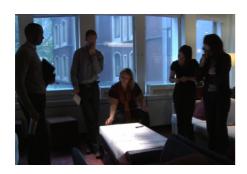Oct 23 2012

Social Care Research in Action – An 'unconference' at the LSE on 19 October 2012

Blog Editor

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 our project's first public event, a loosely structured one-day 'unconference' that looked at how to ensure social care research is used in practice and makes a difference. Around two dozen participants put forward some of the key practice questions that social care professionals most want answered by the project, and discussed what innovative methods might be used to communicate research findings to different stakeholders, from service users to government ministers. As Ripfa's George Julian put it, this was an opportunity for social care practitioners and researchers to set the agenda for this one-year project.

Research methods and challenges

To set the scene, Professor Martin Knapp, Director of SSCR, illustrated some of the challenges faced by researchers, including 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 is *wrong* about the relationship between practitioners and researchers as a basis for coming up with the potential *right* ways to bring research findings and social care practitioners together.

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 not 'research minded' and do not understand how research can help practice.

- Social care staff are often blocked from social media sites on work computers so cannot access some of the easy-to-use research information that is available, e.g. on mental health care.
- 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.
- 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 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 guage 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.
- 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, led by Ms Anji Mehta from PSSRU at the LSE, to help the project prioritise the practice questions and issues considered most urgent by practitioners. These specific topics need to be narrowed down for the project to work on over the coming months. Collaborative groups of practitioners and researchers will then be set up to identify the most relevant evidence-based research in the selected areas and to try out new ways of communicating the information to a range of stakeholders.

The 'long list' of topics chosen and discussed by participants was:

- Promoting well-being and independence
- Staff training and workforce
- Improved support to carers
- Housing
- Better information to customers
- Improving the quality of care and support

Further information on these will be available here shortly. The project team invites other social care practitioners and researchers to help shape the next stage of the work by sending us your comments on any of the discussion from Friday. **Please let us hear your views.**

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