodies to combine their expertise. User-controlled organisations (where a majority of the governing body define themselves as users of social care services) can apply to SCIE for up to £500 to support the preparation of a proposal (whether they propose to work independently or in collaboration with another organisation). An application for this assistance must state clearly why the money is required, and how it will be used. A summary of expenditure will be required when the proposal is submitted. The use of this facility will not affect the standard assessment of bids, and the facility should be mentioned in the commissioning brief.

2.3 Writing a commissioning brief

The commissioning brief is SCIE's outline of why the practice enquiry is required, what it is expected to deliver, resources and funding available and any thoughts on its methodology. (In future, the brief sent to potential applicants should include the website address for a copy of this document.) The relevant SCIE project lead should develop the commissioning brief, in consultation with the rest of the SCIE team. There is a 'catch-22' in the provision of a highly detailed commissioning brief, in that those applying will tend to reiterate the methodology, samples etc. and will have little scope to demonstrate their own competencies. Likewise, SCIE colleagues will have little on which to judge the relative abilities of different applicants. The commissioning brief may therefore best represent a compromise: even where the budget, and the suggested methodology, has been identified, it may be better to limit the brief to a level which does not over-prescribe.

The brief will usually include:

1. **An introduction to the project**, and how it sits within the context of SCIE's work programmes (to enable links to be made with other providers).
2. **Background on relevant policy initiatives**, legislation or government papers, referenced. Programmes of work in progress undertaken by the third (voluntary and independent) sector may also be described or referred to (the third sector may be a key player in the enquiry.)
3. **Background to current drivers of practice**, including legislative and regulatory requirements. For example, work commissioned to support programmes concerning looked-after children may detail the various orders under which children are looked after, in order to highlight pathways and participants relevant to the scope of the enquiry.
4. **The aims and scope of the enquiry** should be realistic, bearing in mind the budget available to pay for time and personnel. The expected range of participants (whose views are to be sought) should be stated. It is not normally necessary to quantify the number of participants of each type of stakeholder, although a minimum number should be agreed with the research team before

commissioning (sample sizes are one area where potential providers may compete).

5. **Outputs of the work, and timetable**. Unless the project is very short, a schedule of outputs with expected delivery dates should be included (as in standard project management).
6. **Guidance regarding user and carer involvement, equality and diversity issues**, even if this is only a statement of SCIE's values.
7. **SCIE project team and research team liaison**, which may include a suggested schedule for briefing meetings between SCIE and the contractors, plus contact details for the project lead.
8. **An outline of the format for submissions**, including means and date/time of delivery. This is the subject of Section 2.4.

The brief may include detail on supporting applications from user-led organisations, intellectual ownership of outputs and research governance, or may reference these aspects, or direct potential providers, to this current document.

2.4 The format for responding to a commissioning brief

The format for responding to a SCIE commissioning brief should include the following headings:

1. The **project team**, including brief details of their relevant expertise, experience and publications.
2. The **proposed methodology** for the project. Any internal quality assurance mechanisms to be applied (including management and steering of the project) should be detailed here.
3. An outline of the **data to be collected** (type and content of data). This could be qualitative or quantitative.
4. **Stakeholder involvement**, both as research subjects and advisers to the project.
5. **Equality and diversity** statement, and how this will be addressed. In some enquiries, capturing the views of people of different ethnic and other backgrounds may be crucial, because of over-representation of some groups (e.g. black people within criminal justice services) or because of identified difficulties for some people in accessing services (e.g. talking therapies within mental health services). In all projects, achieving responses from different types of people is an issue which should be thought through.
6. **Timetable and cost of the work.** The costs given should include all expenses, including those related to travel and subsistence, and VAT if chargeable. Where items are excluded, or optional extras detailed, there must be absolute clarity about what is covered.

Projects will be assessed, among other standards, on the likelihood of successful delivery within the time and resource constraints (see Section 2.7). It is therefore

necessary for those tendering to outline what risks to completion they can identify, and how they propose to deal with them. Some examples might be:

- building in the required time for approval by an ethics committee
- addressing low response to data collection methods (e.g. by outlining a strategic plan to identify other sample(s))
- provision for additional personnel to substitute in small organisations
- evidence of project management processes, including those which increase participation of relevant stakeholders.

2.5 Pricing of commissions

'Every purchase of goods and services undertaken by SCIE staff must be based on achieving best value for money, having due regard to propriety, regularity, our charitable objectives and business requirements . . . The purchases that SCIE makes, and the contracts that it agrees, are not based solely on obtaining goods or services for the lowest possible price, but also on value for money. This is normally achieved through comparing suppliers' prepared proposals, and by generally 'testing the market' (extract from SCIE procurement policy, 2007).

The quoted extract from SCIE's procurement policy indicates that SCIE does not ordinarily quote the budget available to commission a piece of work, in order to 'test the market'. SCIE accepts, however, that it may be difficult to write a research protocol that can be expanded or cut back, according to the unknown amount to cover the commission: for example, the number of case study sites proposed in a practice enquiry must depend on time, personnel and therefore funding available. Applicants are therefore encouraged to concentrate on fulfilling the task set out in the brief, and to cost separately for optional additional pieces of work where possible.

Typically, at 2009 prices, a stand-alone practice enquiry might be commissioned with a budget of £35–50,000. The funding available for this aspect of the programme is variable, and the design of the work has ordinarily to fit into the resource available, as there is rarely much flexibility. There could be grounds for seeking additional funding for an enquiry which is to be repeated at two points, to establish change. This has not so far been a feature of SCIE commissions, but it may be a worthwhile approach in a large-scale piece of work (e.g. present programmes involving outcomes for vulnerable children; the personalisation agenda in adult social care).

There is also possible potential for SCIE to seek collaboration with other stakeholders, and/or external funding, for work which might support the programmes of other agencies. Collaborative work makes best use of the limited resources for social care research, but may entail accommodation with other standards of methodology. SCIE is able to accommodate other ways of doing things, but places particular emphasis on transparency (clear reporting of limitations) in describing methods.

A rapid appraisal of practice (involving only one or two types of stakeholder, and reporting within three to six months) may attract a budget of £17–20,000.

Funding for all projects, reviews and other research-related activities will be on the basis of lump-sum amounts: SCIE is not concerned with FEC/overhead rates, but this will naturally enter into overall costing and consideration of value for money. Some universities have separate trading arms enabling them to avoid these provisions.

SCIE cannot reclaim VAT, so the bid price must include any VAT payable. The bid price should include any research expenses (e.g. of travel and subsistence, transcription of digital recordings etc.). SCIE cannot make provision for these outside the contract, although it may be possible to share the costs of research advisory group meetings. It is highly unlikely that any amendment can be made to the contracted price, since SCIE budgets are allocated to project activities across broad programmes and are therefore interdependent.

SCIE staff should refer to the procurement policy (on SCIEnet). As guidance for SCIE staff, the decision as to whether a purchase order or contract is required must be based on the total aggregate value (i.e. not the value per annum) and including VAT, in accordance with the financial tender limits. Commissions over £75,000 should be approved by the relevant director. In the unlikely event that a commission should exceed £144,371, EU legislation may apply and staff must seek advice from the director of corporate services to ensure fair competition in procurement.

2.6 Tendering strategy and rationale

'SCIE has . . . prepared a database of registered providers and registered writers who accept SCIE terms and conditions. It is policy that registered providers can be approached, where appropriate, to tender for work, without the need to publicly advertise for tenders' (SCIE procurement policy, 2007).

Where it is proposed to award work to a supplier outside the registered providers' list, without competitive tendering having taken place, a prior justification for single tender must be drawn up and authorised by the heads of knowledge or corporate services. Single tender justifications are not encouraged. These are used when no competitive exercise has taken place and may not demonstrate value for money. A valid reason will be required for a single tender justification approval, such as previous involvement in a project which gives that provider unique competence to take on the work. Lack of planning resulting in insufficient time is not normally a valid reason.

Where it is possible that registered providers will be unable to comply with timescales and resources, every effort should be made to organise a two-stage invitation to tender, among registered providers first, and then with wider appeal to past providers and centres of expertise related to the particular topic. It is legitimate to ask registered

providers to specify intention to tender or not to tender within one week, so that time is not wasted in organising a wider call. The head of quality and research may be able to advise on potential applicants. However, commissionees need to think through the blurred distinction between 'selective' and 'open' recruitment. When the commission budget is relatively small, it does not make sense to allow the invitation to tender to go out across a plethora of networks, because the amount of work involved in fairly assessing a huge number of applications is not justified. When the commission is part of a large programme of work, both equity and efficiency (value for money) suggest that a much wider and more open invitation is justified. This may even justify the cost of national advertising.

SCIE is reviewing its policy in relation to registered providers, as the list is relatively small, and providers with competence in particular areas are often unable to take on commissions within the time frame SCIE sometimes has to work to. SCIE intends to expand its list of potential providers of research skills, with indications of their theme-based competencies (adult, children and workforce expertise; methodological expertise, relevant track record) in order to supplement the registered providers list, although registered providers will continue to be approached first.

2.7 Assessing the bids: what SCIE should look for

The assessment of bids should be proportionate to the size of the budget, but should always involve mechanisms for transparent and objective appraisal and comparison of bids. If only one bid is received, an equivalent process should determine whether it is accepted, or whether it should be readvertised.

The proposals made by applicants would normally be filtered for compliance with the commission: all those meeting the terms (including those with insubstantial deviations or misunderstandings) of the brief should be reviewed by a tender board. For practice enquiry commissions, convening a tender board internal to SCIE of at least three people (with research, practice and topic expertise) will normally be sufficiently rigorous. If the commission is large, this could be expanded by inviting external experts, and/or commissioning peer review of the proposals, with written comments which the board could take into account. (Peer reviewers require paying – £200 each submission is not uncommon – and this may not represent value for money if the commission is relatively uncomplicated.) Peer reviewers, and certainly tender board members, would normally have an appropriate checklist to record their thoughts on different attributes, and these are important to fairness and transparency.

There are a number of relevant tools available at SCIE for assessing tenders. An example is given in Appendix 3. The following aspects are important in weighing up the proposals of applicants to undertake a commission.

2.7.1 Experience and past performance of the research team

In general, team experience and competence will be assessed according to what is documented in the application. It is important that applicants describe relevant work (related topics and/or methodology) for other commissioners, rather than limit themselves to publications.

Those organisations who have carried out work for SCIE to high standards and to set deadlines may have advantages. SCIE has an ongoing relationship with registered providers who have already undergone a selection process. It is desirable that SCIE staff should capture organisational learning about their own, and the commissioned providers', strengths, competencies, difficulties and methodology (see Section 2.11). However, applicants may be dealing with new or different SCIE staff members and should not assume that this set of commissioners must know about their past track record.

SCIE commissioners understand that highly paid academics will delegate most of the practical work to less well paid staff. However, SCIE needs to know who will be doing the work, and what arrangements are in place for the supervision and support of those staff.

2.7.2 Value for money

Clearly SCIE is concerned that its limited resources be used for best purposes, and so looks for value for money. However, the credibility of the research plan against the cost proposed will be assessed: cost should be realistic and proportionate. Further remarks on cost are to be found in Section 2.5.

2.7.3 Role of methods in raising quality of evidence

There are many potential methods which may apply to SCIE practice enquiries, and hence many potential pitfalls. There is more discussion of methodological issues in Section 3.4. Some generic issues are:

- Will proposed methods address the research question(s)?
- Is there a sound sampling strategy which will deliver feedback from all the key types of person that has an interest in the topic area?
- Is the method of data collection appropriate to the sensitivity and scope of the topic, and are there safeguards to the well-being of informants?
- Are the types of data to be collected appropriate and comprehensive? For example, could data on resource costs of key activities be collected?
- Are there alternatives for supplying data if some are not productive (e.g. assisted, telephone, web-based, mailout, -mail)?

- Does the team have expertise in the difficult area of designing questionnaires and topic guides, as well as in the topic area?
- Do they plan to involve other experts in the design and piloting of data collection tools?
- Are respondents likely to be willing to take part in the suggested data collection process? Is the plan for contacting them appropriate and ethical?
- Is there a sound data analysis plan, however simple?
- Has the format and timeline demanded for the report been acknowledged?

2.7.4 Transparency

Clarity of proposals is important if they are to compete. Tenders are judged primarily on what is written. The SCIE tender board is only likely to seek further clarification to minor points, and then only if the submission is otherwise of high quality.

It can be very helpful for the tender to identify limitations of the proposed plan. These will usually be apparent to the tender board, and applicants who discuss them will demonstrate competence in reflective research. It may also be possible for the project team to amend the commissioning brief to create a better fit between the aims of the enquiry and what is achievable and deliverable. If applicants propose optional ‘extras’, it is helpful if these are costed separately.

SCIE promotes accessibility in all its published work, and may employ people who use services as reviewers, so all submissions should be in plain English.

2.7.5 Stakeholder involvement

Applicants should demonstrate that they have considered how a diversity of perspectives on the research topic will be accessed. Applicants should consider how the five types of knowledge (Pawson *et al.* 2003) will be incorporated in the work: see section 3.2.1.

SCIE is committed to the involvement of people whose voices are seldom heard. In general, unless the commissioning brief requires an approach which (perhaps for reasons of limited time) is to be limited to one type of stakeholder, SCIE expects the proposal to indicate how people of different backgrounds are to be included in the work and contribute to the data collected. Proposals should show evidence of thinking about the inclusion of those ‘seldom heard’, including those who may need special facilitation to communicate, or those who have left services.

The involvement of people who use services and their carers in framing the key questions and scope of the practice survey is highly recommended as a means of refining the topic area and ensuring relevance to improving practice. Where additional resources are required for such work, tenders should be clear about what these are

expected to be, and whether they are included in the budget or not. It may be appropriate for tenders to make a specific case for additional resources, and this will be sympathetically received and reviewed at SCIE.

It is also important in the field of social care for stakeholders from different provider backgrounds to be included. Commissioners are an important, but often neglected, respondent for practice enquiries. Applicants should show awareness of the need to involve the independent sector alongside the statutory sector. This may, in different contexts, mean voluntary sector organisations, social enterprises, volunteering organisations, private sector organisations and organisations representing particular constituencies, such as carers of people who use services. It may also be possible for practice enquiries to tap into records, if not meetings, of local and community partnerships.

2.7.6 Sampling strategy

Which services or sites does the research team suggest it will work with? Suggesting a feasible and rational sampling strategy is an indication of good knowledge of the field, and will affect the generalisability and validity of the findings. It may be appropriate to sample from different levels of competence or advancement with policy implementation, if there is a legitimate way of ascertaining that.

The strategy will need to pay attention to the prevalence of the potential services or sites of interest: if these are a few specialist services, then clearly all could be involved. The strategy needs to be proportionate to available time and resources, and may need to be aware of other research activities affecting potential host sites (e.g. in a recent commission on older people's services, it was decided to avoid if possible the highly-researched Partnerships for Older People Project (POPP) pilot sites, as they are in danger of suffering 'research-fatigue'. National boundaries, disparities of socioeconomic status and urban/rural distinctions can all make a radical difference to service availability and accessibility, and a good sampling strategy should show that these dimensions have been considered. One possible approach is to conduct a structured, rapid self-completion survey of all potential respondents, and use the responses to identify a second-stage sample for more in-depth analysis or case studies.

2.7.7 Risk

A particular risk of practice enquiries is low participation or response rates. SCIE cannot influence response rates: it is up to the providers to suggest alternative strategies or sampling frameworks to collect the data. Applicants should show they have considered these pitfalls. Other risks which may be relevant could include time delays, or failure to identify appropriate sites. One recent small team of consultants referred in their proposal to how they would compensate if the lead researcher became ill or was

otherwise unavailable. Applicants who have thought about the most prominent risks and considered how they may be overcome are probably most likely to deliver.

2.7.8 Awareness of national policy

Although SCIE will normally include in the commissioning brief some reference to the national policy driving the work programme, it is helpful for practice enquiry proposals, where relevant, to indicate awareness of policy and practice change in progress, and how this relates to the research question. Practice sites at different stages of policy implementation will profoundly affect what can be studied and how it is interpreted. Most of SCIE's work concerns the translation of policy into practice.

2.7.9 Timetabling

The key points in relation to delivery on time are that the plan for the enquiry must meet the delivery date(s) specified in the commissioning brief, and that the plan must appear realistic and feasible, according to the amount of time and staff resources allocated to it. Applicants will do well to state that previous relevant projects were delivered on time, if this is the case.

2.7.10 Other factors

It is difficult to be specific about other factors which may impress those judging competitive tenders. Clearly, proposals can offer creative additions to the SCIE commissioning brief, such as the intention to gain documented data concerning costs (since economic evaluation is an underdeveloped area in social care that SCIE is currently exploring). Some enquiries may offer additional methodological advances, such as the ability to pilot or quality assure an innovative approach. All such ideas will be enthusiastically considered, but need to be feasible within the prospective funding. It is quite acceptable for applicants to cost separately an additional optional activity.

There is no explicit mention in this section of research governance and ethics. This is because all providers are expected to operate within the *Research governance framework for health and social care* (Department of Health 2005): it is not optional and SCIE expects all proposals to acknowledge it. More details of this evolving aspect of social care research are available in Section 3.3.

On the whole, providers should expect to be judged on what they have submitted, as that is open and transparent. It may be necessary – usually after the contractor has been identified as the preferred provider – to ask additional questions to clarify some aspects of the bid. The tender board should be clear whose responsibility it is to take this forward, and responses should be circulated to the rest of the group before commissioning and contracting.

Tender boards should keep records of their deliberations, as they may be required to justify the appointment. This is one possible reason for using a table for each member to record responses under the various headings. Appendix 3 is formatted as a table. The recording of the rationale behind judgments is important, but the use of scoring is optional. Papers should be retained for at least six months in order to deal with any feedback requested.

2.8 Contracts

The majority of commissions undertaken for SCIE will be subject to contract. SCIE has a straightforward format for contracts for pieces of work, and for consultancy services. The draft protocol prepared by the providers on the basis of the commissioning brief should form an integral part of the contract as it details the work to be done for the price. Variations agreed at the point of commissioning should therefore be changed in the text of the protocol, or appended, to form part of the agreed contract. SCIE staff should try to ensure that before work commences a contract has been signed by both parties (although it is clear that some providers forge ahead in areas such as research governance, and it is not in SCIE's interests to discourage this).

A practice enquiry by definition takes place in a working, changing environment, and it may be desirable for the approach, timing, methods or other detail to be substantially amended after the work has begun. A formal contract variation or extension, which can be in the form of a letter, should then be agreed and signed by all parties before the work subject to the variation or extension begins.

Contracts will specify milestones, delivery dates and payment schedules. Ordinarily, for short enquiries to be completed within six months, payment will be in two tranches, one at the beginning and one on satisfactory completion of the work. If the project runs beyond nine months, payment will be in three or more equal parts. Contracts should also specify arrangements for the final payment, which is usually contingent on the receipt of any amendments to the final report, following internal and external peer review.

The practice enquiry is usually one of a range of processes and products within a SCIE programme, and it is important that commissionees alert the SCIE project lead as soon as there is an identified risk to delivery of the project. This will assist in mutual efforts to arrive at a satisfactory compromise.

2.9 Monitoring of a practice enquiry: what should SCIE be involved in?

This section stems from the realisation that SCIE commissions work to save itself time. Therefore it is better to have transparency about when/at what intervals SCIE expects to

contribute to enquiry implementation, and what reports and/or consultation is expected. Table 1 gives an overview of the division of responsibilities between the SCIE project team and the commissioned research team.

Table 1 Stages of a practice enquiry (SCIE perspective)

Activity (Note: some activities may occur in parallel, or overlap)	**SCIE project team**	**Sub contractors**
Decision to undertake work taken by SCIE board (programme level), SCIE director (project level)	√	
Definition of topic, rationale for enquiry, research questions	√	
Writing of commissioning brief, invitations to tender sent	√	
Proposals received and evaluated by tender board; discussion with likely candidates; provider selected and contract drawn up	√	√
Protocol discussed: sampling strategy, data collection tools etc. agreed. Protocol may be externally reviewed	√	√
Clearance (ethical; from ADASS/ADCS) obtained if required		√
Enquiry carried out		√
Interim report(s) submitted and discussed	√	√
Data analysed, draft final report of practice enquiry, or of full knowledge review, submitted		√
SCIE communications team alerted to assist in planning forthcoming design, publication and launch	√	
Peer reviews (one internal; one external) arranged	√	
Report amended to reflect peer reviews		√
SCIE project manager considers scope for practice guide based on knowledge review	√	
Publication of knowledge review and other outputs	√	√

Quality assurance is everyone's business, and should be thought about at all stages of the commissioning and implementation of practice enquiries. SCIE plays a key role in quality assuring SCIE products, including those, such as practice enquiries, that are commissioned from external providers. A separate section on quality assurance is detailed below.

There will be a good deal of flexibility in the number and format of briefings which the SCIE project team, or their representative, will expect from the commissioned provider. A few considerations are listed below.

1. Timescale for the work is an issue. When time is short, the crucial work is doing the research, not reporting progress, although verbal – rather than polished, written –reports can satisfy the need to be kept in touch with progress.

2. In general, SCIE commissioners would expect to spend more time collaborating with commissionees at the beginning of a project or enquiry. SCIE staff might wish to agree (or augment) a sampling strategy, review and refine data collection tools or measures, and/or be involved in reviewing topic guides for interviews and focus groups.
3. Complexity and sensitivity of the work may require more detailed monitoring.
4. Feedback (which need not involve face-to-face meetings) should be arranged to facilitate SCIE project management procedures, including the recording of key milestones.

The SCIE project team should always be informed if it becomes apparent that there may be significant delays in delivery of outputs, or if a variation of contract is required.

Time permitting, SCIE staff may also request some level of involvement in the research (e.g. attendance at one or more focus groups) as an aide to learning about different perspectives on a topic. Such activities would not be for the purpose of monitoring.

2.10 Quality assurance of practice enquiries

2.10.1 Principles of Quality at SCIE

The key principle of note in relation to SCIE commissions is transparency. As discussed in Section 1.2.5, practice enquiries do not on the whole deliver generalisable findings, and it is therefore important in reporting methodology (to the SCIE project team; in the final publication) to be clear about what was done, who was approached, response rates, triangulation of methods etc. (‘Triangulation here means the use of different methods which give rise to similar or dissimilar findings. If there is some agreement from different methods, this encourages confidence in the results.)

Other important principles in the design and execution of SCIE practice enquiries are relevance, proportionality, equity and inclusivity.

Participation in research is generally unpaid, and neither staff nor people who use services should feel that the contribution expected of them is disproportionate to what they get out of it. Most participants find qualitative approaches rewarding – it feels good to be valued for one’s views, and can be satisfying to reflect on them and have them taken into account. The research team should think about how they make research encounters engaging, rewarding and proportionate. They should also ensure that there are equitable arrangements to recruit different types of people, as too often people are excluded from written or verbal responses by poor literacy, speaking English as a second language or slower thinking processes. SCIE places high value on including the voices of those seldom heard.

2.10.2 Sharing and consulting on the project documents

SCIE staff do not necessarily have to be involved in assessing all the tools of the research team, as the commissionees are hired for their competency. SCIE has found, however, that providing a forum for SCIE commissioners and research contractors to consult and agree on the terms of the enquiry, questionnaires and topic guides, particularly in the early stages, helps to iron out ambiguities and keep the focus of the project on the most important areas.

Both commissioning briefs written by SCIE staff, and proposals and protocols submitted by commissionees can benefit from informal in-house review by colleagues. An independent read by someone who knows little about a topic can reveal inconsistencies, gaps in detail and assumptions of shared understanding within texts.

Where work is jointly commissioned by SCIE with a partner agency, the sharing of project documents for comments will help to improve quality. Consultation is time-consuming. Where more than one organisation is involved, identifying a single person from each organisation through which requests for review can be received, and the results fed back, is very useful and cuts down on confusing email clutter. It can be helpful if an order of viewing is attached to the documents under review: each recipient can then add to the previous party's comments, rather than duplicate them.

2.10.3 Peer review

The protocol (with attached questionnaires, topic guides etc.) will ordinarily not be finalised until around one month after the contract has been signed, as it relies on context and detail which take time to gather. The protocol states the intentions of the commissionees, and should also form the basis of the writing up of methods in the final report. For a large, expensive study, it may be worthwhile sending the protocol to external peer review by one or two people knowledgeable in the field of practice, and this should include those who experience practice as recipients – i.e. experts by experience. SCIE sponsors (e.g. at the Department of Health) may also be sent a copy.

SCIE has some resources to meet the costs of peer review of draft final products, and would normally expect as a minimum to arrange one review internal to SCIE (by a SCIE employee), and a further independent external peer review of the draft final report. These arrangements should be proportionate to the complexity and cost of the work, and should take into account the initial brief and clarity of reporting. Commissionees would be expected to respond to peer review comments (whether or not requiring text changes) before the draft report of the practice enquiry is finalised, and the final payment for the contract made.

It may be helpful for peer reviewers to use structured tools. An example of a tool to assess questionnaire enquiries is attached as Appendix 1. Structured tools which deal with qualitative (rather than quantitative or survey) enquiries are less easy to devise.

2.10.4 Piloting

Piloting of data collection tools is invaluable as a quality assurance measure, even when the numbers the tool is piloted on are necessarily small, so as not to limit available samples. There is further discussion of piloting in Section 3.5.4.

2.10.5 Feeding back to participants

Taking conclusions back to informants and participants for verification and/or comment can be a useful way of quality assuring data collection and analysis. Apart from verifying the understanding reached by the research team, it may also encourage thinking about connections, next steps and recommendations which would be useful to the drawing up of practice guides. However, this would need to be undertaken by commissionees, and may be unduly demanding within the timescale.

NICE uses focus groups to test guidelines among stakeholders such as practitioners as a final check on their validity. SCIE commissionees could build similar events into practice enquiry processes, perhaps by 'testing' agreement with conclusions via a modified Delphi process.

2.10.6 Implications for practice

Findings from the practice enquiry and analytical report (which also derives from the research review if this took place) will be reviewed by the project manager, whose remit is to consider whether it is justifiable to draw any conclusions from respondents about the current state of practice, and how this might be improved. This may depend on response rates, sampling framework etc. – that is, methodological issues – or it may depend upon the degree or distribution of agreement in the findings. Is there sufficient agreement to merit a policy statement from SCIE, or a statement (backed by apparent confidence in the sector) that such and such is the agreed way to do this?

2.10.7 Outputs of the practice enquiry: assessing impact

An aspiration for SCIE (at the time of writing) is a further stage of quality assurance, in which the final outputs – ideally an account of the practice enquiry, and a practice guide – could be tested for impact on the target constituency (providers from different sectors, commissioners, end-users, policy-makers). This would refer back to intended

audiences, would help publicise the products and could form the basis of product review and updating. Publications might then be marketed using opinions expressed by target consumers. This third stage could be undertaken to some extent by practice agencies themselves. However, it is recognised that the resources available for a stand-alone practice enquiry may be too limited to permit this to happen.

Ethical review is another aspect of quality assurance. Please refer to Section 3.3 for an in-depth discussion of research governance and ethics in social care research.

2.11 SCIE learning from the practice enquiry

When the outputs of the project are complete, the SCIE project team should conduct an in-house team review to consider what has been learned from the experience. Learning could relate to process, outputs, the quality of the commissioned research team, or any other aspect of the project's commissioning and execution. What could have been done better? Are competencies that need sharpening adequately covered in this manual?

Reflections should be made available to be logged (in confidence) with deborah.rutter@scie.org.uk. They will be used anonymously or – in limited circumstances, with the originating team's permission – as case studies, to improve practice, possibly through appendage to this guide.

3 Undertaking a SCIE practice enquiry

3.1 The practice enquiry protocol

A tender to undertake a practice enquiry should follow the SCIE commissioning brief and may lack some of the final detail to be negotiated with commissioners. The protocol however should include all detail such as methodology, how participants are to be identified and recruited, how the enquiry is to be project managed and the data analysed. A full protocol is unlikely to be finalised before the commission is awarded, but it is important that a document resembling a draft protocol, plus start and end dates for the work, is delivered before the contract is signed. This can then be used as part of the contract, to promote delivery on time, and as a resource for gaining ethical approval, if that is sought. A final protocol should be available within around a month of the award of the commission.

The protocol should, as appropriate, address the following:

- The intended function(s) and aims of the enquiry.
- The design of the enquiry and its rationale.
- Identification, sampling and recruitment of participants. This should include criteria for choosing practice sites.
- Plans for piloting enquiry tools/measures.
- What data will be collected.
- How data will be recorded.
- Method(s) for triangulating and/or achieving more in-depth understanding of enquiry feedback.
- How the enquiry will incorporate the five sources of knowledge set out in *Knowledge review 03: types and quality of knowledge in social care*; or why it will focus on the views of particular types of stakeholder.
- How the enquiry will incorporate diversity perspectives.
- Some detail of the responsibilities of the research team.
- Where relevant and available, a description of how relations with practice sites are to be initiated and sustained.
- How the timing of the practice enquiry might best link to the research review (if there is one). Whether the practice enquiry will be undertaken as a parallel or subsequent activity and why.
- How data collected is to be managed, stored, used and analysed, plus arrangements for participants to review the analysis, if planned;
- Research governance, ethics and ADASS/ADCS arrangements (in England, where applicable).

3.2 Legitimacy of knowledge

3.2.1 Five types of knowledge

Arguably the legitimacy of knowledge, or its usefulness, depends on taking account of different viewpoints. In recent years, the paramountcy of the views of professionals has been challenged in health and social care. It is now generally accepted that it is important to ask users of services for their views of services received. Most practice enquiries will need to take account of different 'constituencies' of knowledge. Pawson *et al.* (2003) identify five sources of knowledge in health and social care.

Organisational	Practitioner	Policy community	Research	User and carer

This is a useful checklist for those undertaking a practice enquiry: whose knowledge should be sought, or how can we combine different perspectives? In most cases, it is useful if there is some continuity in the core content of lines of enquiry, so that the responses of different types of stakeholder to a common question can be compared. However, it remains likely that different versions of data collection tools for different types of respondent will need to be developed.

3.2.2 Involvement of all stakeholders wherever possible

Practice enquiries are ideally informed by the views of all stakeholders. This is challenging: even organisational stakeholders at different levels of provider organisations can have varied or opposing perspectives. It is also relatively common for the views of policy-makers and commissioners to be omitted, despite their ability to fund and promote change.

The involvement of end users of services and their carers in designing and critiquing services is now widely accepted as adding value, and it would be unusual for SCIE to commission a practice enquiry that did not involve users of services. It is accepted that the meaningful involvement of people who use services and carers in any type of research can be costly, and that strategies employed to involve them will need to be proportionate to the resources, particularly time and money, available for the project. Facilitation of involvement, for example through training, one-to-one briefing or 'buddying', could also be considered, as should the possibility that people who use services can be over-burdened by demands from research practitioners.

A number of online publications on facilitating meaningful stakeholder participation are available free to download from the SCIE website: for example, Moriarty *et al.* (2008), via the weblink
http://www.scie.org.uk/publications/practiceguides/practiceguide11/files/pg11.pdf.

3.2.3 Culture, ethnicity and seldom-heard groups

SCIE is committed to accessing the views of seldom-heard and marginalised groups of people, and sharing ways of doing so. Within social care, people may be effectively excluded from being participants or subjects of research on many grounds, including:

- age (young or old)
- ethnicity or language
- literacy or educational status
- residence in rural areas or areas of low population density
- having mobility, sensory or communication disadvantages
- employment in 'less prestigious occupations' – though the cleaner may have as many insights into the lives of care home residents as does the home manager
- having left services (rather than stayed in services)
- being stigmatised because of mental health, drug-using or criminal status
- being carers of people who use services
- living in residential homes or institutions.

No practice enquiry can reach all these marginalised groups. Depending on the remit and topic of the enquiry, commissionees will be expected to have thought about how they can access the views of those seldom-heard people whose experience is most relevant to the context. This may entail direct involvement of such people in the research team or the project steering group, to build bridges with marginalised communities, and/or to learn from experts by experience.

3.3 Research governance and ethics review

This section is written with the intention of conveying SCIE's current understanding of good practice in the social care sector. However, research governance is an extremely complex field, with many grey and untested areas, and (unlike the situation in the NHS) no overarching authority other than Department of Health, which cannot take account of local provisions. Several relevant Department of Health documents are currently undergoing review. The Mental Capacity Act (2005) is particularly challenging to apply to social care contexts and has not been in operation long enough to generate procedural precedents. We therefore anticipate that aspects of this section may be contested, and will need ongoing revision.

3.3.1 Research governance framework

Work commissioned by SCIE must always be undertaken in accordance with the *Research governance framework for health and social care* (Department of Health 2005) (referred to below as the *RGF*) and to the highest ethical standards. Proposals

should state that the framework applies to the proposed work. The *RGF* applies to research 'involving service users/carers, their data, or staff for whom Directors of Social Services have a duty of care'. Practice enquiries should conform to the *RGF*, whether or not the work is considered in need of ethics committee review and approval. This means that participants should be fully informed:

1. that they are part of an enquiry
2. about what the enquiry is for
3. that participation is voluntary and not linked in any way to their employment or to entitlement to care
4. about what they will be expected to do if they take part
5. about how data they provide will be kept safe (according to the Data Protection Act)
6. about what will happen to the results of the enquiry.

To fulfil these requirements, it is helpful to draw up participant information sheets, designed with different types of participant in mind, as a way of introducing people to the study. Potential respondents should have time (at least 24 hours) to decide if they wish to take part. It may be a good idea to ask them to sign a consent form agreeing to the terms, although this is not ordinarily required if the method for the enquiry is a self-completion questionnaire survey, as filling it in assumes consent. (Analysis of anonymised secondary data where the researcher has no means of identifying the people who are the original source of the data does not normally require informed consent.)

It should be noted that the standards and procedures recommended in the *RGF* may be waived by an ethics committee if there is good reason to do so, especially when the study is likely to benefit similar service users. An example might be where users of a drop-in substance misuse clinic would be unlikely to find it convenient to return to the venue after 24 hours to consider participation. Research ethics committees (RECs) should also understand that a protocol may develop iteratively during the life of a project, and that not all details can be specified at the point of submission.

3.3.2 Is a practice enquiry research?

Since commissionees may propose a number of ways of gathering the required knowledge, it is up to them to decide whether their work constitutes 'research' in the terms of the *RGF*. This is an important question because, at least currently, the National Research Ethics Service (NRES) does not require ethics committee approval for audit or service evaluation. SCIE's consultations with academic research practitioners lead it to believe that a practice enquiry will almost certainly amount to research: 'the attempt to derive generalisable new knowledge by addressing clearly defined questions with systematic and rigorous methods' (Department of Health 2005). Further guidance on distinguishing research, audit and evaluation is available from the research applicants' section of the NRES website at http://www.nres.npsa.nhs.uk/rec-community/guidance/#researchoraudit. In any event, it is good practice in research

governance terms to seek REC approval of a project which involves vulnerable participants or risk. Researchers who do not do so may find themselves criticised or denied access to research subjects, or their submissions to peer reviewed publications rejected.

SCIE staff may also support practice development work that involves a degree of service monitoring or evaluation, such as consulting with groups of staff to generate accounts of practice issues, or asking them to provide (anonymised) data to illustrate issues. This is not research, and is unlikely to raise ethical issues, since it is conducted by in-house staff who alone have access to identifiable personal records and informants, and is directed towards the goal of changing practice in that organisation, rather than generating an evidence base across the field of social care. Where these aims are pursued across a number of such organisations, and external contractors require access to identifiable personal data, the practice enquiry is likely to be understood as research, with a theoretical framework to guide the investigation, intensive data collection using standardised instruments (such as interview schedules), the use of data collected from people who use services and from providers, and a clear, theoretically informed, transparent and replicable analysis using recognised analytical techniques. If the enquiry is research, review by an REC is required.

3.3.3 Review by RECs

Referral to a REC for an ethical opinion is not straightforward. Since responsibility for children's social care has passed from Department of Health to the Department for Education, there is no tailored provision for ethics review of social care (or education) research involving children, despite their evident vulnerability. SCIE suggests that such research be referred to a university REC or to an NRES REC which is flagged for children's healthcare studies. The Social Care REC (see below) has generally reviewed research involving adults only, but may now review social care research involving adults and children, ie families. REC review is a complex area which has undergone recent change, and it is recommended that SCIE commissionees take advice from the Social Care REC Coordinator (either directly, or through the SCIE project lead).

In most cases, SCIE commissionees should apply to the Social Care REC for REC review. The Social Care REC is subject to the governance arrangements for RECs (GAfREC, Department of Health 2001). GAfREC will be replaced by an updated version due to come into effect on 1 September 2011. Key changes relevant to social care researchers introduced in GAfREC 2011 are that research involving people identified through their use of health and social care services (ie those for which the Dept of Health is responsible) now requires review by an NRES REC (including Social Care REC); but that there is no longer an automatic requirement for ethics review for studies involving only staff of health and social care provider organisations. However, SCIE would expect ethical review of studies involving health and social care staff where sensitive issues (such as malpractice) were to be raised, in order to ensure that appropriate protection was in place. Access and institutional governance arrangements set by the host organisations (see Section 3.3.6) will continue to apply to studies involving only staff.

3.3.4 The SCREC

SCIE was asked in 2008 to become the appointing authority for the new national Social Care REC, and this has been operating since May 2009. The Social Care REC reviews adult social care research study proposals from researchers based in England (as well as those taking place in England plus another UK country). Social Care REC is part of the National Research Ethics Service (NRES) and funded by the Department of Health. Its membership, expertise and procedures have been developed to reflect the social care context. Committee members, recruited through open advertisement, include researchers, ethicists, providers and users of social care. The Social Care REC has been trained and recognised as an appropriate body under the Mental Capacity Act 2005 to review applications concerning research with adults lacking capacity (which university RECs cannot review). The aim is to complement, not replace, other RECs by addressing gaps in provision, and the Social Care REC takes on specialist roles (see below). No investigator should have to seek ethics review from more than one REC. University RECs and other NRES RECs specialising in healthcare will continue to review social science and social care proposals where appropriate.

The Social Care REC predominantly reviews studies concerning adult participants. Currently, the Department for Education does not have a similar ethics review capacity, and researchers planning to work in this field should apply to an NRES REC other than Social Care REC if the research concerns child health, or a university REC for social care or education studies. However, with effect from June 2010, it has been agreed with NRES that Social Care REC can review 'intergenerational' studies involving children as well as adults (provided that no health interventions are proposed). This measure is to facilitate review of evaluations of family interventions, such as Sure Start.

A further change in the remit of Social Care REC was agreed with NRES in early 2011. This is that Social Care REC should be able to review studies taking place in NHS settings which use social science methodologies provided that they do not involve any change in treatment or clinical practice. The following principles suggest the type of studies the Social Care REC expects to review (effective 1 September 2011):

1. Social care studies funded by Department of Health (including those funded by Policy Research Programme, School for Social Care Research and NHS Information Centre).
2. Social care research that involves people lacking capacity. In England, these must be reviewed by a recognised appropriate body under the Mental Capacity Act 2005. The Social Care REC is recognised by the Secretary of State for Health for this purpose. (University RECs cannot review research involving adults lacking capacity.)
3. Adult social care research that involves users and carers identified because they use social care services in England for which the UK Dept of Health has responsibility. (This is likely to include sites required to be registered with CQC, including those taking self-funders.)
4. Adult social care research that involves sites both in England and in another UK country (ie Wales, Scotland or Northern Ireland).
5. 'Own account' in-house research undertaken by councils with social services responsibilities, where the chief investigator feels there are substantial ethical issues.
6. Studies of integrated services (health and social care), provided that there is no change in treatment or clinical practice involved.

7. Studies taking place in NHS settings with NHS patients and/or staff where the approach uses social science or qualitative methods, provided that the research does not involve any change in treatment or clinical practice.
8. Studies where investigators do not have access to other review systems. This could include service user-led research.
9. Intergenerational studies in social care, where both adults and children, or families, are research participants.

NHS R&D officers will come across social science studies reviewed by the Social Care REC (under items 6 and 7 above) when investigators apply for research governance approval. The opinion given by Social Care REC has the same authority as that of any other NRES REC. Such applications do not require separate review by other NRES RECs.

From time to time, the expanded remit of the Social Care REC may lead to a shortage of slots for review. SCIE practice enquiries can then be reviewed by another NRES REC.

Applications to Social Care REC are via the IRAS system (www.myresearchproject.org.uk) using tailored social care forms. Investigators can contact the Social Care REC Co-ordinator at SCIE for guidance concerning their specific proposal, as there is considerable complexity in the current system: Barbara.Cuddon@scie.org.uk. The Social Care REC is an alternative resource rather than an additional requirement, and no investigator should apply to more than one REC for review.

SCIE's role as appointing authority, a role usually undertaken by strategic health authorities (SHAs), does not entail conflict of interest in reviewing SCIE commissions. The appointing authority does not participate in committee decision-making, but does facilitate the operation of the REC, and has therefore been able to promote rapid turnaround. (Currently, a valid application which is submitted two weeks before the monthly meeting can receive an opinion within three to four weeks; the NRES standard is 60 days.) Meeting and submission dates for the Social Care REC, along with other useful information, are published at www.screc.org.uk.

3.3.5 Mental Capacity Act applications for REC review

If social care research concerns adults lacking capacity to consent, and the Mental Capacity Act 2005 is invoked, the research must be reviewed by an NRES ethics committee (including the Social Care REC, see previous section). Research involving people with dementia, severe learning difficulties or severe mental disorders may fall into this category (although it is important to remember that the Act assumes capacity, and that capacity relates only to the decision at hand – i.e. the ability of a person to be informed about, and consent or refuse, to take part in the study). A code of practice with a chapter on the conduct of research with subjects who may lack capacity can be found at http://www.dca.gov.uk/legal-policy/mental-capacity/mca-cp.pdf.

Researchers may come across reference to site-specific assessments or SSAs. SSAs are designed to ensure that research can be safely carried out in a particular site by the designated staff, and came into being to ensure the safe conduct of clinical trials.

It is unlikely that a practice enquiry in social care would invoke site-specific assessment (SSA). However, the involvement of adults lacking capacity to consent under the Mental Capacity Act does prompt consideration of SSA if the research is to take place in non-NHS settings (such as care homes). In practice, the reviewing NRES REC would be able to, and often does, waive the requirement. More information about SSA can be obtained from the IRAS system, NRES or the Social Care REC Co-ordinator.

3.3.6 Access to host organisations

It is this aspect of research governance which is the most time-consuming and cumbersome of the clearances required by researchers in health and social care. It is frequently confused with ethics review, though it is entirely separate. The Research Governance Framework states that: 'Research ethics committees provide an independent opinion. The decision whether or not to give permission for research in a care organisation rests with that organisation. Similarly, Directors of Social Services are responsible for considering permission for social care research conducted within their local authorities. Subject to a favourable ethical opinion, health and social care organisations will not normally withhold permission unless there are local factors that would lead to an unacceptable impact on the quality of health or social care' (Department of Health, 2005).

Researchers carrying out practice enquiries are responsible for arranging access to organisations with which they wish to work. Each organisation may have its own research and development office: NHS Trusts frequently do, as they are resourced through government funding. Some social services departments may have a facility such as a research officer who can advise. Application to undertake research in an NHS organisation may therefore be easier to arrange than in a local authority, because systems, however cumbersome, will be in place and the filling out of a form may be sufficient.
In general, a questionnaire enquiry across the staff of many organisations should not involve going through research and development clearances: however, gaining a list of names of employees in particular roles within those organisations involves access to confidential organisational data, so is likely to require organisational support.

Research governance and access is a demanding area which SCIE has no power to influence. Individual local authorities may have research governance arrangements of this sort, or may merely require applicants to fill in notifications of the project. It is the responsibility of the commissionee to negotiate access through these procedures. A research team that has REC approval may be in a better position to gain access. The nature of the enquiry, and who is required to participate, will be important to the approach – for example, a questionnaire enquiry of staff about their understanding of particular legislation will raise fewer concerns than a request to interview care leavers about their past and present contact with birth families. It is hoped that social care organisations would apply proportionate safeguards, and in some cases, particularly where staff are keen to participate, access may be easily facilitated. Staff may also agree to send out invitations to staff or people who use services who can then opt into studies: this should be easier to arrange than direct access to these details might be, although, as each local authority is independent, researchers will need to consult with staff to ascertain what is needed.

Voluntary sector organisations may have more easily negotiable systems for engaging with people who use services than statutory organisations. All organisations may decline to assist with research because they feel over-burdened by such requests, and this is their prerogative.

3.3.7 Review by ADASS or ADCS (England)

Proposers should also note that, where a proposal seeks to involve four or more social services departments, ADASS research group approval will be required (for research with adults) and ADCS approval (for research with children). The procedure and forms are easily accessible via ADSS and ADCS websites, following 'research' signposts. The typical fee (based on the value of commission) is currently £360. This may be included in the costing, and approval should be sought when SCIE makes a contractual offer: there is no requirement to have prior REC approval (though ADASS will ask if it is in hand). Approval takes around four weeks from submission, and the team responsible are striving to reduce this to two weeks. However, the approval is an opinion of the scientific merit and utility (not the ethical status) of the research: although individual authorities may be swayed by it, it does not guarantee access to local authority sites to carry out the investigation.

3.3.8 SCIE'S status in research governance

Proposers should note that SCIE is the funder and not the sponsor of research. The funder has the task of ensuring high quality work is commissioned, while the sponsor has the role of ensuring the quality of the work that is undertaken. SCIE cannot oversee or regulate the conduct of the research, so cannot be the sponsor: this would normally fall to the employer of the chief investigator. Sponsors need to have adequate insurance to cover any possible claims of harm arising from negligent and non-negligent application of the protocol. Where work is governed by the RGF, SCIE will wish to be assured that a sponsor has been identified before a contract is offered.

Commissionees therefore need to ensure that they have processes in place to ensure adherence to the requirements of ethical conduct in research, whether or not review by an REC is deemed necessary. Commissionees also need to anticipate the length of time required for clearances, and incorporate this into timetables.

3.3.9 Identity issues

It is best practice to guarantee participants anonymity in research reports, especially if they have contributed detailed information, as may happen in a qualitative interview or in a focus group. Researchers may need to be wary of using data which identifies specific contributors (such as job titles). However, participants (individual or organisational) may request that they be identified, as they may wish to be credited either with their good and reflective practices, or with their willingness to openly share learning with other like organisations. In such a case, it would be possible to present practice examples supported by contact details if the organisation has given permission. Permission should be recorded in writing, with reference to the agreed text. However,

as practice enquiries are about assessing practice, there is no assumption that only 'good' practice will be identified, and an approach that is equally acceptable to the better and poorer performers may be preferred. For example, the contributions of all organisations in the form of a list can be included in the report if all those listed explicitly agree to acknowledgment.

Data provided directly by individuals should never be stored in a way which identifies the origin of the data or allows access by unauthorised individuals. This means, for example, that signed consent forms should never be stored with interview notes. SCIE expects all commissioned contractors to comply with the Data Protection Act 1998. Participant information sheets should describe data storage, management and destruction of notes and audio recordings.

3.4 Methods of practice enquiries

It is not the intention of SCIE to prescribe methods for practice enquiries, as these will be dependent on factors such as resources, available time and the topic and aims of the enquiry. Methods for the enquiry will therefore need to be worked out and justified in the protocol. Practice enquiry proposals and protocols should include a rationale for using different methods with different groups, and the means of selecting those groups.

3.4.1 Quantitative or qualitative?

SCIE practice enquiries are usually designed to meet time deadlines, often to complement the submission of a systematic review of the literature. This places limitations on design and methods. Ideally a practice enquiry will seek to identify something of the range of practice – requiring a broad enquiry – but also the complexity of different practice configurations, so as to learn something about the complex interaction of different systems, agencies, personnel and policies. For this reason, it is not uncommon for a practice enquiry to include both a broader, more superficial 'survey', and a more intensive qualitative approach. There are advantages to ordering these components either way, as both types of approach can be used to inform, or to test, the findings of the other.

It is highly desirable that practice enquiries seek to include complementary quantitative and qualitative data. In general, social care studies tend to make insufficient use of available metrics. This is particularly true of cost-related data. Researchers should work with staff to identify data which can contribute to the resource implications of social care practice.

A broad survey of practice, often designed as a questionnaire survey, might seek to establish the range of different practices. This can be an adequate enquiry in itself (if adequate to deliver the aims of the study), or a useful mechanism for identifying appropriate characteristics for a sample of sites for more in-depth approaches. Appendix 1 suggests a framework for self-appraising the quality of a survey which may be used in the design of a survey tool.

However, reliance on surveys in practice settings is problematic, and is unlikely to deliver a representative and reliable view of practice. A practice survey is unlikely to aim to achieve universal coverage of any service or phenomenon, unless it seeks to investigate a rare type of service, of which there are very few examples. Practice enquiries operate in a pressured environment (such as local authority social services departments), where not everyone has the time or motivation to get involved, and participation is therefore ‘self-selected’, both at organisational level and at the level of the individual people who supply data. Response rates to surveys can be very low, although personal, perhaps telephone-based, approaches may be more successful.

It is therefore most unlikely that we can assume survey responses are representative, or that the knowledge generated is generalisable. The data collected may be partial (in both senses, self-reported and the sample self-selected), according to who has time and is interested in taking part.

Qualitative methods are probably the most common type used in SCIE practice enquiries for three reasons:

1. There is limited documentary, audit, evaluative or literary evidence available in the fast-changing world of social care practice.
2. Social care practice is extremely complex and varied, and each setting (the boundaries of which are largely indeterminate) can vary from all others in greater or lesser ways.
3. SCIE practice enquiries support practice in the field where shifting groups of people – their working arrangements, structures, attitudes, values and activities – create outcomes. Qualitative work makes use of data filtered through people’s perceptions (experience and interpretation). It seems appropriate to record and analyse situations as seen by players, especially as the enquirer is in the uniquely privileged position of bringing a range of perceptions together.

This is not the place to outline qualitative methods, although perhaps the key points are that qualitative research is concerned with the ‘what, how and why’ research questions and that, since it is not restricted to hypotheses, qualitative approaches are open to the development of new fields of enquiry as the topic of interest becomes more understood by the researcher. For this reason, the semi-structured interview (or focus group), which opens up new relevant topics, is the preferred mechanism. Observational techniques, and combinations such as ethnographic enquiries, are less likely to be used in practice enquiries because they take longer.

Qualitative work can represent a suitable approach for a practice enquiry, especially where the field is not already well described. There is much to be learnt from focusing on individual arrangements, especially where variation in structure or approach is not expected to be great. For example, SCIE's work on adult placements for people with learning difficulties was supported by an in-depth approach to four services. See Fiedler and Lockwood (2005), http://www.scie.org.uk/publications/practiceguides/adultplacement/files/practicesurvey.pdf.

A combination of broader, more superficial collection of survey data with in-depth case studies investigating underlying factors is a useful option. The initial survey can be used both to identify the range of factors that might feed into the sample requirements for case studies, and to invite participants who would be interested in taking part in further work. However, ordering the work in this sequence is not necessarily the best or only approach: investigators may not have the expertise to draw up a survey until they have done the field work. Although there are no SCIE examples where this has occurred, it could be as useful to test the findings from case studies, and the prevalence of particular models and approaches, with a wide survey after case study reporting.

3.4.2 Groups or individuals?

Who provides data for practice enquiries is an issue. Ordinarily, commissionees will need to identify key players in a field of practice, and commit – for contractual if not methodological reasons – to involve or interview particular numbers of people from each group. Because practice enquiries are conducted under time pressures, some shortcuts can be taken by convening group input rather than individual input.

The following guidance for applying group or individual approaches (adapted from NICE 2009) may be useful:

Group-based methods (including focus groups, participative workshops, Delphi approaches or 'virtual' – electronic – groups) may be appropriate when:

- Potential participants have clear professional 'identities' and the field is well established.
- There is access to sufficient numbers of professionals in clearly defined regions.
- Issues to be discussed are unlikely to be confidential or professionally sensitive, and can therefore be openly discussed in a group setting.

Qualitative enquiries (including telephone, electronic or one-to-one interviews) may be appropriate when:

- Access to groups of professionals is not possible (because the field is immature, because of geographic or time constraints, or because the participant pool is limited).
- Anonymity or confidentiality is required in order for people to talk freely.
- A large sample or spread is necessary.
- In-depth responses are required, perhaps because there are many complexities involved in decisions and outcomes of practice.
- Other constraints make group work impractical.

3.4.3 Case studies

Case studies are frequently used in SCIE practice enquiries, because they offer the opportunity to understand the complex relationships within social care delivery, where aspects of systems have repercussions and outcomes for other systems and parts of systems. In social research, the case study is an attempt to intensively explore settings characterised by multiple interrelationships. They do not generate generalisable findings, but can generate hypotheses (such as: 'the key factor influencing continued investment in user participation in social care systems is the presence of systems of accountability to people who use services').

The 'cases' or units around which this approach centres may vary in size or complexity from individual people to countries. In social care research, cases are most commonly organisations or parts of organisations – for example, an unrelated sample of community mental health teams (with NHS and local authority staff) could be approached as case studies. Both the integrity of each case (despite the uncertainty of where the boundaries of a case lie), and the possibility of comparison between cases, is implied in the case study.

This is not the place to outline the methodological aspects of case studies (as developed most prominently by Yin 1994), and the term is used rather loosely in social research. Practice enquiries including case studies should write into the proposal and the protocol the extent of data collection and its limitations (e.g. number of interviews with which types of person). Quality standards for case studies do exist (Yin 1994), and proposals for the use of case studies in a practice enquiry should give an account of:

1. The conceptual framework of the approach – the main features (aspects, dimensions, factors, variables) of a case study and their presumed relationships. This can be done using a diagram of linked boxes. It helps to define the boundaries of each 'case' and the people who need to contribute.
2. The research aims and questions.
3. A sampling strategy.
4. Methods and instruments for data collection. There may be documentary, policy and even quantitative data which can supplement interview data.

3.4.4 Use of the SCIE Good Practice Framework

The Good Practice Framework has been developed by SCIE to identify, interrogate and promote practice in social care that appears promising. It is in part a response to the deficiencies of the evidence base in social care: there are no rigorous comparative studies of most areas of practice which would enable us to distinguish what is likely to deliver the best outcomes for people who use services and providers. The framework relies on reflective practice and self-reporting by practitioners and practice managers.

This framework has been used as a data-gathering tool by one of our providers, and is included here as a possible framework for interrogating practice in various areas. It incorporates SCIE's values (e.g. taking account of service users' and other stakeholders' views) and the practical considerations of cost and generalisability. There is no requirement for commissionees to use this tool, but we consider that it may be appropriate to many topic areas and may facilitate analysis of large amounts of qualitative data.

Identification of good practice: Please complete for each example

What is the idea?	Description of the aims and intended outcomes, including who the stakeholders are.
Why is it considered to be good practice?	A case for the practice including what stakeholders think about the idea • for people who use services • for providers.
What is the practice?	A description of the face-to-face practice and any supporting arrangements or changes.
What do people think about the practice?	An account of processes and whether stakeholders find them acceptable, including accessibility. • for people who use services • for providers.
What happened as a result of the practice?	An account of outcomes and whether stakeholders want them.
Will it work in day-to-day services?	Whether the practice is workable in daily practice and whether it can be kept going (e.g. do we have the skills? Do we have the right organisational arrangements?) Can we spread it?
What will people do differently as a result of the practice?	What we can learn from the practice and what others can learn.
Can we afford it?	Whether the practice is affordable: any information on costs and savings

Appendix 3 shows a worked example of the use of the Good Practice Framework to structure feedback on service provision for refugees and asylum seekers.

3.4.5 Time and change capture in practice enquiries

To date, practice enquiries have tended to collect evidence about practice at a particular point in time, including descriptive and retrospective accounts from those concerned. The nature of enquiry is ordinarily too limited in time to allow for the introduction or measurement of change, so there will be no 'controlled' studies or quasi-experimental designs in practice enquiries. Since most (but not all) SCIE practice enquiries are conducted within 6–12 months, the scope for establishing effects and outcomes of change is extremely limited.

The following types of enquiry may establish the direction and speed of change:

- Secondary analysis of survey data. This is a possible but unlikely mechanism for practice enquiries because of the limited collection of identical data across practice sites and at different points in time.
- Finding and analysing existing examples of past and present documents (e.g. inspection material, accolades, beacon status documentation, service user and carer accounts etc.).
- Formal telephone interviews and follow-ups (e.g. before and after contact with a relevant service). A shortcut is to interview different informants at different points of their engagement with a service.
- Focus groups at different points in time.
- Comparative case studies (sites chosen for variation).
- Action research.

In most cases, follow-up within the timescale of a practice enquiry is not possible, so the practice surveyed is something of a snapshot.

3.4.6 Impact of the work on practice

The enquiry should demonstrate an understanding of and ability to respond to the dynamics of an enquiry in practice. Designs which deliberately harness respondent involvement in the process of enquiry (such as action research, and even focus groups) should take account of the fact that dialogue and reflection with practitioners is likely to shape and modify practice perspectives (Shaw 1996). This may change the field of enquiry and make it less representative of general practice.

Were timescales to permit (which they rarely do!), it would be interesting to negotiate an ongoing relationship between SCIE and the practice site, so that local experience of change and improvement could be recorded and contribute to better understanding of process. It might also be possible to engage practitioners in further aspects of the

knowledge review (if the practice enquiry is part of a knowledge review), including quality assurance of identified literature, the analytical report and the development of practice guides.

3.5 Particular methodological issues for practice enquiries

3.5.1 Sampling

As far as possible, the sampling framework for a SCIE practice enquiry should be justified by reference to objective factors, such as the sponsor for the study (which may determine which UK countries it involves); the need to achieve geographical spread; the need to sample across urban, rural and ethnically diverse areas; the need to sample across highly rated and less well rated authorities etc. Sample characteristics will be closely related to what is known about the area of enquiry – for example, it would be unwise not to include services in ethnically diverse areas if the topic under investigation was users' views of restraint in mental health services, since we know that restraint is disproportionately applied to black users of mental health services. Applicants for commissions should also demonstrate the ability to substitute or invoke other tactics in the event of poor response rates.

Sample sizes in survey questionnaire approaches may be a poor guide to the numbers who actually supply data. Previous exercises may be a guide, although the nature and currency of the topic may reduce the value of prediction. In qualitative work, sample sizes may be estimated to capture 'saturation' – i.e. the point at which no new data is emerging. However, 'saturation' may occur at different points for different types of stakeholder.

It is important that details of how and why the sampling framework was drawn up are recorded, as we can learn from them. Researchers should also include in (anonymised) transcripts a record of basic details of each qualitative respondent, as it may be necessary to demonstrate that the views of an organisation reported were from different types of people, rather than all from, for example, white, middle-class, middle-aged males.

3.5.2 Data collection

It is difficult to make specific remarks about data collection tools, since the way in which they are administered tends to determine suitability. Whether questions are used in a conversational interview, or as part of a structured self-completion questionnaire, they should be unambiguous and should not lead the respondent to lean toward a particular response.

Are the questions to be asked in any research context (surveys or interviews) relevant, necessary, central to topic and capable of being analysed? Are they unambiguous? Are they leading or open-ended? Can time be saved by making some use of tick boxes? Do respondents have the opportunity to express own views?

Respondents may find tick boxes in a questionnaire enquiry both frustrating and time-saving. If they are used, the options should be decided by people who are expert in the topic. It is desirable to minimise the use of a box designed to capture 'other'.

3.5.3 Contacting respondents

How are respondents first contacted, and is it ethical? Such enquiries should only come from organisations that have legitimate access to names and addresses, which may mean that researchers commissioned to investigate, for example, the views of staff in a number of local authorities will need to persuade the personnel department(s) to send them invitations to opt into the study. Participation must be voluntary, and any provision for issuing a reminder must be thought through: if a researcher has no legitimate access to identification, and the questionnaires are returned anonymously, they have no means of issuing reminders.

There are many options now for delivering enquiries and/or contacting potential respondents, including email and web-based approaches. Are the formats in which the enquiry is delivered accessible and acceptable? If not, response rates will be poor. Response rates may be increased if there is an organisational sponsor who can endorse the enquiry (e.g. by email, across the organisation). However, as the record and popularity of that person is probably unknown, this may not be a good tactic. The time allowed for people to respond to enquiries is another potential pitfall: if too short, it will be seen as unreasonable; if too relaxed, it could encourage procrastination. Commissionees should have a fall-back plan in case of low response rates. Piloting the approach may give early warning of likely pitfalls.

3.5.4 Arrangements for piloting

Many of the difficulties with question formats, enquiry formats and their delivery, topic guides and their use, can be reduced by piloting. Where it is desirable that everyone has the chance to be involved in an enquiry, or where the number of potential respondents is quite limited, it may be better to approach potential respondents for their opinion of the enquiry (rather than ask them to fill it in). It is then possible to include them in the sample for the enquiry proper.

Qualitative approaches (interviews, focus groups) may also be piloted, but are by nature incremental. If a respondent introduces a topic area relevant but not anticipated by researchers, they should consider incorporating it into subsequent topic guides.

3.5.5 Analysis and quality assurance

Proposals and protocols should include a reasonably comprehensive plan for analysis. Bearing in mind that findings cannot be generalised with confidence, sophisticated statistical analysis of available quantitative data is unlikely to be appropriate. The analysis of qualitative material is even more contentious, and the advent of computer assisted qualitative data analysis packages has not necessarily improved clarity in this field. These packages rely on human analysts to sort (usually verbal) data into categories, to identify the categories and how they might fit into a framework. There is no magic shortcut, and research teams should beware of collecting more data than they can analyse.

Reference to grounded theory (Strauss and Corbin 1998) in the proposed analysis plan is often misplaced, since this approach is very time-consuming, and is primarily geared to theory-building rather than practice improvement. The analysis of qualitative data requires a framework for the selection and integration of material, and this will usually derive from the progression and elaboration of the research question and aims, through to the interview/focus group topic guides, to the (semi-structured) responses, arriving back in most cases with the research question and aims. This iterative approach will incorporate some unexpected detours, answers and associations which are ‘grounded’ in the data, but the enquiry is primarily steered to address the topic questions, rather than generating broad social theory.

This suggested approach is not intended to rule out other types of analysis, but to suggest that analysis of material here will differ from larger-scale research with broader aims. It will also differ from, but may be usefully informed by, reviews which synthesise qualitative studies (see Fisher *et al.* 2006).

If there is time, it is good practice (and central to some types of design) to feed back findings and conclusions to research participants, to check for face validity. This is a good test of accessibility and relevance to practice settings, and may provide material for the discussion section of the final report.

It is good practice in analysis to draw together findings from different sources, since findings ‘triangulated’ in this way are more convincing. Although it may rarely be possible, it is desirable for some or all qualitative data to be independently analysed by an additional researcher, so that findings can be compared. Major discrepancies would clearly suggest problems, most commonly in the interpretation and translation of primary data and the weight attached to findings.

4 Rapid appraisals of practice

4.1 Rationale for rapid appraisals of practice

A SCIE practice enquiry does not have essential features (in comparison, say, to a randomised controlled trial), and can be adapted to particular circumstances, including the need for rapid implementation and reporting. There are increasing demands from stakeholders within the cycle of policy-making and evaluation to deliver research products faster. Where there is little published material on a social care topic, and/or where there is a desire to consider the impact of policy recommendations, a rapid enquiry into current practice may be useful. This is termed an 'appraisal' here as this suggests an approach which lacks certainty and objectivity of outcome, but refers to certain criteria and methodology, rather than to opinion alone.

The key standard to be observed here is transparency – clarity of planning and clear reporting, of what was done to achieve the results. This should enable readers to gauge the generalisability of the findings. As in all cases, methods must be agreed with commissioners and the rationale, for example for choosing locations, should be given.

4.2 How can practice enquiries be speeded up?

Some of the following strategies would reduce the time taken to undertake a practice enquiry.

1. The **number or type of stakeholders** involved in the enquiry may be limited. For example, in a recent commission to explore the nature of demand for guidance in services for looked-after children, it was decided to focus on service providers and on voluntary sector organisations who could represent the views of looked-after children. As well as timing considerations, it was felt that this would cover key audiences for the guidance – and that wider views, including participation of young people, could be sought through a full practice enquiry at a later stage of the work programme.

2. Although all respondents should be fully informed and consented, **limiting stakeholder types** may absolve researchers from the requirement to engage with protracted research governance processes.

3. In accordance with the need to consider systems-level and partnership working, many topics are enriched by case studies which involve representatives of all types of actors in a particular context. A competent case study has particular standards (Yin 1994). An **alternative to** the sampling demanded by **case studies** is the **use of 'snowball' sampling**, through which investigators work up

a range of contacts for qualitative interviews or focus groups by consulting the key informants in the field.

4. **Purposive sampling to cover the scope of the field** in fewer sites will reduce data collection time. Limiting the number of case studies, or the number of geographical contexts for the work, will reduce the time and resources required, though it may put greater emphasis on the choice of locations. It may be appropriate, for example, to include authorities rated poor, good and middling by inspection standards if the aim is to get a cross-section of practice.

5. A rapid practice appraisal should **avoid methods that rely wholly on the responsiveness of their informants**. For example, an online enquiry is a poor motivator of responses, whereas one-to-one contact is more likely to engage participants. When speed is of the essence, there is no time to fail. Although qualitative methods such as interviews and focus groups are generally more time-consuming to transcribe and analyse than are structured enquiries, certainty of access, and the quality and depth of the data, may more than compensate.

6. **Contingency plans**, including identification of 'reserve' informants or sites, can be helpful, as can the engagement of senior personnel who may be willing to endorse the approach. However, it is also important not to raise unrealistic expectations concerning the importance of the work.

7. Finally, a key consideration of rapid appraisals of practice is analysis. **Analysis may need to be ongoing and incremental**, according to an agreed framework, in order that emergent findings are apparent (to be further tested, refined and refuted) as the project progresses. This is in any case a reasonable way of proceeding within the paradigm of qualitative research. A means for commissioners to be kept informed of headline findings as they emerge may need to be negotiated. It is possible that intermediate briefings that feed into the next stage of the work programme will have more utility to commissioners than the final report, in which case the research team may be given some latitude in relation to the submission of a final, more polished, report.

4.3 Shortcomings of rapid appraisals of practice

As we have seen, methods in rapid practice appraisals may be compromised, and the range of stakeholders limited. For example, those attending a course may be easily engaged to take part in an enquiry of its impact; those who have left less so, although their views are at least as important. However, those carrying out rapid practice appraisals do not face unfamiliar methodological choices: the real challenge is to make the end products both worthwhile and transparent.

5 Reporting practice enquiries

5.1 Interim reports (verbal or written)

In most cases, SCIE commissioners will wish to agree reporting milestones. Depending on the length of the agreed timetable for the work, and whether it is being carried out in combination with a research (literature) review, a format for keeping SCIE informed of progress will be agreed. This could be minimal (even verbal) where time is short. The key reasons for SCIE requiring interim progress reports are to:

- be aware of difficulties encountered, so as to contribute to suggestions for remedies or alternatives
- ensure that the project is on track to meet deadlines, especially those deriving from sponsors such as the Department of Health
- maintain SCIE's internal project management records
- monitor progress so as to ensure value for money.

5.2 Final report of a practice enquiry

The final report of a practice enquiry will aim to give an account of the knowledge identified from practice sources, in whatever formats are most accessible to a range of users. Some of the data from the enquiry may be best presented in charts. Transparency and clarity are the key values for the presentation of findings. It is important that the method and sampling frame are adequately discussed, and that response rates are given (broken down by strata if stratified sampling was used). A frank discussion of the limitations of the method, and probable bias in the responses, is also required, to enable readers to gauge whether the findings are valid and likely to be representative of the field.

5.2.1 How the practice enquiry report fits within the knowledge review report

SCIE has recently changed its approach to reporting of knowledge reviews (which most often combine systematic research reviews and practice enquiries, formerly known as practice surveys). Previously, contractors were asked to submit a technical report (incorporating all technical details such as search strategies) covering both the research literature review and practice enquiry, followed by a shorter, more accessible 'main report' or knowledge review. It has been decided (in consultation with SCIE's registered providers) that the dual report structure is too labour intensive, and that in future a single accessible draft report with technical appendices will be submitted. The final report will be amended as necessary following peer review.

If the work is part of a full knowledge review, the practice enquiry report will be incorporated as a separate section, so that the origins of findings and conclusions from different sources do not become confused. This is important to SCIE's commitment to transparency and quality of knowledge.

The executive summary of a knowledge review should include a concise description of the method, aims and findings of the practice enquiry, clearly signposted.

Where the practice enquiry is commissioned alongside the research review, we would expect to see some dialogue between the findings of each aspect of the work. In particular, the following questions should be considered:

- Is there practice which has not been researched? Is this a gap in the research agenda?
- Is there research which has not been subject to any attempt to implement it in practice? Is this a gap in the implementation agenda?
- Do the findings of the practice enquiry have implications for the applicability of research findings (e.g. does a model of intervention require time or resources not feasible in the field, or is it clear that people who use services do not find the approach acceptable)?
- Does the practice enquiry provide 'live' examples of research in practice, which could be used in a guide?

5.2.2 Headings for reporting practice enquiries

The practice enquiry report should be within, but be separable from, the other aspect(s) of the knowledge review. Headings for the practice enquiry section should include:

- Aims (which may include reference to the associated research review).
- Methods.
- Findings.
- Discussion, to include transparent reporting of the limitations of the study, such as poor response rates, response bias and failure to engage certain populations.
- Conclusions from the practice enquiry. This section is different from the synthesis of conclusions from a research review with a practice enquiry, which normally forms the commissionees' part of the analytical report.

If the practice enquiry is a stand-alone product, it should also have a short executive summary.

5.2.3 Word length

The approximate word length expected is as follows:

Literature/research review aspect of final report	10,000 to 15,000 words
Practice enquiry	8,000 to 10,000 words
Analytical report	up to 2,500 words

Throughout the knowledge review, detail felt to be lengthy but important can be placed in appendices, or made available to interested parties by including references and weblinks to systematic maps or other electronic documents.

Word length may vary on agreement with SCIE. Where a practice enquiry has been commissioned in place of a knowledge review, and/or the enquiry is the only major available source of knowledge, and has a wide scope, it may be decided to extend the scope of the enquiry (e.g. adding more case studies or additional stakeholder groups), and a longer report may be justified.

5.3 Attributing the work

Where the commission involves contacting or collaborating with other people or organisations, commissionees should describe themselves as working for their employing institution on a project commissioned by SCIE and should not imply that they are employed by SCIE.

Practice enquiries may acknowledge the input of organisations contributing to the practice enquiry, particularly if input has been substantial, as in hosting case studies. Although some agreement may have been part of original negotiations, participants may want to see a final draft before deciding whether to accept published acknowledgment.

5.4 Intellectual ownership

Authors will retain intellectual ownership of the work and will be credited as such. However, the material may be used by SCIE in its development work, posted on SCIE's website and/or incorporated into SCIE's social care online (www.scie-socialcareonline.org.uk).

Where material is made available to others as hard copy or in electronic form before it is completed, it will be described as ‘pre-publication’ and will be accompanied by a copyright notice.

If authors intend to publish work resulting from this commission, they must acknowledge SCIE funding but must not claim SCIE approval for the contents. Publication, either in print or electronic, must be accompanied by a disclaimer stating that the views expressed are those of the authors alone. Authors must supply SCIE with a copy of the publication.

5.5 Peer review of practice enquiry outputs

The draft final report of the practice enquiry will be reviewed, as a minimum, by one internal person at SCIE (whose remit will include the quality of the report and the methodology used), and one external expert in the field. It is desirable that the external reviewer should be familiar with the field of practice, and in some cases two external reviews may be commissioned, to reflect knowledge of the literature evidence and knowledge of the practice context. A brief tool for use by reviewers of practice enquiry reports is included in Appendix 2 (although this is intended as an aid rather than a mandatory framework for external reviewers).

Amendments suggested by the reviewers should be negotiated between the commissionees and the SCIE project manager. Where amendments are agreed as reasonable, these should be made by the commissionees prior to receipt of the final payment agreed in the contract.

5.6 Quality assurance and use of knowledge products

In collaboration with the commissioned providers, SCIE's project manager will consider whether conclusions may be drawn from the enquiry about the current or desirable state of practice. This may depend on response rates, sampling framework etc. Is there sufficient agreement to merit a policy statement from SCIE, or a statement backed by apparent confidence in the sector that there is an agreed way to approach the topic of enquiry? If the practice enquiry is part of a knowledge review incorporating research findings, there may well be sufficient material to warrant a practice guide as part of the programme of work. The relationship between research findings and practice guides is constantly under review by SCIE, as SCIE is developing methods of rating evidence and practice in relation to outcomes and cost-effectiveness.

Currently, SCIE develops final products, based on the knowledge review, through advice from the analytical report, the Quality Assurance Practice Guide Group and consultation with the identified main audience(s) about clarity and accessibility. This stage of the process is currently under development, in relation to suitability of messages and media for particular intended audiences. The analytical report would be the starting point for the work.

Other options for new approaches might aim to work more closely with practitioners to elicit practitioner knowledge about the feasibility of recommended practice, as well as the accessibility of key messages. (SCIE's self-audit publications already draw on practitioner experience by helping designated audiences rate their own practice against available knowledge.) The final product would then have had some field testing before publication rather than, as at present, of the final product once published.

A third stage, also based on the practice enquiry guidelines, could test the impact of SCIE materials post-publication and could form the basis of product review and

updating. This would refer back to intended audiences, which are likely to include practitioners and practitioner-managers, people who use services, carers and policy-makers. This third stage could be undertaken by practice agencies themselves.

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All SCIE products are freely available at www.scie.org.uk.

Appendices

The following appendices include tools for assessing elements of practice enquiries.

Appendix 1: A framework for assessing the quality of a structured questionnaire-based survey

1. Are there identified aims to the survey component? Are all the questions relevant to those aims?
2. Does the survey permit the identification of respondents according to their roles or status, so that the type of respondents can be reported?
3. Is the survey anonymous? Should it be, to maximise response rates? What (in the covering letter or web briefing for web-based surveys) are participants told about this, and is it accurate?
4. Are respondents asked to volunteer personal details for potential follow-up? If so, the optional status should be clear.
5. Has the survey instrument been piloted (with similar respondents to those expected to respond)?
6. Are the survey questions clear and unambiguous? Are they non-leading?
7. Is the most straightforward language used, any jargon explained, and acronyms and initials spelt out in full?
8. How long does the survey take to complete? s the form of completion available likely to maximise participation?
9. Is the balance of structured (options given) and free-text responses appropriate? This may depend on the expertise available for analysis, as data should not be collected if it cannot be collated.
10. Is there a sampling strategy in place and is it justifiable? If the sample is stratified to increase representation, what plan is in place should response rates fall far short of expected (generally; for particular types of respondent or regions)?

Appendix 2: A framework for peer review assessment of a practice enquiry report

Internal and external reviewers are asked to include the following considerations in their review, though they need not record their comments under these headings. In each case, they may wish to say whether they agree with any variation from the original brief.

1. To what extent does the work address the aims set out in SCIE's commissioning brief?
2. Were the research questions relevant to the aims of the project brief?
3. Does the work clearly describe the research methodology[1] (research design, process and rationale) and methods/tools (e.g. interviews, focus groups) used in the study?
4. Does the work demonstrate significant involvement of managers and practitioners, including all those who actions might have a bearing on the topic?
5. Does the work demonstrate significant participation of service users of diverse backgrounds and circumstances?
6. Are there any obvious omissions from the sample or from the data, and are these limitations explained, for example in the discussion section?
7. Are details of study sites and participants kept anonymous?
8. Are quotations appropriately used and linked to different types of participant?
9. What is your assessment of the contribution the work makes to the development of a knowledge base for social care practice?
10. Does the report follow the recommended structure for reporting practice enquiries (see below)? Are any variations justified?
11. Are there any additional comments you would like to make?

Please return your comments to ------------@scie.org.uk by --/--/--

Thank you for your help.

[1] This is a more complex term in the research world, but for the purposes of this peer review we simply ask you to comment briefly on the research process and rationale adopted.

Recommended structure for SCIE practice enquiry reports

Word length

Approximately 8,000–10,000 words. Additional material can be put into appendices.

Headings for reporting practice enquiries

The practice enquiry report should be within, but separable from, the other aspect(s) of the knowledge review. Headings for the practice enquiry section should include:

- Aims (which may include reference to the associated research review).
- Methods.
- Findings.
- Discussion, to include transparent reporting of the limitations of the study, such as poor response rates, response bias, failure to engage certain populations.
- Conclusions from the practice enquiry. (This section is different from the synthesis of conclusions from a research review with a practice enquiry, which normally forms the commissionees' part of the analytical report.)

If the practice Enquiry is a stand-alone product, it should also have a short executive summary.

Appendix 3: Worked example of the use of the SCIE Good Practice Framework for data collection: services for refugees and asylum seekers

Good practice in social care for asylum seekers and refugees

Practice survey data collection schedule

To be completed by participant or from telephone interviews

Name of person completing: **Date:**

Organisation	Contact name and address	Contact telephone number and/or fax number	Contact email address	Documentation supplied

Information about the organisation	Response
What responsibilities does your organisation have for meeting the needs of asylum seekers and refugees?	
Has your organisation undertaken an assessment of the needs of asylum seekers and/or refugees for social or health care, including mental health and people of all ages? If so, please provide details.	
Information about asylum seekers and refugees	
Which are the main groups of asylum seekers and/or refugees in the area covered by your organisation?	
What do you see as the main needs in relation to social care for the asylum seekers and/or refugees in the area covered by your organisation?	

Identification of good practice	
What do you see as the main elements of good practice in social care in meeting the needs of asylum seekers and/or refugees in the area covered by your organisation?	

Are you able to identify examples of good practice in your area? If so, please provide details below and for each example please complete the detailed questionnaire overleaf. If you are describing good practice by another organisation can you confirm that they are aware of your response?

Name of organisation	**Example of good practice**	**Reason for nomination**	**Contact for further information (aware of nomination: yes/no)**

Please add additional sheet if necessary

Identification of good practice: please complete for each example

What is the idea?	Description of the aims and intended outcomes including who the stakeholders are.
Why is it considered to be good practice?	A case for the practice including what stakeholders think about the idea • for people who use services • for providers
What is the practice?	A description of the face-to-face practice and any supporting arrangements or changes.
What do people think about the practice?	An account of processes and whether stakeholders find them acceptable, including accessibility. • for people who use services • for providers
What happened as a result of the practice?	An account of outcomes and whether stakeholders want them
Will it work in day-to-day services?	Whether the practice is workable in daily practice and whether it can be kept going (e.g. do we have the skills? Do we have the right organisational arrangements?) Can we spread it?
What will people do differently as a result of the practice?	What we can learn from the practice and what others can learn
Can we afford it?	Whether the practice is affordable: any information on costs and savings

Appendix 4: example of tool for assessing quality of tenders

Social care leadership development programme evaluation – marking assessment

Lead institution name:
Tender board member:
Date of tender board:

Marking assessment		
1.	To what extent do the researchers demonstrate their understanding of the relevant issues set out in the commissioning brief?	
2.	To what extent do the researchers demonstrate knowledge and understanding of policy context and agenda in relation to leadership in the social care context?	
Sound approach to the task		
3.	Does the work clearly describe their methods and processes to the research elements of the project?	
4.	Are the proposed methodologies realistic and practical?	
5.	Does the work demonstrate significant participation by service users?	
6.	Does the work demonstrate significant involvement of managers and practitioners in all relevant agencies?	
7.	How well does the work address equality and diversity (particularly in relation to language, BME)	
8.	Does the proposal provide a realistic workplan and timetable for the research development work?	
9.	Are intended outputs (reports etc.) specified in line with the requirements of the commission?	

Clarity of tender		
10.	What is the extent of SCIE expertise required by the proposal?	
Capability and relevant experience		
11.	What is the quality of the team proposed?	
12.	Are members of the team: (i) significant in number; (ii) available at the required times; (iii) appropriately skilled and experienced for the work?	
13.	Has/have the organisation(s) and key individuals undertaken projects of a similar nature?	
Value for money		
14.	Have realistic costings for all the major steps and activities proposed been provided?	
15.	Does the work provide value for money, paying attention to the balance between staff time and resources?	
16.	If additional issues and research aims or methods are suggested is there an indication of likely additional costs and of possible alternative approaches to the achievement of these, each costed?	
Additional criteria		
17.	Additional criteria identified by the tender board member/ independent reviewer	

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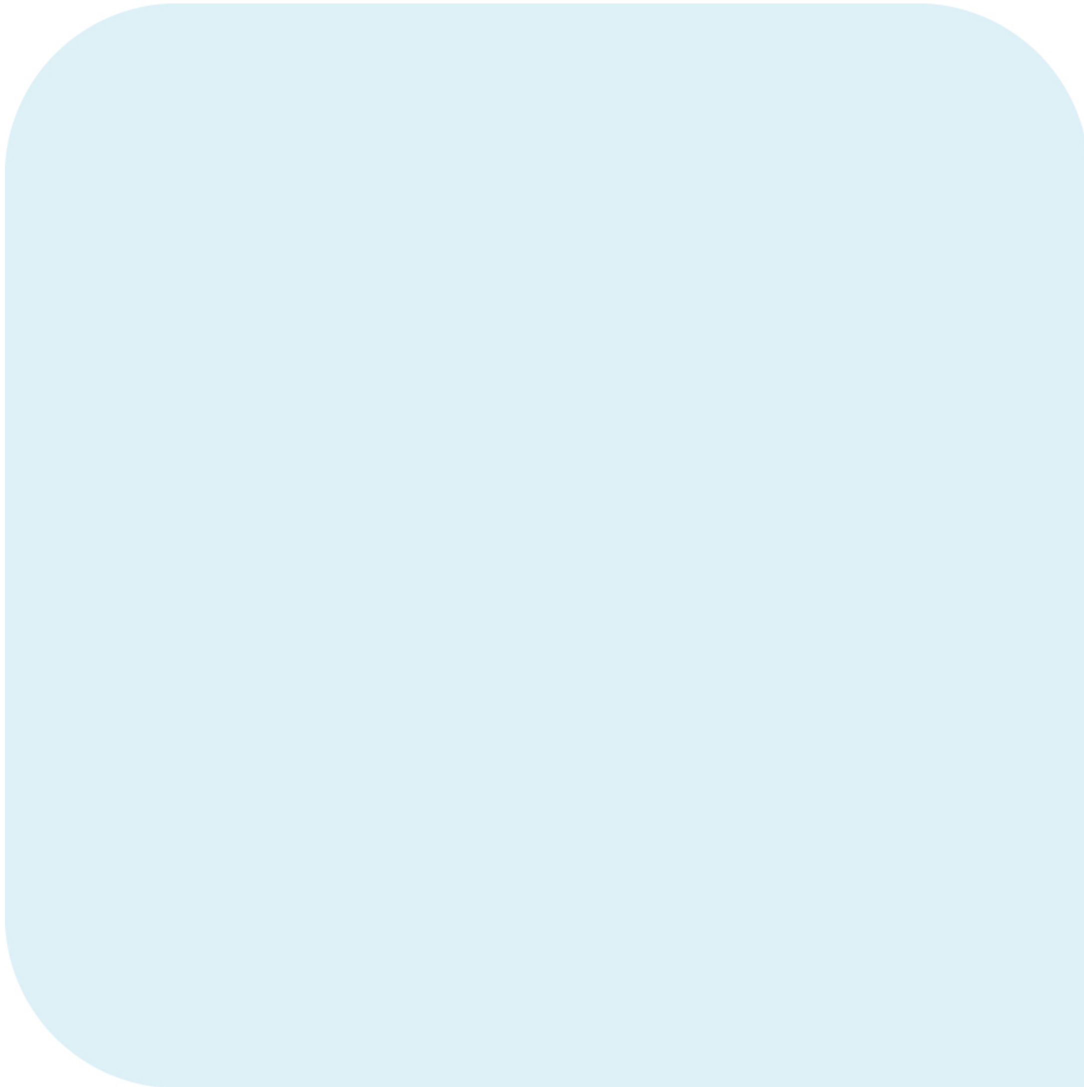

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