Research capacity and research governance in local authority settings in England: findings from a national survey in 2014

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Abstract
In a time of financial austerity and increasing demand for social care services, the use of research and other evidence to inform policy and practice is of critical importance. Local capacity to generate and use evidence could therefore have a key part to play. The paper draws on findings from an online survey of Adult Social Care Departments (ASCDs) in 2014, which explored in-house research capacity. The findings reported in this paper profile local authority researchers and the degree of support offered to these researchers by their employers. The survey found that most researchers were located in corporate teams, and performance indicators and other forms of quantitative methods were the most frequently used methods of obtaining data. The findings also suggest a low level of access by researchers to training and other forms of support, including research governance arrangements likely to be a consequence of continuing public sector austerity policies pursued by the present government.

The full report of this study is available at:
https://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2015/reports/Rainey-et-al-2015-SCEiP-Research-capacity-report-web.pdf

Keywords: Social care research, local authorities, research capacity, research governance

Introduction

Social work and social care research has, arguably, never enjoyed a particularly close relationship with social work and social care practice (Swinkels *et al.*, 2002). For the purposes of this article, we shall use the term 'social care research' to refer to social work and social care research, although we acknowledge the difference in focus of researchers in these areas. Historically, ambivalence has been reported amongst practitioners and managers to the value of research. For example, Jones (1996) has observed a significant 'anti-intellectual' tradition arising from a belief that social work is essentially a 'hands on' profession: more about 'doing' than theorising. A broadly similar perspective was expressed more recently: in 2014, a report commissioned by the then Secretary of State for Education opined that social work education was too much preoccupied with 'ideological and theoretical concepts' rather than on what practitioners needed to know to become effective practitioners (Nairey, 2014). It is important to note that we did not survey social workers, so we are not able to comment directly on capacity for social work practitioner research. However, this survey will give some insight into the context for practitioners to undertake research.

Concerns have also occasionally been raised about the purpose of research within social work and social care; specifically its use to support managerial rather than professional agendas (Cooke *et al.*, 2002). It was also true that for some years, formal social work qualifications did not require research literacy – an understanding of how to critically appraise research and to assess its worth (JUCSWEC, 2006; Orme & Powell, 2008). In university settings, too, social care research in the UK has also struggled for recognition as an academic discipline in its own right (Bywaters, 2008).

At the same time, the need for research evidence to inform social work and social care practice has also long been acknowledged. In 1994 the Department of Health (DH) commissioned an independent review group to produce *A Wider Strategy for Research and Development Relating to Personal Social Services* (DH, 1994), relating to research and development in Social Services. This concluded that though strong links existed between policy and research and between policy and practice, synergy of research with practice was weak. Two years later, the Modernising Social Services White Paper (DH, 1998, Cm 4169, TSO) seemed to confirm this, arguing:

> As in other professions, it is important that professionally qualified social workers base their practice on the best evidence of what works for clients and are responsive to new ideas from research.

> (DH, 1998, Modernising Social Services, TSO, 5.32)

At that time, only one organisation existed to promote the use of research in social work and social care practice: the Social Services Research Group (SSRG) which had been established in 1972. Since then, several other organisations have been established with the aim of encouraging the more effective use of research evidence in social work and social care. The longest established of these are Research in Practice (RiP), Making Research Count (MRC), and the Social Care Institute for Excellence (SCiE). More recently, they have been joined by Research in Practice for Adults (RiPfA), the National Institute for Health Research School for Social Care Research (SSCR), and the Research Evaluation and Support Network (REASON), among others. Prior to its closure through lack of funding, the College of Social Work was also a strong supporter of evidence informed practice.

In tandem with initiatives of these kinds to promote the wider and more effective use of research in social care settings came guidance on the regulation of research activity in social care in the form of the Research Governance Framework for Health and Social Care or RGF (DH 2001; 2005). Following scandals within the NHS such as the misappropriation of body parts of dead children by a consultant pathologist employed at Alder Hey Children's Hospital, the subsequent public inquiry and the Redfern Report (2001), the RGF tightened up existing research governance procedures in the NHS and, for the first time, extended this guidance to include social care research. Though the RGF was intended to protect patients and service users from 'bad' research, it also aimed to raise standards. The RGF was cautiously welcomed, but it also became a source of serious concern within the social care research community. These concerns were, mostly, not about the principles of 'governance' or the intention to raise standards, but because of perceived difficulties local authorities might have had in meeting these standards within required timescales and without additional resources, or clear mandate from central government.

Several issues lay behind these concerns. First was the fragility of research infrastructure and support mechanisms for social care research in local authority settings, which lagged far behind those within the NHS. Second, there was anxiety that if research required independent ethical scrutiny, social work and social care research methods might not be understood or recognised by NHS ethics committees more used to offering opinions on clinical and pharmacological research. Third, there were fears that lengthy research governance processes would create problems because timescales for completion of social care research were shorter, and funding amounts lower. Fourth, the Laming Report of the Climbié Inquiry (Laming, 2003) led to the formation of separate adult social care and children's services departments in local authorities, which are the responsibility of the DH and Department for Education (DfE) respectively. Consequently, it also became clear that the RGF, as a DH policy, applied only to Adult Social Care Services. Though local authorities were free to extend their own governance arrangements, no equivalent guidance to the RGF has ever been published by the Department for Education for research governance arrangements in Children's Services, despite the Department for Children, Schools and Families (the predecessor to the DfE) funding work to investigate the implementation of research governance in children's services (Boddy, 2010).

Finally, at the time, all but a handful of local authorities had any prior experience of research governance.

Recognising these issues, further guidance was published on the implementation of research governance in social care (DH, 2005) intended to create local arrangements that were both dynamic and supportive of the wide range of methodological approaches used in social care research, and research was also carried out to assess the extent of research activity in local authority settings (Boddy & Warman, 2003; Pahl 2002, 2006). This investigated the range and volume of social care research activity in local authority settings, the range of people involved and the current state of methods and ethical review. The two studies led by Pahl used a deliberately wide definition of research: '*the systematic collection, analysis and interpretation of data of relevance to policy and/or practice to increase understanding about future trends, local needs and good practice*' (Pahl, 2002). It became apparent from these early studies that considerably more social care research activity (based on this definition) was occurring in local authorities than the DH had thought.

Marsh & Fisher (2005) subsequently considered the evidence base for social care practice. They argued that the modernisation of social care placed a high premium on the use of evidence, and that there was a need to encourage evidence-based decision-making and that any evidence produced and used should be of high quality at all levels; central and local government, service providers, professionals and citizens. They also drew attention to startling disparities in the level of investment in academic research and development between NHS and social care settings, with social care lagging far behind.

These factors all created a strong imperative to expand the resources available to support social care research and its regulation and use in both the academic sector and for local authority 'own account' research. Those universities that had not already developed their own arrangements for research governance and ethical review appeared to do so following the publication of the Research Governance Framework (Tinker & Coomber, 2004) and the ESRC Research Ethics Framework (ESRC, 2005), which required all universities to have research ethics committees. However, amongst local authorities, the subsequent implementation of research governance was more uneven. The DH supported local authorities to develop these arrangements by providing a small amount of money in the form of a one-off 'pump-priming' grant of £2,500 for training. While there was less enthusiasm in some places than others to develop such arrangements, this limited financial support helped some local authorities to establish research governance policies and procedures. In some areas, grants were pooled in regional consortia, such as the South East Authorities Research and Information Group (SEARIG) and the West Midlands Research Governance Group (WMRG). In addition, the DH provided funding to establish a database of research governance leads in all local authorities and a social care 'research register' – a database intended primarily for 'grey' (unpublished) literature that was hosted by SCiE.

In 2006, the WMRG undertook a survey of members (Woolham, 2006) to investigate the skills and capacity available to both SEARIG and WMRG groups. At that time, the results of this survey reflected the perspective of a group of local authorities at the forefront of developing systems to improve both ethical conduct and the quality of their own research (and for studies managed in universities and elsewhere that they had been invited to 'host', and had not previously received an ethical opinion). The survey found that although 92% of local authorities that took part had a research governance 'lead', the self-reported levels of expertise and experience amongst these leads and other members of local governance groups and boards varied considerably. Several broad themes were identified. First, research governance leads were not always confident about the role conferred on them by their management teams. Second, respondents felt there was a need to develop the skills and competence of reviewers and those conducting research within the local authority. Third, research was often conducted by people who were not research specialists, sometimes lacked experience or expertise and were required to conduct research alongside other duties; and fourth, there was a need to

ensure greater compliance with the local governance arrangements that had been established to reduce 'evasion' of scrutiny of research proposals.

Despite this limited evidence suggesting that governance arrangements were not uniformly strong, there followed a period in which there was some evidence to suggest that an increase in both the awareness of social care research and its use to support decision-making did seem to occur. One manifestation of this was that by 2012 almost 100% of local authorities had a nominated research governance lead registered on the SCiE database. Arguably, there appeared to be a growing recognition that despite its fragility, research governance might be an opportunity to develop systems around evidence-informed decision-making at practice, service development and policy levels, with such arrangements being seen as supportive rather than restrictive, and providing a quality assurance system particularly for 'in house' research.

Significant progress therefore appeared to have been made since the *Wider Strategy for Research and Development Relating to Personal Social Services* (*op cit.*) in developing research resources for social work and social care practitioners and managers. However, even before the present government's public sector 'austerity' policies, and despite the improvements made in response to the RGF, local authority social care research might be described as enjoying a fairly precarious existence. A survey by the Local Area Research and Intelligence Association (LARIA) and the Local Government Association (LGA) (LGA, 2013) provided early indications that this relatively short period of growth in local authority research governance, research and research use was coming to an end. The LARIA survey took a broader view of research in local authorities (not just social care). It found that it was more common for researchers to be located in a corporate team than within a service department, but where they *were* in a service department it was more likely to be in Planning, Children's Services or Education – little mention of Adult Social Care was made. The LARIA survey also found that most teams were small, that research was often one role carried out by staff amongst others, and that where there were research specialists, these posts were located in corporate performance management.

At the present time, unprecedented cuts in local government funding have meant a continual search by local authority managers to save money. Because research is not a frontline (and therefore prima facie a non-essential) activity, it might be reasonable to be concerned about whether many of the achievements of the past decade in improving English social care research infrastructure have been eroded. For these reasons it was considered timely to carry out a study to better understand the current position of local authority adult social care research.

Objectives

The main objectives of the study were to describe research capacity in local authority settings at the present time: who local authority researchers were, what they did, and the level of support they received. The study was also specifically focused on adult social care research: it set out to explore the infrastructure for research in these settings and the impact that the transfer of Public Health from the NHS to local government may have had. However, less than a third of respondents answered any of the questions about the impact of Public Health, so the analysis of the responses to these questions has not been included in this article.

Methods

The fieldwork had three stages. In the first, the scope of the study was confirmed and the survey questionnaire developed. In the second, the fieldwork and data collection took place and in the third, the collected data was analysed and written up. The online electronic survey software 'Survey Monkey' was used to collect the data: a link to the survey was sent to sample members, who were invited to pass the email and link on within their organisation if necessary,

and to contact the principal investigator if they wanted more information, or wanted to respond in a different format. The survey link was open from 10ᵗʰ March until 28ᵗʰ April 2014.

Sample
Three databases were used to establish the sample. The first was from the Health and Social Care Information Centre (HSCIC). HSCIC helped distribute the survey to all DH user experience survey contacts in local authorities. (The user experience survey is an annual, mandatory survey conducted within local authorities for the DH). We were unable to establish the precise number of contacts through this database: our survey was sent out as an attachment to the HSCIC contact list but there may have been multiple contacts in some local authorities. The second database was of local authority research governance leads held jointly by SCiE and SSRG, and the third was a database of Directors of Public Health in England; not all of whom had been appointed at the time of the survey.

Analysis
Electronic returns were downloaded first into a Microsoft Excel spreadsheet and subsequently entered into SPSS (v16) for analysis. Mainly descriptive techniques were used, such as frequency counts and cross-tabulations. Chi Square tests were used to establish statistical significance for some comparative findings.

Ethics
No confidential or sensitive data were requested, and all participants were local authority employees and so an ethical opinion was not necessary from the Social Care Research Ethics Committee, though a favourable opinion was obtained from the Principal Investigators local authority research governance board. No formal Association of Directors of Adult Social Services (ADASS) approval was sought.

Funding
The study was commissioned and funded by the NIHR School for Social Care Research with support from the Association of Directors of Adult Social Services. Funding of £5,000 was made available to the Social Services Research Group to carry out the research. The study was led by a member of the Social Services Research Group Executive Committee (EC) with support from two EC colleagues (the authors). This article is independent research by the National Institute for Health Research School for Social Care Research and the views expressed in it are those of the authors and not necessarily those of the NIHR, SSCR, NHS or the Department of Health.

Strengths and limitations
The survey was the first comprehensive attempt to examine research capacity in local authority adult social care settings for a decade (Pahl 2002; 2006; Boddy & Warman, 2003). It utilised arguably the best available sources of data to construct the sample, and it achieved a good response rate (see findings over page). Furthermore, it is reasonable to speculate that a proportion of non-responses could be attributed to an absence of any kind of research capacity within these local authorities, although we have no evidence to support this.

There were also a number of limitations. First, the databases used were not ideally suited to the purposes of drawing a sample because we were unable to ensure all respondents were the most appropriate people to be contacted. Second, the questionnaire was received not only by researchers but also by people with either another interest in, or relationship to, research. These included research governance leads, research managers, or research commissioners, for example. Third, we speculate that our findings might be representative only of those more committed to the use of research: those who did not take part may have been less knowledgeable about or interested. Fourth, we intentionally used the broad definition of research used by Pahl in the earlier studies, we cited above: '*the systematic collection, analysis and interpretation of data of relevance to policy and/or practice to increase understanding about future trends, local needs and good practice*' (Pahl, 2002). Though this definition provided

information about the broad spectrum of research and research 'like' activity, it also made it more difficult to differentiate research activity *per se* from other forms of data collection and analysis.

Findings

Findings are presented in two sections. In the first, the paper will consider local authority research capacity: the size and shape of the local authority social care research workforce, and the skills and experiences of those engaged in local authority adult social care research. In the second, the paper examines the quality of the research infrastructure in local authorities: access to research materials, training, opportunities for networking and research governance.

1.   *Profiles of local authorities and respondents*

108 responses were made from 68 local authorities – though one response covered three local authorities so 70 were represented: an overall response rate of 46% of the 152 local authorities with an Adult Social Care Department. **Table 1** shows the types of local authorities included in the sample.

Table 1. Type of local authorities included in the sample.

	No.	Percentage of sample	Percentage of type of council in England
County Council (CC)	23	33%	85% (n=27)
London Borough (LB)	12	17%	36% (n=33)
Metropolitan Borough Council (MBC)	15	21%	42% (n=36)
Unitary Authorities (UA)	20	29%	36% (n=56)
Total	**70**	**100%**	**100% (n=152)**

Staff in all types of local authority responded to the survey but CCs were much better represented (n=23, 85% of CCs) than LBs (n=12, 36% of LBs), MBCs (n=15, 42% of MBCs) or UAs (n=20, 36% of UAs). A small number (n=10) of respondents did not state their local authority. ADASS regions were also evenly represented with the exception of the North East, where the percentage of responses (25%) was lower than the average in other regions (48%).

Who were the 'researchers'?
In **Table 2** the proportion of respondents with 'research' in their job title is presented.

Table 2. Number and proportion of respondents with 'research' in their job title.

Job title includes the word 'research'	23 (21%)
Job title does not include the word 'research'	74 (69%)
Not stated	11 (10%)
Total	**108 (100%)**

About a fifth (21%, n=23) of respondents had a job title that included the word 'research'. In parts of the subsequent paper they will be referred to as 'researchers'. This is probably an underestimate of workers who have some knowledge of research methodologies, such as job roles involving 'market intelligence' or 'data analyst', though perhaps relating to secondary data rather than primary empirical research.

Almost all (90%) of respondents worked full time. Though researchers were a little less likely to work full time (mean weekly hours were 32.6 for researchers and 34.5 for non-researchers) they were more likely to spend more of their time engaged in research or research related activities. Almost half, 44% of researchers spent at least 70% (which was also the median time spent on research) of their working week doing research, compared with about one seventh (14%) of non-researchers. This difference was statistically significant ($\chi2=78.11$, df=22, p=<0.001).

Where do local authority social care researchers work?
The survey findings suggested that researchers were more likely to work in shires rather than other types of local authority. Over three fifths (n=14, 61%) of all 'researchers' worked in CCs, compared to just over one fifth (22%) in UAs, and under one in ten (9%) each in MBCs and LBs. Overall, only 18 of the local authorities employed any researchers, two authorities employed two and one employed three. A higher proportion, just under half (n=9, 45%), of CCs employed at least one researcher, compared with under a quarter (n=5, 23%) of UAs, one eighth (n=2) of MBCs and a twelfth (n=2) of LBs. Researchers working in CCs were also likely to spend proportionally more time conducting research.

Table 3. Location of researchers/non-researchers.

	Research in job title						
	Yes		*No*		*Unstated*		*TOTAL*	
Corporate team	9	(39)	13	(18)	2	(18)	24	(22)
ASCD	8	(35)	40	(54)	5	(45)	53	(49)
Not stated	6	(26)	21	(28)	4	(36)	31	(29)
Total	23	(100)	74	(100)	11	(100)	108	(100)

Table 3 shows that proportionally more researchers were also physically located in corporate teams (39%, n=9) than in ASCDs (35%, n=8), suggesting that the 'research portfolio' of researchers working in these settings there might extend beyond adult social care.

What kind of research were local authority researchers doing?
Table 4 shows that all of the listed types of research or research-like activity were well represented in responses, but work around performance indicators and performance data (72%, n=78), or quantitative research (68%, n=74), were most frequently mentioned, and least likely were qualitative research and audits, although these differences were not marked.

Table 4. The types of research activity that respondents stated took place in their authority.

Performance indicators and performance data	78 (72%)
Quantitative research (surveys, trials)	74 (68%)
Service evaluations (to assess performance of new services)	69 (64%)
General management information	68 (63%)
Qualitative research (interviews, focus groups, etc)	67 (62%)
Audits (to find out if services meet agreed standards)	62 (57%)

This finding may reflect the comparatively large estimated proportion of responses coming from corporate teams and the likelihood that many respondents from adult social care departments work in performance management teams, as has been suggested by SSRG membership: especially those that were corporately located, and might reasonably be expected to use quantitative methodologies more often.

How important is research? Is it valued in local authorities?

Two questions asked about the perceived importance of research to decision-making and planning. The first asked respondents to agree or disagree with the statement 'our ASCD uses research evidence to inform policy and practice' and the second 'adult social care has a policy/ guidance on how and when staff can access and use research evidence. Responses to both are presented in **Table 5**.

Table 5. Use of research evidence in local authorities.

	Evidence used to inform policy and practice	**Policy/guidance on how/when research evidence can be accessed and used**
Strongly agree	9 (8%)	6 (6%)
Agree	45 (42%)	47 (44%)
Neither	8 (7%)	11 (10%)
Disagree	8 (7%)	7 (7%)
Strongly disagree	1 (1%)	0
Not stated	37 (34%)	37 (34%)
Total	**108 (100%)**	**108 (100%)**

Half (50%, n=54) of respondents strongly agreed or agreed that evidence was used to inform policy and practice in their ASCD, and half (50%, n=53) also agreed that their local authority had policies and guidance in place to determine how and when its staff could access and use research evidence. Though only a small proportion disagreed, over a third (34%, n=37) did not express a view on either question. Non-researchers were a little more likely than researchers to agree or strongly agree with the statements, but in neither case were these differences statistically significant.

Research governance arrangements

The existence of research governance arrangements of some kind might also signal a continuing commitment by the local authority to undertake research and related activity as well as facilitate external research. Earlier in the paper, attention was drawn to evidence from the SCiE register that the overwhelming proportion of ASCDs had some kind of governance arrangements in place in 2010. Only 55 (51%) of respondents answered a question that asked if their local authority had such arrangements. Only 42 (39%) of all 108 respondents confirmed the existence of such arrangements and only 36 (33%) said that there was a research governance lead in their local authority.
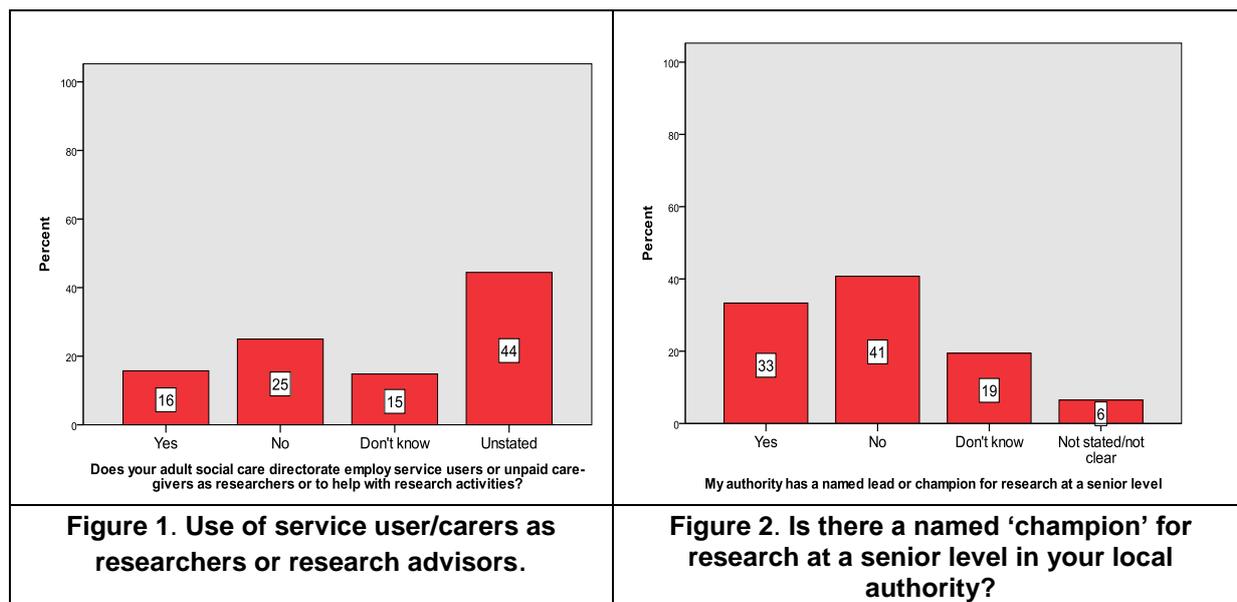
2.   *Support for research in local authority settings*

The survey also asked five questions designed to provide some clues about the kind of support available for local authority researchers. The first (see **Figure 1**) shows responses to a question that asked if the ASCD employed service users or unpaid care givers as researchers or to help with research activities. The additional resources required to support this kind of research might reasonably be a proxy measure of the extent of support for research activity *per se*. The second question (see **Figure 2**) asked if the local authority has a senior 'research champion'. Senior managers able to support research activity and coordinate its use are also potential signifiers of support.

As can be seen, only 16% of respondents felt that their local authority used service users or (unpaid) carers as researchers or advisors. The proportion of respondents who felt that their local authority had a research 'champion' was also low, with two thirds of respondents indicating either that their authority did not have one, or that they did not know.

Three other questions were also used to illustrate the nature of support available. Respondents were invited to agree or disagree with three statements which are included in **Table 6**.

Almost one third (29%, n=31) of respondents agreed or strongly agreed that local authority researchers were encouraged to develop their knowledge and skills compared with one fifth (20%, n=21) who disagreed or strongly disagreed. Over one third (36%, n=38) agreed or strongly agreed that they were also expected to maintain an up-to-date knowledge of sources of research evidence (compared to 11%, n=12, who disagreed or strongly disagreed) and 45% (n=49) agreed or strongly agreed that all staff in their local authority were expected to develop evidence based approaches to decision-making (compared to 6%, n=6, who disagreed or strongly disagreed).

| **Figure 1**. Use of service user/carers as researchers or research advisors. | **Figure 2**. Is there a named 'champion' for research at a senior level in your local authority? |

Table 6. Local authority researcher responsibilities.

	Researchers are encouraged to develop research skills and knowledge	**Researchers are expected to keep their knowledge of sources of research evidence up-to-date**	**All staff are encouraged to develop an evidence based approach to decision-making**
Strongly agree	5 (5%)	7 (7%)	10 (9%)
Agree	26 (24%)	31 (29%)	39 (36%)
Neither	20 (19%)	21 (19%)	17 (16%)
Disagree	18 (17%)	10 (9%)	4 (4%)
Strongly disagree	3 (3%)	2 (2%)	2 (2%)
Not stated	36 (33%)	37 (34%)	36 (33%)
Total	**108 (100%)**	**108 (100%)**	**108 (100%)**

Training opportunities
The relative lack of support for the view that local authority researchers were encouraged to develop their skills and develop their knowledge was also demonstrated in responses to questions about training opportunities. Of the 61 (57%) of people who answered the question, only 46% said that they would be given time off for training if required.

The survey also asked about the kinds of training opportunities that might be supported by the local authority. The responses are presented in **Table 7**.

Table 7. Support for training for local authority researchers: the views of survey respondents.

Access to research-related learning and resources	Yes	No	Don't know
E-learning modules	45 (42%)	4 (4%)	8 (7%)
Webinars	36 (33%)	9 (8%)	10 (9%)
Other training (not research specific but related)	33 (31%)	10 (9%)	12 (11%)
Research seminars	32 (30%)	13 (12%)	11 (10%)
Research training courses	28 (26%)	15 (14%)	15 (14%)
Research conferences	27 (25%)	15 (14%)	15 (14%)
Secondment opportunities	16 (15%)	12 (11%)	27 (25%)
Study for academic qualifications	13 (12%)	23 (21%)	19 (18%)

Among those who answered the questions, there was a clear view that employers were more likely to favour approaches to learning that could be accessed online. By contrast, respondents felt that more academic kinds of learning resource – perhaps requiring greater commitments of time and funding for conferences and travel – were much less likely to be supported.

Access to research materials and evidence
Only a minority of those who took part in the survey appeared to belong to any organisation that promoted research or the use of research evidence in social care: the most frequently cited membership was SSRG (25%, n=27) followed by LARIA (19%, n=21). The most frequently used sources of information were the Association of Directors of Adult Social Services (ADASS), the Care Quality Commission (CQC), the Office for National Statistics (ONS), SCiE and SSRG. Organisations such as the School for Social Care Research, Skills for Care, Research in Practice for Adults and Making Research Count were cited as sources from which information was drawn by a smaller proportions of respondents.

The survey also asked how research evidence was obtained. Responses to this question are presented in **Table 8**.

Table 8 shows that the internet, and briefings and bulletins from non-academic and academic organisations were the most frequently mentioned access routes. The relatively high proportion of respondents who said they accessed research evidence from external conferences was a surprise given that so few had previously felt that attending these was 'viable'. However, if conference attendance was generally not possible, the findings in **Table 8** may in fact serve to reinforce a sense in which research evidence was, in practice, hard to obtain.

Table 8. How people access research evidence.

How people access research evidence	You	Others
Internet access	42 (39%)	34 (32%)
Briefings and bulletins from external organisations (non-academic)	42 (39%)	32 (30%)
Briefings and bulletins from external organisations (academic)	39 (36%)	32 (30%)
Informal opportunities to share learning	36 (33%)	30 (28%)
External learning events like conferences	34 (32%)	28 (26%)
Access to learning and development to build skills to use evidence	26 (24%)	25 (23%)
Internal authority communications on research	25 (23%)	26 (24%)
Subscriptions to relevant electronic databases and/or journals	24 (22%)	21 (19%)
Podcasts or videos from research sources	17 (16%)	16 (15%)
Use of Athens account or similar to gain general access	14 (13%)	16 (15%)
Access to and active use of social media sites	14 (13%)	20 (19%)
No formal support in organisation	4 (4%)	4 (4%)

Discussion

The findings of our survey suggest that local authority adult social care research has not fared well over the last half decade and that many of the tentative improvements made in developing an infrastructure for social care research and promoting the use of research in adult social care, and the support available to local authority social care researchers, have at best stalled and at worst reversed. Furthermore, the fact that respondents in only 18 out of the 70 authorities represented had research in their title (in a survey concerning research capacity in local authorities) suggests a low capacity for undertaking research, although it is difficult to identify current trends, as there is no comparable recent data. Follow up research would be useful to show trends.

In the discussion that follows, we will assess some of the more immediate and specific implications, first for local authorities in undertaking social care research and research-like activity, and second for using research and other evidence to inform local policy and practice.

Capacity to undertake research and research-like activity

Adult social care researchers in corporate research environments
The survey indicates that primary social care research activity in local authorities is now more likely to be carried out by researchers working in corporate environments, and the survey reinforced the finding from the earlier LARIA survey (LGA, 2013) that many researchers probably combined this role with other responsibilities. Both of these findings seem to suggest a limited capacity for specialist social care research, given the high proportion of researchers in corporate departments and those with other responsibilities. One potential implication of this change is a loss of practice skills, and ability to engage effectively with adult social care users. Researchers without a broad understanding of the communication preferences and needs of adult social care users might, for example, use inappropriate research methodologies to answer research questions: approaches that might potentially, and unwittingly, exclude some social care users from opportunities to take part in research. Generalist researchers may not always have the skills needed, for example, to communicate effectively with people with learning disabilities, mental health problems, sensory impairments or dementia. Specialist social work/ social care researchers are also more likely to possess professional values that attach significant importance to empowerment and inclusion which may not have the same importance to non-specialist researchers.

Time and resource constraints
An imperfect understanding of practice issues might also have implications for the method researchers might choose to use to collect data. For example, though focus groups may be a quicker and easier way to collect data than a properly constructed and administered survey, the survey is likely to produce more generalizable findings. The method chosen should depend on the research question rather than constraints in terms of time or resources.

Our survey found that the research that was being carried out in local authority settings was most likely to be quantitative rather than qualitative. This was unexpected: evidence from other studies and reports suggests a strong preference within the wider social care research community for qualitative methods (JUCSWEC, 2006; Moriarty, 2011; Scourfield & Maxwell, 2010). However, it fits with a policy context that gives more value to quantitative research (Cox, 2012). Much of this quantitative research is likely to be in the form of performance indicators. Some academic researchers have questioned the value of such approaches to data collection, arguing that they are better seen as management tools rather than methods of inquiry that support better frontline practice, the empowerment of service users or approaches that challenge inequality. (Burton & van den Broek, 2009; Harris & White, 2009). Though we cannot comment directly on this issue, we did find some limited evidence to suggest respondents felt there had been a drift away from studies that supported improvements to practice to those which were concerned with cost effectiveness and efficiency.

User led and user involved research

Although user involvement has been strongly encouraged in NHS settings since the 1990s at least (Minogue & Girdlestone, 2010) and there has been strong support for service user involvement in research processes by organisations such as INVOLVE, funded by the National Institute for Health Research (NIHR), an NHS organisation, as well as various advisory groups and bodies: NICE, CQC, SCiE, SSCR, the degree of user involvement reported by respondents presented in **Figure 1** above seemed low. Though we have no direct evidence, we speculate whether the apparent level of user involvement may be another consequence of austerity and the withdrawal of support to enable the participation of service users and carers.

Research governance

Though in 2012 it appeared that most ASCDs had a research governance 'lead' in post, at the time of our survey, a couple of years later, the number of such posts had declined markedly. Additionally, many local authorities appeared not to have a senior manager responsible for research and the use of service users as advisors or researchers appeared to be happening in only a handful of authorities. These findings suggest that the 'status' of research activity may have declined. One of the aims of research governance was to improve the methodological and ethical standards of locally commissioned and undertaken research and related activity, as was set out in the SSRG Research Governance Resource Pack (SSRG, 2010). Consequently, the absence of governance arrangements may also have the effect of removing any form of 'quality assurance' mechanism to ensure that basic research standards are met for such in-house activity.

Capacity to use research and other evidence to inform local policy and practice

The value of research in Adult Social Care settings

Though the survey found that research still appeared to be valued in most local authority settings, ASCDs understandably seemed to wish to protect frontline services. There appeared to have been a marked contraction in support for researchers working in these settings in respect of access to training for researchers and access to conferences and seminars for practitioners and managers in which research findings might be presented and shared. Academic study might be expected to offer the best guarantee of high standards as courses are usually independently validated and accredited, but little use appeared to be being made of them.

As well as restricting opportunities for job enrichment and career development, these changes may arguably have other important implications. The tendency of local authorities to sanction e-learning and briefings from organisations such as SCiE and ADASS is, on the one hand, a welcome sign that despite austerity, some commitment to professional development and the use of research knowledge is retained. However, although there is nothing inherently wrong with this kind of 'recipe' knowledge, exclusive reliance on operationally focused 'best practice' or 'what works' research messages to the exclusion of other kinds of research discourse creates a lack of exposure to critical debate and over reliance on 'received wisdom'. This in turn makes it harder for new ideas, critical or challenging findings to be received and considered.

Over time, this withdrawal of support is also likely to affect those national organisations that provide training via conferences and seminars, constraining their ability to organise and host events: it is also worth noting in this context an internal review by SCiE in 2013 led to a decision to close their research register and re-purpose the website to provide a 'signposting' resource.

Impact on research mindedness

Our findings suggest that it is possible that over the next few years, local authority ASCDs will lose the capacity to conduct their own, in-house research, other than the information collection required by central government. There is the obvious loss of skills that can support service development and review, management decision-making, internal evaluation of service impact and cost effectiveness. However, there may be a wider and less tangible loss of research

literacy: the skills to assess the worth of external research and the extent to which findings conducted elsewhere can be applied. One consequence of this may be that important decisions will not be properly grounded in, or properly informed by, evidence.

Conclusions

Arguably, there has always been a gap between research policy and guidance and research capacity in adult social care settings. However, the decline in research governance, low numbers of researchers and relatively few local authorities with senior research 'champions' suggests a weak infrastructure for and low status of local authority social care research. Our findings also raise important questions about what local authority adult social care research is 'for' – who reads it, how accessible findings are, and how it is used. It also offers a contrasting perspective to reports and inquiries that over the last four decades have emphasised the need for social services departments to base their practice on sound evidence, and for social work practitioners to critically appraise and use research evidence to inform their practice, (Gibb, 2009; Marsh *et al.*, 2005; Shaw & Lunt, 2011), although the role that research evidence should play is contested (Nevo & Slonim-Nevo, 2011; Sheldon, 2001; Webb, 2001). The most recent of these calls for social workers to regard themselves not only as practitioners and professionals, but also as social scientists – able to gather evidence and conduct research to develop social work (Croisdale Appleby, 2014). Shaw & Lunt (2011) argue that practitioner research provides a valuable alternative perspective to academic research. We would argue that research undertaken by local authority staff, who may or may not be (or ever have been) social work practitioners, will also bring an important perspective to local research and research-like activity. Our findings suggest there are enormous obstacles to the achievement of such an objective at the present time.

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