

# NIHR ARC's National Social Care Summit

Monday 17 October 2022, 1.00pm - 4:00pm  
Notes from the session



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## Contents

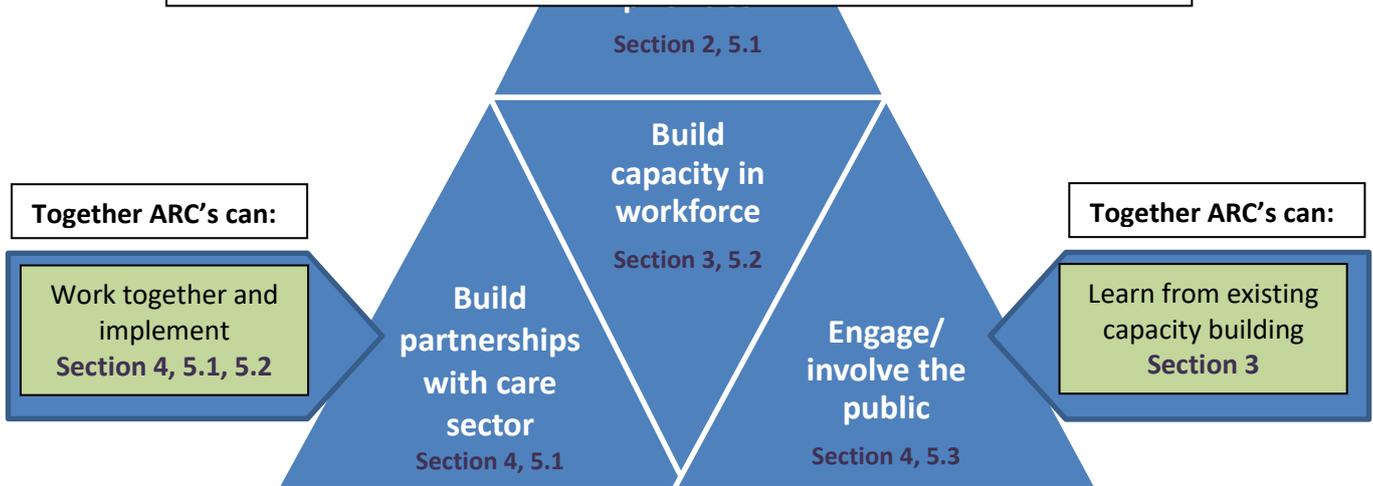
1. Overview and executive summary of the session:.....	2
2. National Priorities for Social Care Research.....	4
3. Social care research capacity – How can NIHR ARC’s make a difference.....	5
4. Considerations for social care research – PCIE and Implementation .....	7
5. Future Social care research within ARCs – how can we do more .....	7
5.1. Which topics on adult social care (ASC) would you prioritise, and how do you come to that decision? .....	8
5.2. What research methods and approaches would you use? .....	8
5.3. How far is research capacity available and how could that be developed?.....	9
5.3.1. Engagement and building relationships with Local Authorities and Adult Social Care teams in producing research .....	9
5.3.2. Care practitioners and workforce –accessibility to research and skills .....	10
5.3.3. Involving and engaging with communities and the public.....	10
5.3.4. General and national capacity and resources .....	10

### 1. Overview and executive summary of the session:

On Monday 17 October 2022, researchers and leads in social care research across the 15 NIHR Applied Research Collaborations came together to listen to national leaders and discuss how ARCs can support and champion social care research more in the future. The session was attended by over 50 participants across the breadth of the country. A summary of key messages from the meeting is below:

Address current barriers to social care research:

- Capacity (esp. time for social care research in practice/care sector)
  - Resources for social care research (e.g. good data)
- Pragmatic approach to research – answers now, soon and in future
- Current risk of too many initiatives - need structure to learn from these
- Developing a shared understanding of the value of research in social care
- Engagement activity (between research and practitioner communities) is crucial but requires time and a common 'language'



## 2. National Priorities for Social Care Research

The session began with short presentations on priorities for social care research from the perspective of: local government/social care system (Glen Garrod, Executive director of Adult care, Lincolnshire County Council); national policy/NIHR (Leanne Dew); and the social care research community (Martin Knapp, Director of the School for Social Care Research). The presentations of each speaker are embedded below.

- **Priorities for Social Care Research – a local government perspective**

Glen Garrod, Executive Director for Adult Care and Community Wellbeing, Lincolnshire County Council

[Click here](#) to view this presentation.

- **Priorities for Social care research – the national perspective**

Leanne Dew, Principal Research Analyst, Department of Health, and Social Care

[Click here](#) to view this presentation.

- **Under-represented areas in social care research**

Professor Martin Knapp, Professor of Health and Social Care Policy, London School of Economics and Political Science

[Click here](#) to view this presentation.

The speakers focused on priorities for the future where social care research is essential in contributing to reform in adult social care. This included:

- The need to understand new models of care and where these contribute to efficiency, joined up care and value for money.
- DHSC overarching priorities at present are aligned with SOS priorities including ambulances, the backlog, Care (Primary, secondary and social) and workforce. These are also closely linked to the [People at the Heart of Care, Adult social care reform white paper](#)
- Imperative to focus on role of prevention – which potentially could free capacity to allow more people to have care when they should, and to avoid a vicious spiral – with focus on increasing current services capacity, with less prevention, leading to more demand - the system not necessarily focusing on right place. We need evidence about whether it is the right approach (or not) to spend money on prevention.
- Digital technology as an increasingly important area for exploration - NHS digital reports on insights into current transformation in the sector [here](#).
- Focus on under-represented areas ripe for social care research:

## Neglected topics / methods?

<ul style="list-style-type: none"> <li>○ From inequality to inequity</li> <li>○ Diversity and experience</li> <li>○ Systems thinking</li> <li>○ Prevention</li> <li>○ Longer-term follow-up</li> <li>○ Trial design (keeping up...)</li> <li>○ <i>Real</i> mixed-methods</li> </ul>	<ul style="list-style-type: none"> <li>○ Implementation / translation</li> <li>○ User-<i>led</i> / carer-<i>led</i> research</li> <li>○ Co-design / co-production / co-creation</li> <li>○ Data linkage</li> <li>○ Data utilisation</li> <li>○ Cost-effectiveness (...still...)</li> </ul>
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Applied Research Collaborations are well placed and have existing skills and expertise to contribute to the growth in social care research than can inform practice, these assets:

- Implementation research in social care – building on the pipeline of funded research
- Bringing a social care angle into health research
- Building capacity in social care research, including supporting colleagues to leverage funding
- Supporting ‘research interested’ colleagues working in social care

### Some discussion points by attendees:

- Level of investment from central government needs to reflect strategic vision for social care research expansion – for example, despite there being positive investment in public health and social care research, there is still inequality and underinvestment. A view expressed is that there is more investment in public health infrastructure than social care. Also, careful consideration of local government structure is important e.g., current investments made focused on unitary authorities and not more complex two-tier systems
- There is also the question of how children's' social care works with the adults' social care system. At national policy level, responsibility is split across the Department for Health and Social Care (adults) and Department for Education (children). This hinders the connections within research on children's mental health from public health and inequalities perspectives, for example.

## 3. Social care research capacity – How can NIHR ARC's make a difference

The second section of the meeting aimed to discuss how NIHR ARCs can build capacity in social care research. Presentations were given by two leading researchers who were involved in building capacity as good examples of developments in supporting researchers across academia and practice. The presentations of each speaker are embedded below.

- **Working together to promote engagement in research amongst nurses working in adult social care nursing**  
Professor Alison Richardson, Head of Nursing Research, NHS England and Director NIHR ARC Wessex, University of Southampton  
Professor Claire Goodman, Professor of Health Care Research, Centre for Research in Public Health & Primary Care, University of Hertfordshire

[Click here](#) to view this presentation.

- **National partnerships to build social care research capacity** Professor Ann-Marie Towers, ASCOT programme lead and SSCR Leadership Fellow, University of Kent

[Click here](#) to view this presentation.

The presenters shared ways in which capacity is being built (including that funded by NIHR) and how this can also draw in social care practitioners into research. Some key messages included:

- Social care workforce needs to be better supported to engage with, participate in and undertake research.
- It should include and involve the diverse workforce across social care.
- There is increasing investment by NIHR to support practitioners and others to get involved in research, although some of these opportunities are not always social care 'friendly' in terms of language, understanding of the requirements for funding and with a focus still reflecting the legacy of being developed in the health care research field.

The meeting was presented with two good practice examples for learning around capacity build in social care research:

- Adult Social Care partnerships – refer to presentation by Ann-Marie Towers – offering the potential for national learning across these seven projects for supporting research capacity embedded in local government.
  - The presentation highlighted an excellent model of seminars and training sessions where social care research topics were linked with research skills useful in addressing them – the series is called 'two sides of the coin'.
- Working together to promote engagement in research amongst nurses working in adult social care nursing – refer to presentation above by Alison Richardson and Claire Goodman – potential to bring together overlooked professional groups to upskill and input into priorities and research.
  - Showcased work to develop research amongst nurses in adult social care
  - Highlighted the Care, Research, Education and Debate (CRED) forum – a forum to discuss what matters for social care. **#CREDITALKS**

### **Summary of discussion by attendees:**

Important to share and hear about these different initiatives across the ARC network

How can you adapt an approach for all councils, including those which are not as large and well-resourced as Kent?

- We have 6 social care partnerships and people are engaging in different ways. All 6 partnerships will come together to put all learning in one place with a view that people can draw on this learning.

What is important for social care professionals – attendees said:

- We need those working in research to make it interesting for care homes, both simplified and inspiring, and discuss with them what the problems are (i.e., what matters to staff and people with support and their relatives). ENRICH is a project that has helped demystify a lot of challenges around research for care home staff. It is about showing staff the benefits of research without overwhelming them with science, figures, terminology etc.
- The COVID crisis really showed the value of research. Researchers were there whenever we [providers] asked a question. They looked after us when we were shattered and didn't know

where to turn. Researchers were at our side, to see what we're doing objectively and help inform what we should be doing.

- Use practitioners involved to show that it can be done. Use ways to get practitioners talking about how they are doing research, inspire others in non-threatening way.
- Important for ARCs to facilitate and put research into language of colleagues, particularly to gain interest in opportunities, e.g., LA SPARC.

## 4. Considerations for social care research – PCIE and Implementation

This session opened with two talks about fundamental considerations for research around public and community involvement and implementation. Approaches to these topics from a social care perspective were presented. The presentations are embedded below for reference.

### Public & Community Involvement in Social Care Research: Opportunities and Challenges

- Dr Caroline Jackson, Research Fellow, Department of Social Work and Social Care, School of Social Policy, University of Birmingham

[Click here](#) to view this presentation.

### Considerations for implementation in social care research

- Rebecca Sharp, ARC KSS Implementation Manager, Kent Surrey Sussex Academic Health Science Network

[Click here](#) to view this presentation.

Caroline Jackson highlighted some initial work of the National Priority for Adult Social Care and Social Work in scoping and assessing: [Equal access to the knowledge table](#), and how ARCs are well placed to promote opportunities for involvement in social care research through:

- Reflection and collaborative working within ARCs and other research structures to ensure the people with lived experience of social care are included
- Sharing expertise in accessibility issues, time/resources, and 'soft' skills to support engagement
- Work at grassroots with voluntary, charity, community, faith sectors to build capacity

Rebecca Sharp shared the ARC KSS approach to implementation and how the context of social care should be considered. The 'what' and the 'how' were shared to establish the 'PUSH' from research community and the 'PULL' for practice to ensure implementation of research is successful.

## 5. Future Social care research within ARCs – how can we do more

Discussion in breakout rooms is summarised below to inform how ARC's might contribute to developing the adult social care research agenda. This was discussed using 3 questions put to attendees. Key messages are below.

## 5.1. Which topics on adult social care (ASC) would you prioritise, and how do you come to that decision?

### Over-arching principles for how ARC's can focus and contribute to research priorities in adult social care

- ARCs should always consider aligning research to strategic priorities, this helps with buy in and implementation
- Priorities should be informed by practice and the public but is a balance of different priorities and perspectives/contexts in a fast-moving commissioning and political environment - prioritisation with these stakeholders is key. Consideration should also be made of existing priorities – e.g., James Lind on social work and local priority setting exercises.
- How also can we link these priorities to the ARC's existing work or build partnerships to address them as they are changing
- Across ARCs, how can we contribute answers from the multiple priority setting exercises and keep track of when prioritised issues have been addressed? Can we utilise the different expertise across ARCs to contribute to priorities and avoid duplication?
- Important to involve the ICS in understanding priorities.

### Priority topics raised

- Inequalities and levelling up agenda
- Sustainability and retention of Social Care Workforce
- Organise the system to focus on outcomes (for person in receipt of care and for carers and workforce) - current focus on task and time models is not conducive to person / relationship caring, and may also lead to poorer job satisfaction for care staff
- Family care givers, including how that works alongside care services – involvement of family carers might differ by setting, such as between care homes and home care.

## 5.2. What research methods and approaches would you use?

- We need to be sure that we use the most robust methods to be able to address the questions in the best way we can – ARCs can offer this and ensure we are doing research that is needed and of value (accounting also for the costs of research such as the time inputs of colleagues in social care).
- ARCs could consider building methodological capacity to act as responsive research organisations with key methods skills at the ready e.g., stats, economics, evidence synthesis.
- Having a flexible approach method is necessary. e.g., you can plan a survey but end up needing to do interviews. We should also consider a range of methods, such as immersive research observing care and getting to know people who carry out the work (e.g. referencing Hilary Cottam book 'Radical Help'). Both descriptive and summative research is of value.
- Develop longitudinal methods, important in social care – but also are more challenging as a result –due to people being in different places (physically) and supported by different organisations (following people through their social care journey is hard).
- Statisticians are doing some really interesting work that we can learn from in other disciplines (e.g., Richard Emsley).
- Consider our usual 'go-to' outputs (academic papers) and think a little differently so that the social care sector can better access research finding. Research should create opportunities to use findings in an accessible way and makes sense of practice.

- Consider using user-centred methods, such as living labs.
- Rapid methods are important – Local Authorities sometimes need small evaluations but in short timeframes.
- Other interesting methods are arts-based approaches – example shared of an arts-based approach with people with lived experience of disability to co-develop a focus for a future research bid - using a two-day arts-led workshop. Also, performative social science offers a useful lens when considering co-creating research and creating impact through research which connects with wider audience.
- We need to think about methods that enable practitioner input - e.g., interviews are long and time consuming - are there other ways we can get practitioner participation in research e.g., ethnography or short interviews.
- Indeed, it is important to involve people working in the care system in the design and methodologies of research in order to motivate engagement and participation in the research.

### 5.3. How far is research capacity available and how could that be developed?

#### 5.3.1. Engagement and building relationships with Local Authorities and Adult Social Care teams in producing research

- Most forms of social care research need significant involvement, engagement and participation of those in receipt of care and those organising and providing care. As such, to build capacity for social care research, we need to support the development of a research culture (including a shared understanding of the importance of research) and research resources (time, methods, skills) in the sector.
- Start with existing partnerships and build on these – e.g., HEIs have good working relationships with LA social work teams due to teaching and practice requirements.
- Play for the long game - Taking time to understand how LA and ASC teams work and what their work priorities are - ensure that research meets local needs. Keeping relationships alive is difficult but important.
- ARCs need to rise to the challenge of balancing how research can inform now, soon and in the future and how this can be accommodated. What do we offer and get back to create a reciprocal positive place for research in long term?
- Understand what capacity is there and what do we need to do to strengthen or gain capacity to support research within our local government partnerships – focus on what is it that we want to achieve.
- We need to minimise burden of participation/involvement for organisations, yet involve them/engage them (tension)?
- Think about structures to enable this support - role of ICS in bringing together ASC research?
- Engage with a range of partners e.g., VSCE commissioned work in social care, engaging with SMEs, but noting that they are constrained on time and resource to work with research.
- Involve service leads in research partnerships, e.g., Principal Social Workers and other networks.
- Learn from the currently funded NIHR HSDR capacity building partnerships – enables us to move forward strategically through capacity building that is evaluated. How can we get real time insight into these projects?
- Key role for ADASS in promoting research embedded in practice (regions and centrally).

### 5.3.2. Care practitioners and workforce –accessibility to research and skills

- Work with local authorities to build a research culture in the workforce. Work closely with ‘research friendly’ councils to help in this development.
- Build research awareness - receipt of research findings are easier in a workforce with research awareness. Enables workforce to gain a shared understanding of the difference and benefits of both research, audit, and evaluation and where each plays an important role.
- Work on our language – make sure it is practitioner friendly.
- Encourage and support learning through research as part of workforce development, training and promotion opportunities – e.g. how can this better contribute to CPD portfolios annually for re-registration. Build skills and confidence.
- Use the strengths of a diverse workforce (organisations and people). For example, the home care workforce has fantastic knowledge, they know clients very well, link with primary and community care teams, and so on.
- ARCs can help promote and support internships and fellowships being offered through NIHR e.g., Short Placement Award for Research Collaboration (SPARCS), Pre-doctoral Local Authority Fellowship Scheme (PLAF), Doctoral Local Authority Fellowship Scheme (DLAF).

### 5.3.3. Involving and engaging with communities and the public

- Training and development – to support lay/public members in research. Health Education England provides training support for lay people in the community to carry out research – called Community Participatory Action Research – seen as an excellent initiative, a good practice example.
- Importance of building links with underserved communities.
- Diversify involvement - often same people we call upon for their involvement - how do we widen the net? How do we enable people who draw on social care who might not be well-placed to be involved in planning or conducting social care research?
- Need to move away from community engagement being project based (pile in and pile out) and have a much more strategic view of community engagement in programmes of work, implementation, and co-production of solutions.
- Ensure we honour time of the public – budget well for this (e.g., pay for carers to come along), be innovative and think about reciprocity.
- Think about involvement and engagement in achieving impact from the research e.g., network of service users who can stay with the system for longer.

### 5.3.4. General and national capacity and resources

- Further develop and use data resources in research, such as working with local authorities and national bodies (e.g. NHS Digital) to develop and facilitate research access to linked, individual person-level datasets, or using sector resources such as the Capacity Tracker.
- Learning from health services research field e.g. on methods and transferable research skills.
- Capacity development through national programmes such fellowship schemes and other initiatives through the NIHR infrastructure (e.g. NIHR Academy, Research Design Services, School for Social Care Research).