

Research Impact: tales of the unexpected

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How good is it? Possible criteria

Respectful of rights, dignity, culture, individuality...?

Good quality?

Effective?

Efficient?

Equitable (fair)?

Solidaristic?

Protects vulnerable groups?

Sustainable?

Affordable?

... others

And those criteria will be relevant to different stakeholders

And for different reasons

We can perhaps consider impact by reference to these criteria & stakeholders →

THE INPUTS

Environment
Inclusivity
Stories
Resilience

OUTPUTS

- Surgical operations
- Treatment sessions
- Home care visits
- Care home stays

Evaluation stakeholders

- Government bodies (local, regional, national) → **why?**
- Purchasers of social care services → **why?**
- Providers of social care services → **why?**
- Regulators → **why?**
- People who use social care services → **why?**
- Their carers and families → **why?**
- Community members → **why?**
- Taxpayers → **why?**
- Advocacy / lobbying bodies → **why?**
- Media → **why?**
- Research community → **why?**

NIHR School for Social Care Research

Established by NIHR in May 2009

Phase I, May 2009 – April 2014

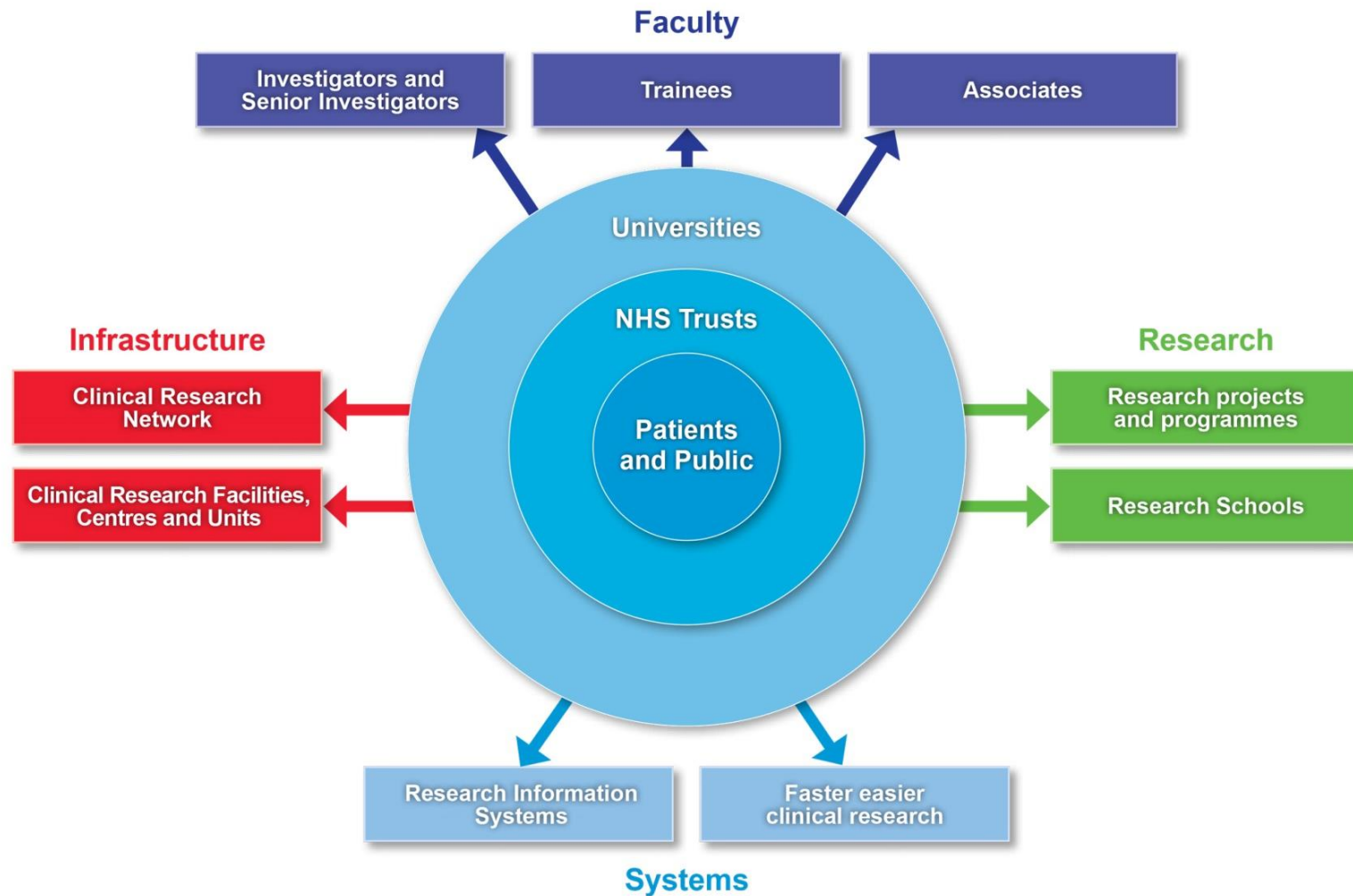
- 67+ studies completed
- 25+ methods & scoping reviews
- Various ‘communications’ activities

Phase II, May 2014 – April 2019

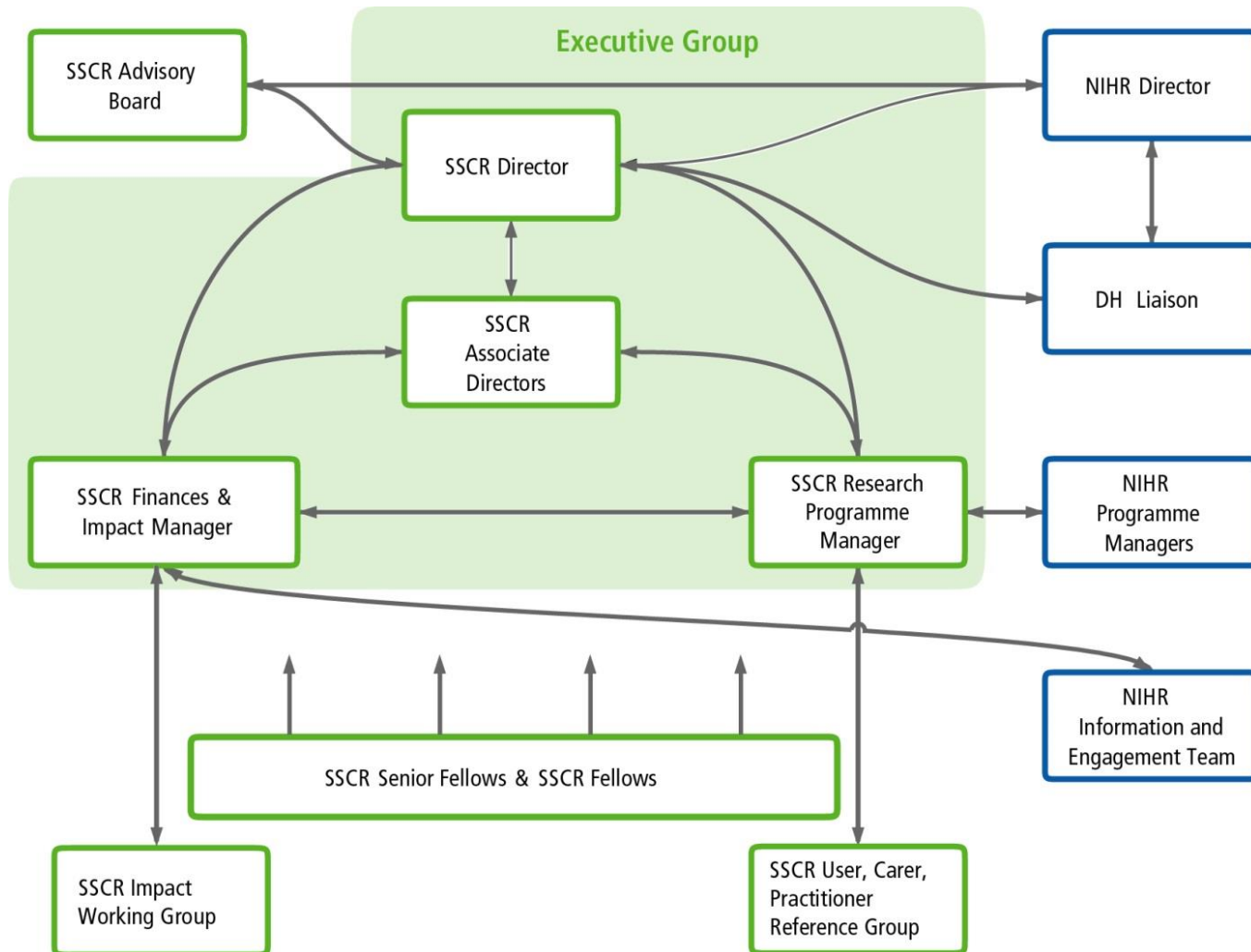
- 22 studies commissioned, more on the way
- Greater emphasis on ‘KEI’ this time

Mission: *to develop the evidence base for adult social care practice in England by commissioning and conducting world-class research.*

SSCR within wider NIHR



Structure of SSCR in Phase II



SSCR: why explore impact?

RAND Europe: 4 A's

Advocacy

- Making the case for research in social care
- Making the case for evidence-informed practice

Accountability

- To NIHR (funder)
- Taxpayers
- Other key stakeholders

Analysis

- Exploring what works

Allocation

- What to fund (institution, field, people)

The REF definition:

“an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia”

Accountabilities

An investment of £30m over 10 years

- Are we spending taxpayers' money wisely (***public accountability***)?
- Are we supporting the development of evidence-informed practice (***real world accountability***)?
- Are we improving lives (***user, carer accountability***)?
- Are we achieving our mission (***NIHR accountability***)?
- Are we supporting researchers & strengthening the case for *further* investment in social care research (***researcher accountability***)?

These various 'accountabilities' might be in tension

SSCR & impact – how? (1)



Strong emphasise on knowledge exchange and impact throughout SSCR activities

- Significant progress – dissemination (Phase I) to KEI (Phase II)
- Support at proposal development stage & detailed feedback
- Guidance & tools to support researchers to engage key audiences throughout their research
- Ongoing activities to capture KE activities within projects & support pathways to impact
- Review of assessment methods – bibliometric, economic returns; annual survey

SSCR & Impact: how? (2)

- *Adding value* funding in Phase I
- Supporting SCEiP project to test various methods
- Detailed feedback on impact plans to current applicants
- Wider SSCR-led activities – thematic workshops etc, written outputs, advocating for greater use of /engagement in research
- Wider impacts – growing research capacity & skills; growing engagement with practitioners, users, carers etc.
- Summary outputs (*Findings*) rather than blockbusters.
- Open-access journal papers
- Direct links to DH (RDD) – 30-day notice
- Case studies – for specific topic areas

SSCR & impact: judging it

- Impact Survey – annual (in place of ResearchFish)
- Conversations with various stakeholders – more ‘anecdotal’ experiences
- Scanning of social media for citations
- Scanning of policy (etc.) documents for substantive pick-up (+ Altmetrics etc.)
- Bibliometrics, academic citations etc.

SSCR & Impact – challenges

- Opportunity: We are all becoming more aware of KEI
- Time lag: impact takes time, but decision-makers can't always wait; & practice context changes quite quickly
- Impact cannot be controlled ... but it can still be 'nudged'
- Social care is a very fragmented sector
- Diverse audiences (stakeholders) – those who hold the keys to change, those who can influence etc.
- Limited receptivity: few stakeholders are 'research-savvy'; no equivalent to 'bench-to-bedside' in medicine
- We might hope that rationality always wins, but politics is (rightly) about balancing many other considerations

Impact examples



Our research is:

- changing the law around adult safeguarding
 - improving quality in care homes
 - feeding into national dementia policy developments
 - improving quality of support for people with learning disabilities & behaviours that challenge in residential care
 - supporting the development of policies to support carers
 - developing social capital interventions & supporting transfer to other countries
- & generally improving the evidence base for adult social care*

IBSEN: where/why impact?

- Government bodies (local, regional, national)
- Purchasers of social care services
- Providers of social care services
- Regulators
- People who use social care services
- Their carers and families
- Community members
- Taxpayers
- Advocacy / lobbying bodies
- Media
- Research community

Individual (personal) budgets
RCT + qualitative + organisational study
PBs work for many user groups & are cost-effective ...
... but not for older people
Organisationally challenging

IAPT: where/why impact?

- Government bodies (local, regional, national)
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Improving Access to Psychological Therapies

Evidence review + economic modelling

CBT is effective & are cost-effective for common mental disorders ...

... with main savings on productivity & welfare benefits

MH prom: where/why impact?

- Government bodies (local, regional, national)
- Purchasers of social care services
- Providers of social care services
- Regulators
- People who use social care services
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- Community members
- Taxpayers
- Advocacy / lobbying bodies
- Media
- Research community

Mental health promotion & mental illness prevention

*Evidence review +
economic modelling*

Made economic case
for 15 interventions
across life-course,
sectors etc.

WSD: where/why impact?

- Government bodies (local, regional, national)
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- Providers of social care services
- Regulators
- People who use social care services
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- Community members
- Taxpayers
- Advocacy / lobbying bodies
- Media
- Research community

Telecare / health for older people

RCTs + qualitative + organisational study

Telehealth not very effective & not cost-effective ...

Telecare not effective or cost-effective (or wanted)

Organisationally challenging

PND: where/why impact?

- Government bodies (local, regional, national)
- Purchasers of social care services
- Providers of social care services
- Regulators
- People who use social care services
- Their carers and families
- Community members
- Taxpayers
- Advocacy / lobbying bodies
- Media
- Research community

Perinatal mental illness - costs

Evidence review + economic modelling

Enormous economic impacts linked to maternal & child health - over the life-course

Hitting NHS, social care, education, CJS, welfare benefits ...

Thank you!

A horizontal bar composed of several colored segments: green, dark green, orange, purple, red, dark blue, and light blue.

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