

Supporting the use of Research Evidence in Adult Social Care Practice

Social care practitioners are keen to influence the research agenda but also want help and guidance on how to access and implement its findings; researchers want to understand how their work could better influence the decision-making processes in social care and how best to communicate complex research results.

These are just a sample of the views voiced by social care practitioners and researchers at an event organised by the Social Care Evidence in Practice project, a partnership between the NIHR School for Social Care Research, the Personal Social Services Research Unit at LSE, research in practice for adults and RAND Europe. The loosely structured one-day 'unconference' on 19 October 2012 looked at how to ensure social care research is used in practice and makes a difference. Around thirty participants put forward the key practice questions that they most want answered and which the project could look at, and discussed what innovative methods might be used to communicate research findings to different stakeholders. A visual note of the discussion is available at <http://blogs.lse.ac.uk/socialcareevidenceinpractice/about/activities/visual-note-of-the-19-october-2012-unconference-at-lse/>.

Research Types And Challenges

To set the scene, Professor Martin Knapp, Director of SSCR, illustrated some of the different types of research undertaken by researchers and the challenges that can be faced in making research results relevant to a range of audiences:

- Rigorous random controlled trials are expensive and comparatively rare in social care and when carried out may not yield the unequivocal results 'wanted' or expected by the organisation funding the research. Findings are often complex and can be difficult to communicate in ways that will be useful to busy people.
- 'Before and after' comparisons are less demanding to carry out but also less robust. Here the problem can be that early results can often be misleading and the full picture will only emerge over a

longer timescale.

- Quasi-experimental studies try to match similar groups of people so that comparisons can be made between different service approaches, for example the delivery of support in different settings. The challenge is that in reality people do vary between the groups, so results will be nuanced and must be looked at in detail e.g. an approach to support may secure improved outcomes for certain types of service users but not overall.
- Modelling offers a relatively quick and inexpensive approach to social care research that seeks to make the most of existing research, albeit using simple, partial and incomplete models. However, the findings are not definitive, may not include all the attractive options and can often only provide a platform for discussion.

In comments, practitioners said it was often more difficult for local authorities to make evidence-based changes to practice when services were commissioned from outside providers; it would be beneficial to have more sharing of local evidence; there was an element of luck in whether a subject was on policymakers' desks when relevant research was published, making it more likely to be adopted; the assumption that research findings will be implemented 'rationally' is sometimes misguided as it also depends on people's agendas; researchers may not have the right 'mindset' to produce the work that is needed by practitioners; and there may be scope to build the use of research into social care training so that it is perceived as central to the profession, much as is already the case with occupational therapists.

Bridging the Communication Divide

Participants broke into smaller groups for some 'reverse brainstorming' on how to communicate research to social care professionals; this meant a discussion of what does not work as a means of communicating between practitioners and researchers as a basis for coming up with the potential right ways.

Barriers identified included:

- Research is not a priority in social care practice; there is no structure for its use;
- Busy frontline practitioners simply lack the time and are not reached;
- Social care leaders are sometimes not 'research minded' and may not understand how research can help practice;
- Social care staff often cannot access social media sites, and thus some of the easy-to-use research information that is available, on work computers;
- There is a mismatch in the skills of academics/researchers and practitioners when it comes to making the research understandable;
- There is a type of person who can interpret findings but cannot always apply the research i.e. explain the 'so what?' factor;
- Research too rarely says how to go about doing something;
- Knowing your audience is not the same as knowing your stakeholder group;
- Sometimes no one is responsible within social care organisations for disseminating research – information often gets circulated by chance and most usually when it does not challenge existing practice;

- Organisations can get stuck in a rut of 'this is what we do';
- Social care research is overshadowed by health care research;
- Practitioners may lack the numeracy skills to understand the research.

Proposals for improvement included:

- Strategic partnerships are needed to help gauge what interests practitioners and to identify common ground to encourage investment and support for research;
- It is important to target the 'non-adopters', the hard-to-reach practitioners and the 'cynics' when promoting social care research and its findings;
- Approaches can include the development of networks, journal clubs, evidence clubs and multi-stakeholder meetings – but given the shortage of people's time it is best to focus on a particular project/subject;
- Communication is best with groups of practitioners;
- Channels need to be found to get private sector social care workers committed;
- Better and targeted summaries are needed that put across the key messages researchers want practitioners to hear;
- Researchers need to think more about better communication;
- Short summaries are helpful but practitioners need a quality assurance process to help them distinguish, for instance, between reliable disinterested research and arguments put forward by lobbying organisations;
- There needs to be a responsibility within social care organisations to create the right culture and infrastructure to make staff think they have to take on board the research;
- Researchers need a better understanding of the decision-making processes within social care, what types of information are more likely to be acted upon and the biases that may need to be overcome;



Martin Knapp

- Research audiences also have the responsibility to disseminate the information they receive e.g. local councils should pass on relevant research to outside provider organisations;
- Researchers should say more about the context for their findings, so that practitioners can pick out what is relevant for their practice;
- Research should give explicit and realistic recommendations for practitioners;
- 'At a glance' findings still need to be tailored to specific audiences.

Prioritising Practice Questions For The Project

Participants regrouped in the afternoon to help the project prioritise the practice questions and issues considered most urgent by practitioners. Six topics were chosen and discussed by participants.

Promoting well-being and independence

was seen as a very broad category and practitioners said they wanted better information about the 'nitty gritty' of what could be done, the successful 'active ingredients', precise evidence for who benefits from what interventions, and information on the cost-effectiveness of the different approaches. Most emphasis is usually given to reablement, but what do these services actually achieve and would the service users who benefit the most have become independent anyway? At a practical level, what assessment is needed to signpost people into prevention? At the

other end of the process, what assessment is needed when deciding when to disengage after reablement, and what follow up activity is important? There was a request for information on what else was relevant apart from reablement services. For example, if tackling isolation leads to better health, how is that best done? Participants were interested in hearing about relevant research from other disciplines as well, for example relating to public health or the impact of the environment on well-being.

In discussions on **staff training and workforce** it was suggested that minimum training standards, mandatory training and training for managers are important; the latter especially needs to be increased so that learning can be translated into practice. Frontline care staff are unlikely themselves to be reading the research so they need their employers and managers to have a good grasp and understanding of relevant work. Training should be evidence based and needs to be made more effective. For example, what do we expect after someone has been trained in how to manage challenging behaviour? It is important to include the need to teach compassion, and there is work in psychology about empathy that could be relevant here. Training is often delivered in 'silos' and there is much to be learnt from other professions. Care workers need more training in non-practical skills, including an understanding about positive risk taking and to be able to explain to families and carers why certain decisions are made.

When considering **improved support to carers**, participants felt that there is a lot of research but it has not addressed practical issues. The key questions include: who will be involved in the specified activities?; Is the available support being spread more thinly across more carers?; How can the system support hard-to-reach carers and carers from different cultural backgrounds where there may be barriers to providing help?; What support should be provided to those struggling to manage personal budgets: and How can local systems learn from

good practice? One question went to the heart of decision-making about strategy: it is often assumed that investment in supporting carers will save money overall in the long term, but at what point it is more cost-effective to put the resources into services for the cared-for person instead?

On **housing**, participants said there is a need for social care and housing to work more closely together, including on preventative adaptations in the home and on funding stream arrangements. Better information is needed on the longer term impact of aids and adaptations, and there should be more emphasis on results-based accountability. Action needs to be taken before a crisis; some people are moved on too quickly and practitioners need to know what support they need. In choice-based lettings there is a need to develop the social care knowledge of housing staff and generally people from social housing should be engaged. An improved tendering process would be helpful for investment in housing. The skills and competences of the local authority staff who manage contracting need strengthening in commissioning for the 'harder to measure' aspects of housing-related care. More could also be done to involve construction companies in a collaborative relationship to achieve better results. Differences in the legal frameworks of housing and social care mean there may be a need for joint legislation.

Part of providing **better information to customers** means communicating the large number of recent changes to the system and those planned for the future. This involves both 'point of contact' information and national campaigns that reach everyone. The information that is provided, including on new care and support legislation, must be clear and accessible to all, including older people. This means information must not only be provided online. For user choice to work, appropriate advice and support needs to be available to inform service users and their carers of the different options. A better understanding is needed of what sources of information are generally trusted and the cost-effectiveness of different channels. Possible ways to expand the provision of information include TV adverts, plots in soap operas and information at bus shelters.

To **improve the quality of care and support** participants were aware of evidence about personalisation and choice, but asked whose definition of 'quality' was being used. For instance, not all service users want a wide choice of services and complete control; some want greater support to decide what services are appropriate but find it difficult to articulate this need. This raises the important question of how social care practitioners can best assess what a person wants. There was interest in the use of outcome measures – such

as the ASCOT measure of the social-care related quality of life – to determine the impact of services. And a request for better feedback on research and national surveys including how agencies compare with each other, so that organisations can act on this information.

Project Next Steps

The project team are reviewing the discussion from the unconference and welcome further comments or suggestions, as well as any short articles on the research or practice evidence addressing any of the issues raised at the unconference that colleagues may want to send through.

A workshop on reablement, including its effectiveness and cost, is being organised on 23 January 2013 in Birmingham. For further information and to express interest in joining the workshop email Laura Clohessy (l.clohessy@lse.ac.uk).

Updates will continue through this newsletter, and can be found on the project website (<http://blogs.lse.ac.uk/socialcareevidenceinpractice/>).

Evaluation Exchange: Self-evaluation Through Peer Support

This project, a partnership of IRISS and Evaluation Support Scotland, is now live and kicking - the first meeting was held on 31 October 2012.

The objective of the project is to firstly create, and then support, a small network of self-evaluators across social services in Scotland. Primarily by facilitating peer support through the network, but also providing some expert input, the project aims to improve skills and confidence around evaluation for project participants, which will in turn lead to increased capacity for evaluation within their organisations. IRISS hopes to learn how peer support can be

helpful in enhancing evaluation capacity across social services and how best to enable this.

http://blogs.iriss.org.uk/evalexchange/?utm_source=IRISS+News+Mailing+List&utm_campaign=f600fbd31e-IRISS+project+updates&utm_medium=email