

The state of adult social care research: findings from an online survey

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Abstract

This paper describes the findings from an online survey that asked about the status of social care research in 2010. Some questions reflected concerns raised at a 2005 seminar, organised by the Department of Health, that had discussed social care research. Notwithstanding the difficulties of collecting this kind of information through an online survey, the findings offer some useful insights. A number of improvements were described over the period from 2005 to 2010, including a more strategic approach to research, greater emphasis on interdisciplinarity, a greater practice focus, better accessibility to findings, some influences on policy and practice, and greater involvement of people who use services and carers. On the other hand, there were strong concerns about the future funding of social care research, with associated concerns about the effectiveness of care and support. Concerns were also expressed about ethics and governance arrangements, and research careers.

Keywords: Social care, research, research careers, user and carer involvement

Background and methods

In 2005, the Department of Health organised a one-day seminar to discuss the state of social care research. The purpose of that event was to revisit the issues raised in an earlier report from an Independent Review Group (1994), *A Wider Strategy for Social Care Research*. One objective of the 2005 seminar was to identify and discuss possible solutions to factors which affect the 'volume, quality and impact' of social care research (Department of Health, 2006, p.3). A second aim was to begin to 'develop a shared strategy for the further development of social care research'. The event brought together a range of people with interests in these objectives, including research providers, commissioners, representatives from the Department of Health and other government departments, and various social care regulatory and delivery organisations.

The discussions at the 2005 seminar resulted in a number of recommendations (Department of Health, 2006). In preparation for a follow-up event in late 2010, the School for Social Care Research, a national school established and funded by the National

Institute for Health Research (NIHR), commissioned a small online survey to take stock of the state of social care research five years later. This paper reports the findings from that survey, revisiting some of those recommendations from five years earlier.

The survey was carried out online, using the Survey Monkey website, during September and October 2010. This online method was chosen as a means to involve a large number of people, with the added benefit that the questionnaire could easily be sent on to other potential respondents. This approach also allowed data to be processed and analysed quickly, and helped to keep costs down. An email list for potential respondents was built up from various sources, primarily from lists compiled by the School for Social Care Research (SSCR). The survey was also announced on the SSCR website and in *Community Care* magazine. The aim was to target social care researchers, funders, research users, as well as people who use services or who provide unpaid care who had a known interest in research.

Questions were chosen to span the areas covered in the 2006 report from the Department of Health on the autumn 2005

seminar. The aim was to keep the questionnaire short and easy to complete so as to reduce the likelihood of non-completion. We also endeavoured to keep questions at a relatively high level of generality to keep them relevant to the widest span of respondents. The questionnaire is appended to this paper. Of course, our approach has a number of limitations, to which we return later in the paper.

The survey was run on behalf of SSCR by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science (LSE), with the assistance of an advisory group (drawn from the SSCR Executive Group and User Carer Practitioner Advisory Group). A draft questionnaire was piloted over several rounds with a small number of researchers and others, resulting in a number of changes to the questionnaire structure and wording. A wide group of people who were thought likely to have views on social care research were then emailed about the survey and notices were placed on relevant websites, in the journal *Community Care* and other outlets.

Findings

Respondent numbers and characteristics

As shown in Table 1, the survey was completed by 306 people, of whom 61 had at least two different roles within the 'research process.' The questionnaire asked individuals to identify their principal role, such as researcher or manager, but also any secondary role, such as carer or user of services. This enabled later questions in the questionnaire to be targeted on particular types of respondent. For instance, questions about funding for research were addressed only to researchers and funders or commissioners of research.

It can be seen that the largest group of people responding to the questionnaire were social care researchers: 153 who viewed research as their primary role and 7 others who viewed themselves as a researcher in addition to their

primary role. Of these, over half (82) worked in a university setting, but some worked in local government (18), were self-employed (17) or worked in the third sector or for a charity (14); there were a number of other responses, each with very low frequency which we do not detail here. Almost all worked in the UK, but a few worked elsewhere, including in both continental Europe and the USA. Of those providing information on their own career history (142), most (82 people or 58%) had worked ten or fewer years in social care research and only a small proportion had worked in the field for over 20 years. Of those researchers noting their specific field of research (140; 88%), 53 (38%) said their work focused mainly or partly on older people (including 24 who specifically mentioned dementia), 15 on younger adults, 13 on people with intellectual disabilities, and 19 on people with mental health problems. (These categories of response are not mutually exclusive.)

In terms of topics, 27 researcher respondents noted personalisation or self-directed support, 18 workforce (including 6 who specifically mentioned social work), 11 unpaid carers, 8 safeguarding and risk, 7 mental capacity, 7 assistive technology, 6 on housing and 11 care homes. Again these categories of response are not mutually exclusive. Quite a number of people simply noted 'adult social care' as their field of research.

The second largest group of people completing the questionnaire were managers (82). Managers were asked for which type of organisation they worked (they were able to choose more than one category). The two categories most frequently selected were local government (25) and local authority (23). A small number (12) worked within the third sector or charities, and there were a number of categories of organisations populated by fewer than 10 people. In addition, a fair number of individuals (28) identified themselves as practitioners of social care, mostly working in local government, although five worked for the NHS. In both cases, the client groups covered a great range.

Table 1. Number of respondents by role

Category	Primary role	Secondary role
	N	N
Researcher	153	7
Manager	79	3
Practitioner	26	2
Funder/commissioner	18	6
People who use services	7	4
Carer	8	8
Other	15	31
Total	306	61

Of the 24 people identifying themselves as a ‘funder/commissioner’ of research in either their principal or secondary role, there was a fairly even division in their employment between local government, third sector/charity and central government. The sum directed to such research by themselves or their organisation was said to be generally less than £500k per year, and often less than £100k. Most (10 of 15 to respond) had ten or fewer years of experience in that role.

Only a small number of individuals indicated they were primarily a user of services (7) or a carer (8), although these were added to by others for whom this was a secondary role. The ways in which they were involved in social care research ranged from actually doing research to sitting on advisory committees and reading reports.

Finally, of the 46 people who did not fall within the above categories, some were employed and some self-employed, working within universities, the NHS or charities. There was no clear pattern to the services or client groups covered.

It must be added that many of those who began to complete the questionnaire, by providing information on their role, did not answer very many of the subsequent questions. This means that the numerical base for the data for each group is frequently a smaller proportion of the total listed here. To give one example, the numbers of researchers

answering the substantive questions ranged from 98 (64% of the initial 153) to 145 (95%). This problem is compounded, as discussed below, by considerable numbers who responded that they did not know the answers to many of the questions.

Setting research priorities

The survey began with questions about the setting of research priorities for adult social care research. Researchers were asked whether they believed that a more strategic approach to adult social care research had been developed over the past five years. One third indicated that they did not have a view on this. Of the remainder, just over half (57%) felt this to be the case. Some elaborated on their answers, suggesting on the positive side that the introduction of the National Institute for Health Research (NIHR) School for Social Care Research (SSCR) had been helpful in developing such an approach; on the negative side, other influences such as the government agenda or funding constraints were seen to be hindrances. There was generally a more positive response among those working in the fields of young adults and older people, compared to those working in mental health or other services, but the numbers were fairly small.

Asked whether they felt that their own views were taken into account when setting social care research priorities, researchers had

mixed views. Excluding those who did not know (17%), fewer than half (46%) said they were. Some provided examples of where this had occurred, but others felt there were problems in communicating views on such priorities. A sense that their own views were taken into account was somewhat greater among those with longer experience in the field.

Research focus

As shown in Table 2, the great majority of people thought that social care research had become more focused on issues concerning practice, although a large proportion did not know or did not have a view (43% of researchers and 58% of managers, for example). Some were able to provide examples. Some attributed this to organisations such as SSCR and NIHR, to funding requirements or to better collaboration with non-researchers. A few

thought the shift had been in a different direction and a small number proposed that research had always been practice-focused. Among researchers, those working in the area of young adult social care were most likely to feel that research had become more focused on practice, but the numbers responding were small.

Asked if they felt that research had become more multi-disciplinary, two-thirds (66%) of the researchers and most of the research funders/commissioners gave a positive response, although again this excludes many who said that they did not know. Again, some examples or areas of research were proffered. Some noted that this had occurred because of the demands of funders. Among the researchers, it was those working in the field of care of older people who were most likely to feel that there was an increase in multi-disciplinary research.

Table 2. Has adult social care research become more practice-focused in the past five years?

Category (N)	Response	
	Yes N (%)	No N (%)
Researchers (82)	66 (80%)	16 (20%)
Managers (33)	28 (85%)	5 (15%)
Practitioners (14)	10	4
Funders/commissioners (10)	9	1
Others (8)	8	0

This table excludes the 134 people (48% of people responding) who said they did not know. Non-response was 6% (of 299 potential respondents).

Table 3. How has funding for adult social care research changed over the last five years relative to need?

Category (N)	Response		
	Increased N (%)	Remained constant N (%)	Decreased N (%)
Researchers (67)	17 (25%)	22 (33%)	28 (42%)
Funders/commissioners (11)	2	5	4

This table excludes the 59 people (43% of people responding) who said they did not know. Non-response was 23% (of 177 potential respondents).

Research funding

There was little consensus among either researchers or funders/commissioners about the extent to which the overall amount of funding for social care research had changed, relative to need, over the five-year period prior to the survey. Sizeable proportions of both (44% and 35% respectively) indicated that they did not know. Of the remainder, there was little agreement about the direction of change. As shown in Table 3, only a small minority thought it had increased, with many more suggesting that it had decreased and sizeable proportions assuming it had stayed the same. There was no clear pattern among researchers by their field of research, although those working in the areas of young adults and older people were somewhat more likely to feel that funding had increased. A few mentioned specific examples of where a change had occurred. Among those who felt that funding had increased, the efforts of bodies such as SSCR were noted. Some indicated that they were expecting a decrease in funding in the future.

With respect to changes in the types of social care research funded, again a considerable percentage of both researchers (51%) and funders/commissioners (35%) said they did not know. Of the remainder, the great majority (86% of researchers) felt that there

had been some change, but the number of funders/commissioners remaining for analysis was too small to analyse. Researchers saw these changes as being towards particular topics (for instance, dementia or topics on the government's agenda), towards evaluation of services or practice, and towards more collaborative research (for instance, with health). A few thought that there was a greater emphasis on quantitative research, outcome-based research and research on cost-effectiveness, and some noted a greater emphasis on involving users and carers. The types of research thought to be less likely to obtain funding were theoretical studies, those focused on sociology or social work, qualitative research and research that was not seen to be useful to policy or practice. Similar issues were also raised by research funders/commissioners.

Again, asked whether there was better collaboration between research-funding bodies and researchers in the field of adult social care, the majority of both researchers and research commissioners/funders said they did not know. Of the remainder, a majority of the former (62%) and all of the latter thought that such collaboration had increased. A number of examples were offered in both cases, and bodies such as the SSCR were given some credit for this change.

Table 4. From your perspective, are the current ethics and governance arrangements satisfactory?

Category (N)	Response	
	Satisfactory N (%)	Unsatisfactory N (%)
Researchers (100)	42 (42%)	58 (58%)
Managers (39)	23	16
Practitioners (11)	7	4
Funders/commissioners (12)	6	6
Others (7)	4	3

This table excludes the 90 people (35% of people responding) who said they did not know. Non-response was 13% (of 299 potential respondents).

Research governance and ethics

The great majority of all groups who were asked about research ethics and governance arrangements for social care research felt that these were clear. This view was especially common among researchers (81%) and managers (77%). But despite this stated clarity, such arrangements were not always seen to be particularly satisfactory. Excluding large numbers who did not know, only a minority of researchers (42%) thought that they were. This can be seen from the summary in Table 4.

Researchers' comments tended to pertain to the process of ethical approval, with many expressing the view that the process was long, bureaucratic and complex. Other frequent comments were that ethical approval should not be necessary for some studies (partly because of misunderstandings by medically orientated ethics committees), that the process hindered the continuation of research projects, and that the process was in any case inconsistent. Some thought the process was confusing and there were particular problems with multi-site studies or those which covered other fields, such as health. Indeed, mention was made that for some projects that had a health component or drew on NHS patients, researchers felt that there was a bias from approvers towards health and this overshadowed the (predominant) social care component, at least when ethical approval was considered. Some commented that ethics and governance procedures, in particular those within local authorities, did not have sufficient funding or appropriate knowledge of the social care field or of the research methods proposed.

On the plus side, a few respondents thought the process had improved and that the establishment of the Social Care Research Ethics Committee (SCREC) and the support of the Association of Directors of Adult Social Services (ADASS) had been helpful. Some of these comments were also echoed by other groups, such as research commissioners and managers. Care should be taken in

interpreting these remarks, since many researchers will only seek ethics or governance approval once every few years, so that the recent developments in ethics and governance would not necessarily have influenced their responses. It should also be noted that the second edition of the SSRG *Research Governance* pack was published at the time of our online survey (Social Services Research Group, 2010), too late to have influenced responses.

Evaluation methods

Researchers were asked if they thought there had been a change in the methods used to evaluate adult social care research (by funders and research users). Again, excluding the high proportion who said that they did not know (44%), just over half (55%) thought that there had been some change. This was most commonly noted by those working in the fields of older people and young adults. There was considerable uncertainty regarding whether the change had been to more appropriate methods, with many (40%) indicating that they did not know, but those who did respond were generally positive. Although funders/commissioners were also asked these questions, the numbers responding were too small to be noted here.

Translating research into policy and practice

There was general agreement that research findings had become more accessible over the past five years. As shown in Table 5, this was the view not only of the great majority of researchers (85%) but also, perhaps more pertinently, of managers (87%). Those answering from other groups, such as practitioners, agreed with this analysis, but the numbers were small. Again, these data exclude considerable numbers who said they did not know.

Table 5. Have adult social care research findings become easier to access over the past five years?

Category (N)	Response	
	Yes N (%)	No N (%)
Researchers (91)	77 (85%)	14 (15%)
Managers (54)	47 (87%)	7 (13%)
Practitioners (14)	9	5
Funders/commissioners (12)	12	0
People who use services (3)	1	2
Carers (6)	5	1
Others (8)	7	1

This table excludes the 67 people (26% of people responding) who said they did not know. Non-response was 17% (of 306 potential respondents).

Table 6. Have adult social care research findings been effective in helping to improve adult social care over the last five years?

Category (N)	Response	
	Yes N (%)	No N (%)
Researchers (56)	47 (84%)	9 (16%)
Managers (33)	26	7
Practitioners (9)	7	2
Funders/commissioners (7)	7	0
People who use services (3)	2	1
Carers (5)	4	1
Others (5)	5	0

This table excludes the 125 people (51% of people responding) who said they did not know. Non-response was 20% (of 306 potential respondents).

Many researchers elaborated on this question. Some seemed to be responding to their *own* access to research findings, with frequent mention of the internet as a source of databases. Others were clearly concerned with the accessibility of their own research to *others*, noting that the lack of time for practitioners to read or digest research was a clear challenge, as well as limited funding for dissemination. It was thought that agencies such as the Social Care Institute for Excellence (SCIE) and Research in Practice for Adults (RiPFA) had been helpful in making findings more accessible, but that there was a need for better communication in terms of getting reports written in ways that would be accessible to non-researchers. It

was also suggested that practitioners needed better incentives to read research findings. A few proposed the need for networks or groups focused on knowledge transfer. These comments were echoed by other groups.

The key question for social care research is whether the findings are actually used to improve policy and practice. Perhaps surprisingly, roughly half of all those responding to the survey, including researchers, did not know whether research findings had been effective as a means of improving social care. But the response from those who did feel able to answer was generally positive, as shown in Table 6. Indeed, a high majority (84%) of researchers

thought research had been influential. This was particularly strongly noted among those working in the field of young adults and older people.

Those who felt that social care research had been effective were asked to offer examples. The most common response from researchers was research on personal budgets or individual budgets, followed by the Partnerships for Older People Project. Some others referred to research on assistive technology and re-enablement. Both SCIE and SSCRC were mentioned by both researchers and funders/commissioners as having been helpful.

An open-ended question was added on how research might help to improve adult social care. A great variety of responses were put forward. The most common were a need for more and better dissemination and better collaboration with both people who use services and practitioners, in some cases to help to understand the needs of people who use services. Some commented on resource issues, for instance the need for collaboration to improve funding or to find cost-effective solutions to address needs.

Research capacity

Researchers were asked about their own career opportunities. Again surprisingly, of those asked whether such opportunities were sufficient, about one-quarter did not know or did not have a view. Of the remainder, fewer than half (44%) felt they were. Many noted specific problems with the promotion process, for instance the lack of recognition for co-authored research papers, despite the fact that there were limited opportunities for sole authorship as most research today is jointly undertaken. It was also noted as being difficult to be a researcher at the same time as having teaching responsibilities. Some thought that opportunities were better in other fields, such as health, or outside the research endeavour, such as in teaching. Those working outside the university sector thought that prospects were better within universities.

Some argued that there was no career structure or, if there were opportunities, they were unaware of them. A number suggested the need for greater funding.

In the 2005 seminar, it had been argued that adult social care research capacity was underdeveloped and the survey asked researchers if they thought this to be still the case. Excluding those who did not know, the great majority (84%) said that it remained underdeveloped. Asked how research capacity could be improved, the most common response was a need for increased funding. In addition, many argued for better education, training or support for young researchers, better collaboration with non-researchers as well as across disciplines, and the creation of research centres. Some drew comparisons with health research, where funding opportunities were seen to be better.

The survey also asked researchers whether they had sufficient support to carry out their research, for instance libraries and internet access. The great majority (84%) felt that they had. It was noted that there were more online resources, such as free journals, although some felt there was a need for better access to databases. Those working outside the university setting suggested that researchers in universities had better support, especially through libraries. A small number felt there was a need for more support staff or research assistants.

Involvement by non-researchers in adult social care research

The survey asked about changes in the involvement of non-researchers in the research process. The great majority of researchers (84%) thought that participation of people who use services and carers had improved, although this excludes some who did not know. Similar patterns were found with respect to the involvement of carers.

Comments added by researchers included personal examples of the involvement of people who use services or carers and a

concern that such participation was (or was in danger of becoming) tokenistic. Some thought that whatever the change, there was still a long way to go and there was a need for both funding and more training. Some noted that such involvement was required by funders. There was some concern, echoed by people who use services and carers themselves, that certain types of people were more likely to be involved.

Non-researchers were asked about their opportunities and incentives to become involved in the research process. Responses on both issues were generally negative. The great majority of managers (82%) thought there were insufficient incentives for themselves or their organisation to participate in social care research; the pattern was similar among practitioners, although the numbers were small. Similarly, most managers and practitioners thought there were insufficient opportunities to do so, although the numbers responding were small. It was felt that both funding and training were needed to improve involvement, but there were in any case issues regarding their workloads that made involvement not particularly feasible. Such involvement was not seen as a priority.

Those who worked for local authorities were asked if their authority conducted any adult social care research and, if so, if this was internal or contracted out. Only a small number of responses (23) were received and these generally indicated that such research was never or rarely undertaken.

It might be added that, although the numbers responding were small, there was little evidence of any enthusiasm for embarking on their own research among managers and practitioners because of the pressures faced on other fronts and the absence of incentive to do so.

Threats and opportunities

Finally, the survey asked about the biggest single threat to – and biggest opportunity for – adult social care research in the future. The biggest threat by far (158 responses) was seen

to be research funding, with many fearing budget cuts. Another concern was that social care research was not seen as essential by those who might fund it or was overshadowed by other research, primarily research on health care. Various other threats included a lack of collaboration with other bodies, high expectations about the speed with which research can be carried out, a lack of training for others involved in research and problems with the dissemination of research. A small number of respondents commented on their sense of what was called the ‘de-professionalisation’ of social care research.

The biggest opportunity for social care research was less clear-cut. Responses here ranged between issues concerning the nature of social care and issues concerning the process of social care research. With respect to the first, the most common response was finding new ways of improving practice or helping to make social care services more cost-effective. The personalisation agenda was also seen as an opportunity.

Most respondents interpreted this question to be about opportunities for research itself to be undertaken, and noted the increasing demands on services or other changes that were likely to require research (for example, in relation to the growing number of people with dementia). Other respondents considered opportunities to improve adult social care research in general, for example through increased collaboration with other groups, whether people who use services and carers, or people in other academic areas, such as health services research. Other opportunities were reported in response to potentially reduced funding in future, such as the need to make research more cost-effective or more innovative in its methods. It was also reported that adult social care research would have the opportunity to provide evidence that it has been effective in reducing costs and improving care. Another response from a number of people was that adult social care research would have the opportunity to influence policy to a greater degree, in part by improving research dissemination.

Limitations

This survey could not provide the platform for a major study of the state of social care research, but it could offer some views that would help to inform discussion of how social care research might develop. The approach employed, heavily influenced by time constraints, has many limitations. By its initial design, it was likely to achieve a sample that was unrepresentative of the underlying population(s) that might have a view on the state of social care research. However, given the amorphous nature of 'social care research' as an activity, it would be hard to achieve or even define 'representativeness'.

An important limitation was the high proportion of respondents to many questions who felt unable to answer, either indicating that they did not know the answer or did not respond at all. Of course, a 'Don't know' answer can sometimes be for good reason, as some questions were outside the person's immediate domain of experience, even though others in similar positions (such as other researchers) might feel able to respond. For example, some researchers were unwilling to generalise from their own experience to social care research as a whole. In addition, junior researchers may have had less personal experience from which to base answers.

There may also have been some problems with how questions were posed. For example, we asked people to comment on the 'ethics and governance arrangements', but in the closed-ended questions employed we did not make it possible for respondents to separate the two. It is therefore possible that people chose to give no response rather than choose an option that did not accurately reflect their views across both areas.

By using an online survey, we were able to reduce substantially the cost and time needed to carry out a survey that drew responses from a wide geographical area. However, we recognised that such an approach would

necessarily limit the types of question that could be asked, the range of responses that could be offered, and coverage and representativeness of the sample reached. It might have been better to have taken more time to identify more focused subpopulations of respondents and to tailor questions more to their areas of experience and interest. If there had been more time, we could have used the responses from the online survey as the starting point for in-depth discussions with a small sample of experts to tease out some of the possible meanings and implications.

Conclusions

A few tentative conclusions can be drawn, notwithstanding these limitations. To start on the positive side, those involved in the research process, primarily researchers, did consider that some improvements have been made over the five years from 2005 to 2010. There was felt to be a more strategic approach to research and that it was more interdisciplinary. There was a strong view that research had become more practice-focused, more accessible and that it had achieved some influence on policy or practice. In addition, there had been greater involvement of people who use services and carers.

But there was no sense of complacency among researchers or others involved in the research endeavour. There was clearly great concern about future funding for social care research, with considerable fears that this may be reduced. This was seen as a threat to the improved effectiveness of social care, as well as, of course, of concern to those researchers who work in this field. Researchers were also concerned with ethics and governance arrangements, seen to be quite challenging for them. There were also issues arising around their own careers, in particular an expressed lack of career advancement opportunities outside of university settings.

It is always difficult to draw definitive conclusions from a research study, but the challenge in the present case is considerable

because of the opportunistic nature of the survey. Given the difficulties of defining a sampling frame for this kind of survey – at least in relation to social care researchers themselves, but also for identifying people who use social care research – the approach employed here is only ever going to be able to highlight some of the tendencies and issues in the field. Should a survey such as this be repeated in a few years, it would be sensible to accompany it with analysis of evidence from in-depth discussions with a small sample of relevant respondents.

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Notes on Contributors

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Appendix

Social Care Research: Status 2010

Section 1: Your connection to Adult Social Care Research

1. Please identify your primary connection to adult social care (what you believe to be your strongest link to adult social care).

- I am a researcher in adult social care.
- I fund and/or commission adult social care research on behalf of myself or the organisation for which I work.
- I use adult social care services.
- I care for someone who uses adult social care services.
- I am an adult social care practitioner.
- I am an adult social care manager or administrator.
- I work in another type of role connected to adult social care.

Question 1 was asked to all respondents.

Section 2: About You

1. For which type of organisation do you work? Tick one or more.

- Service provider- voluntary sector.
- Service provider- private sector.
- The NHS.
- Central government.
- University.
- Private research company.
- Third sector/charity.
- Local government.
- National government.
- A research council.
- A local authority.
- Self-employed.
- Other.

Question 1 was asked to researchers, funders/commissioners, practitioners, managers/administrators and people in the 'other' category.

2. In which country do you currently work?

Question 2 was asked to researchers.

3. Please indicate the number of years you have been an adult social care researcher.

Question 3 was asked to researchers.

4. Please describe your current areas of research using up to six keywords.

Question 4 was asked to researchers.

5. If you are willing to be contacted regarding this survey, please enter your email address in the box below. Please be reassured that any information you provide will remain confidential.

Question 5 was asked to researchers.

6. If you yourself or the organisation that you work for commissions adult social care research, please indicate approximately how much (in £) was commissioned in the last financial year.

£

Question 6 was asked to funders/commissioners.

7. If you work as a commissioner of adult social care research on behalf of yourself or the organisation you work for, for how many years have you *personally* been a commissioner of adult social care research?

Number of years:

Question 7 was asked to funders/commissioners.

8. Please indicate your connection to adult social care research. Tick all that apply.

- I read research reports.
- I do social care research.
- I am a member of an ethics committee.
- I have participated in a research study.
- I am on an advisory/consultation group about adult social care research/an adult social care research study.
- I keep in touch with adult social care research through other means (for example, newspapers, television, etc).
- Other.

Question 8 was asked to people that use adult social care services and carers.

9. Please indicate the number of years you have been involved in adult social care.

Number of years:

Question 9 was asked to people that use adult social care services and carers.

10. Please enter your job title.

Question 10 was asked to practitioners, managers/administrators and people in the 'other' category.

11. If you provide adult social care services or work for an organisation that provides adult social care services, please describe the services you or your organisation provide and the sorts of people that you support.

Question 11 was asked to practitioners, managers/administrators and people in the 'other' category.

Section 3: Research priorities

1. From your perspective, has a more strategic approach to agreeing priorities for social care research been developed over the last five years?

- Yes

- No
- I don't know

Question 1 was asked to researchers.

2. Do you think your views are taken into account when setting adult social care research priorities (for example do you have an opportunity to recommend a certain type or piece of research be conducted, and if so are your research recommendations considered)?

- Yes
- No
- I don't know

Question 2 was asked to researchers, people that use services and carers (who were both asked if the 'views of people who use services or carers are taken into account (for example do they have an opportunity to recommend a certain type of research be conducted, and if so are their research recommendations considered)?').

3. Please feel free to expand on your response to the previous question. For example how have/haven't your views been taken into account? What improvements might be made?

Question 3 was asked to researchers, people that use services and carers (who were both asked to comment on how the views of people that use services or carers have/haven't been taken into account).

Section 4: Research focus

1. Has adult social care research become more practice-focused in the past five years?

- Yes
- No
- I don't know

Question 1 was asked to researchers, funders/commissioners, practitioners, managers/administrators, and people in the 'other' category.

2. Please expand on your answer to the previous question if you wish. What observations have led you to think research is more practice-focused; or what observations would have been necessary for you to think research is more practice-focused?

Question 2 was asked to researchers, funders/commissioners, practitioners, managers/administrators, and people in the 'other' category.

3. Do you think adult social care research has become more multi-disciplinary in the last five years?

- Yes
- No
- I don't know

Question 3 was asked to researchers and funders/commissioners.

4. Please feel free to expand on your answer to the previous question. What observations lead you to think that research is more multi-disciplinary; or what observations would have been necessary for you to think research is more multi-disciplinary?

Question 4 was asked to researchers and funders/commissioners.

Section 5: Research funding

1. Has there been better collaboration between research-funding bodies and researchers in the adult social care field in the last five years?

- Yes
- No
- I don't know how collaboration has changed in the last five years.

Question 1 was asked to researchers and funders/commissioners.

2. If you wish, please elaborate on your response to the previous question. Is collaboration more likely for some types of research than others?

Question 2 was asked to researchers.

3. From your perspective, relative to the need for adult social care research, has there been an increase or decrease in the funding available for adult social care research over the last five years?

- The level of available funding has increased
- The level of available funding has remained relatively constant
- The level of available funding has decreased
- I am unaware of how this has changed.

Question 3 was asked to researchers and funders/commissioners.

4. Please expand on your response to the previous question if you wish.

Question 4 was asked to researchers and funders/commissioners.

5. Over the past five years, has there been a change in the types of adult social care research being funded?

- Yes
- No
- I don't know

Question 5 was asked to researchers and funders/commissioners.

6. If 'yes' to the previous question, in what way has there been a change? Which types of research are more likely to be funded today?

Question 6 was asked to researchers and funders/commissioners.

7. Again, if 'yes' to there being a change in the types of research being funded, which types of research are less likely to be funded?

Question 7 was asked to researchers and funders/commissioners.

Section 6: Research ethics, governance and evaluation

1. Are you clear about the ethics and governance arrangements for adult social care research?

- Yes
- No

Question 1 was asked to researchers, funders/commissioners, practitioners, managers/administrators, and people in the 'other' category.

2. From your perspective, are the current arrangements satisfactory?

- The current arrangements are satisfactory.
- The current arrangements are not satisfactory.
- I am unsure on the matter.

Question 2 was asked to researchers, funders/commissioners, practitioners, managers/administrators, and people in the 'other' category.

3. Explain your answer to the previous question if you wish. What makes the current arrangements satisfactory/how may they be improved?

Question 3 was asked to researchers, funders/commissioners, practitioners, managers/administrators, and people in the 'other' category.

4. Do you consider there to have been a change in the methods employed for evaluating adult social care research (by funders and research users) over the past five years?

- Yes
- No
- I don't know

Question 4 was asked to researchers and funders/commissioners.

5. If 'yes' to the previous question, in your opinion has the change been towards more appropriate methods being employed?

- Yes
- No
- I don't know

Question 5 was asked to researchers and funders/commissioners.

6. Please expand on either of the two previous questions if you wish. In particular, what methods should be used to evaluate adult social care research?

Question 6 was asked to researchers and funders/commissioners.

Section 7: Translating research findings into practice and policy

1. Have adult social care research findings become easier to access over the past five years?

- Yes
- No
- I don't know how this has changed over the last five years

Question 1 was asked to all respondents.

2. What are the key opportunities and challenges for knowledge transfer or take-up of research findings within adult social care practice?

Question 2 was asked to all respondents.

3. Have adult social care research findings been effective in helping to improve adult social care over the last five years?

- Yes
- No
- I don't know

Question 3 was asked to all respondents.

4. If yes to the previous question, can you provide any examples?

Question 4 was asked to all respondents.

5. How can adult social care research best contribute to the development of social care?

Question 5 was asked to all respondents.

Section 8: Adult social care research capacity

1. As an adult social care researcher, do you think you have sufficient career advancement opportunities?

- Yes
- No
- I don't know

Question 1 was asked to researchers.

2. Please feel free to expand on your answer to the previous question. In particular, why do you think sufficient opportunities exist or what improvements may be made?

Question 2 was asked to researchers.

3. Five years ago adult social care research capacity was described as underdeveloped. From your perspective, do you believe it is underdeveloped today?

- Yes
- No
- I don't know

Question 3 was asked to researchers.

4. How could adult social care research capacity be improved?

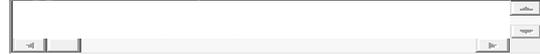
Question 4 was asked to researchers.

5. Do you have sufficient support in order for you to conduct your research (for example internet access, libraries)?

- Yes
- No
- I don't know

Question 5 was asked to researchers and funders/commissioners (who were asked if they believed researchers had sufficient support).

6. Please feel free to expand on your response to the previous question. For example what are the important areas of support to which you do not have access? Why do you think you have sufficient support?



Question 6 was asked to researchers and funders/commissioners (who were given the prompts: 'What are the important areas of support to which researchers do not have access? Why do you think researchers have enough support?').

Section 9: Participating in adult social care research

1. Has the involvement in research of people who use social care services become better over the past five years?

- Yes
- No
- I don't know how this has changed over the last five years

Question 1 was asked to researchers, funders/commissioners and people that use services.

2. Do you think carers have become more involved in adult social care research over the past five years?

- Yes
- No
- I don't know how this has changed over the last five years

Question 2 was asked to researchers, funders/commissioners, and carers.

3. Please feel free to expand on your answer to the previous questions. What observations lead to you think involvement is better, or how can involvement be improved?



Question 3 was asked to researchers, funders/commissioners; and also people that use services and carers (who were asked to expand on the one question that they were each asked).

4. Are there sufficient incentives (financial and non-financial) for you or the organisation for which you work to participate in social care research as co-researchers (as part of the research team)?

- Yes
- No
- I don't know

Question 4 was asked to people that use services, carers, practitioners, managers/administrators, and people in the 'other' category.

5. Are there sufficient opportunities for you or the organisation that you work for to participate in social care research as co-researchers (as part of the research team)?

- Yes
- No
- I don't know

Question 5 was asked to people that use services, carers, practitioners, managers/administrators, and people in the 'other' category.

6. If you wish, please expand on your answers to the previous two questions.

Question 6 was asked to people that use services, carers, practitioners, managers/administrators, and people in the 'other' category.

7. If you are somebody who works for a local authority, does your local authority take part in research to inform local/regional and/or policy/practice development in adult social care?

- Yes
- No
- I don't know
- Not applicable

Question 7 was asked to practitioners, managers/administrators, and people in the 'other' category.

8. Please feel free to expand on your answer to the previous question. In particular if you answered 'yes', does your local authority conduct research itself or does it contract this out?

Question 8 was asked to practitioners, managers/administrators, and people in the 'other' category.

9. Again if your local authority participates in adult social care research, what is the most important or valued incentive encouraging your local authority to participate in adult social care research?

Question 9 was asked to practitioners, managers/administrators, and people in the 'other' category.

Section 10: Additional connections to adult social care research

1. If you have another (secondary) connection to adult social care research and you would LIKE to answer additional questions from your perspective as somebody who fits into that category, please indicate the one secondary connection you have below, should you have one. It is not necessary to answer additional questions if you do not wish to.

- I am a researcher in adult social care.
- I use adult social care services.
- I care for someone who uses adult social care services.
- I am an adult social care practitioner.
- I am an adult social care manager or administrator.
- I work in another type of role connected to adult social care.
- I do not wish to answer any additional questions from another perspective or I have no other connection to adult social care research.

Question 1 was asked to all respondents, however the only group of respondents able to select their secondary connection as being the same as their primary were people in the 'other' category (if a respondent chose any other primary connection, that would not appear on the list for them as a possible answer to this question). This is to account for the possibility that somebody has two different connections to adult social care research, both falling in the 'other' category.

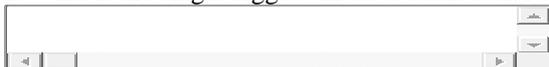
At this point in the questionnaire, it was possible for people to answer additional questions if they chose a secondary connection to adult social care research. The questions that are asked for a secondary connection are the same that are asked for somebody choosing that link as a primary connection, minus the questions the respondents have already answered from their own chosen primary connection.

For example, consider somebody choosing a primary connection as a funder/commissioner and a secondary connection as a researcher. By the time this person has chosen ‘researcher’ as their secondary role, they have already answered all questions that were asked to people choosing ‘funder/commissioner’ as their primary role. Many of the questions asked to researchers were also asked to funders/commissioners, and so to avoid this person having to answer the same questions again, the only additional researcher questions that would be asked are all of those that were not asked to funders/commissioners.

It is possible to identify which additional questions would have been asked to respondents selecting a secondary connection to adult social care. For example, if a question is asked only to researchers, then it will be asked to everyone choosing researcher as a secondary role. If a question is asked to both funders/commissioners and researchers, and somebody chose their primary connection as funder/commissioner and their secondary connection as researcher, this question would not appear in the additional questions for secondary connections as this person would have already answered it from the perspective of a funder/commissioner before they chose their secondary connection to adult social care research. Similarly if the person instead chose their primary connection as researcher and their secondary connection as funder/commissioner, this person would not be asked this question additionally, as they would have already answered it from the perspective of a researcher before they chose their secondary role.

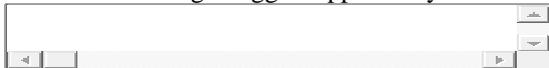
Section 11: Opportunities and threats to adult social care research

1. What is the single biggest threat to adult social care research over the next five years?



Question 1 was asked to all respondents.

2. What is the single biggest opportunity for adult social care research over the next five years?



Question 2 was asked to all respondents.

Section 12: Additional comments

1. If you have any further comments regarding adult social care research not covered in any of the previous questions, please enter them in the box below.



Question 1 was asked to all respondents.