

Research capacity, knowledge, skills and use in Councils with Adult Social Care Responsibilities

Findings from an online survey of
research active Local Government staff

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The survey reported here was carried out by the Social Services Research Group.

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Executive summary

This summary reports the results of a survey of local authority research capacity. The study was funded by the Social Care Evidence in Practice project led by the Personal Social Services Research Unit at the London School of Economics and Political Science with support from the NIHR School for Social Care Research, and had three main aims. The first was to explore concerns about the impact of the austerity programme on local authority research. The development of Research Governance in Adult Social Care (ASC) departments was another area of interest, which is also likely to have been affected by continuing public sector cuts and financial restraint. The third aim was to examine the impact of the transfer of Public Health from NHS to local authority settings and whether this was influencing the conduct and approaches to ASC research. Specifically, the survey aimed to: map research capacity in local authorities; explore the infrastructure for research in local authorities; and examine the impact or potential impact of Public Health joining the local authority portfolio.

Key findings

- > About one fifth of respondents had 'research' in their job title, but only 8% worked on research full-time.
- > There was widespread agreement that Adult Social Care (ASC) departments encouraged the use of research evidence to inform policy.
- > Predictive modelling was identified as the area of greatest need for skills development.
- > Over a third (36%) of respondents indicated their local authority commissioned 'external' research.
- > Two-fifths (39%) of respondents confirmed the existence of Research Governance arrangement and one third (33%) indicated that there was a local Research Governance lead.
- > There was a local authority preference for on-line learning and much less support for secondment or study for academic qualifications in relation to developing research skills.
- > Respondents were members of a wide range of organisations, most commonly SSRG and LARIA, but few reported being able to attend events, despite valuing them as a means of accessing evidence.
- > Participants felt that while research had become more important, austerity policies had particularly affected the capacity to undertake this work.
- > The survey suggests the need for a national review of local authority research, to identify core functions and workforce requirements.

Findings

Profiles of respondents and local authorities

There were 108 responses, covering 70 local authorities. Only about one fifth (21%) of respondents had the word 'research' in their job titles, although staff responsible for areas such as commissioning intelligence are also likely to have some research skills. Very few respondents (8%) indicated they spent 100% of their time on research and almost a third (30%) spent less than 10% of their time on research, although respondents with research in their titles spent more time on research than other respondents. 'Researchers' were more likely to work in corporate teams, whereas others with some responsibility for

research were predominantly in ASC departments. Most often, research activities were linked to performance management and local information systems. About one third of respondents indicated that their authorities have a senior manager with responsibility for research overall, but one in five said they did not know if such a role existed in their department. Only 16% of respondents reported that their local authority worked with service users and carer as researchers or to help with research activities, though a small proportion of respondents did refer to other forms of collaboration.

Use of evidence and research skills

Despite the limited research resources within local authorities, there was widespread agreement among respondents that ASC departments used and encouraged the use of research evidence to inform policy, though non-researchers tended to hold this view a little more strongly than researchers. There was less strong agreement that local authorities encouraged the development of research skills. When asked how people updated and developed their research skills and knowledge, people were most likely to mention membership of relevant organisations, attendance at relevant events like conferences, or events like reading and use of online resources via the internet.

Between a fifth and a third of respondents felt they could pass on skills in a wide range of quantitative or qualitative methods; critical review of research studies; and research proposals at a 'basic' level and about a fifth felt they could pass on these skills at a higher level. However, only 7% felt that they could pass computer software skills on at a 'higher' level. These findings are based on self-rating questions rather than any more objective appraisal of skill so there is the possibility that skill levels may have been over- or under-estimated.

Between one in five and one in six respondents felt they would like to develop sampling, qualitative interviewing skills, qualitative and quantitative methods and analysis, demographic analysis and analysis software skills a little further, and similar proportions expressed a need to improve their skill in influencing decision-making and in translating research evidence for policy and practice. Predictive modelling was identified as the area of greatest need for skills development.

Research commissioning

Over a third (36%) of respondents indicated that their local authority commissioned research externally. It appeared that commissioners of ASC were often also responsible for commissioning external research, although only 27% of respondents answered a question about this. Three reasons for commissioning external research predominated: capacity, capability and credibility. Capacity referred to the availability of people to do the work; capability to the availability of people with the right kinds of skills; and credibility related to situations where external researchers were sometimes felt to be needed to offer greater perceived independence to findings.

Research Governance

About half of the respondents answered the question about whether Research Governance arrangements were in place and about two-fifths (39%) confirmed the existence of these arrangements and one third (33%) indicated that there was a local Research Governance lead. Reviewers' skills were reported to be mainly satisfactory. The area most in need of improvement was use of research software. This represents a significant fall in local authorities with such arrangements since 2010.

Infrastructure

The survey asked about access to research training. There was a preference for on-line learning and much less support for secondment or study for academic qualifications. It may be that this type of learning resource was perceived to impose less financial pressure on the local authority as there was no travel and/or accommodation to fund, and less time would be spent away from the office.

Respondents were members of a wide range of organisations, most commonly SSRG and LARIA, but only a few reported attending events as a means of obtaining evidence. The most common source of relevant information was the Association of Directors of Adult Social Services (ADASS), used by 35% of respondents. The most common sources for research evidence were the Office for National Statistics (used by 30% of respondents) and the Personal Social Services Research Unit (PSSRU: 28%). The internet, briefings and bulletins from external organisations (both academic and non-academic) were the most common ways that respondents accessed evidence, followed by informal opportunities to share learning and external learning events such as conferences. The prominence of conferences and external learning events as a way of obtaining evidence was surprising given that only 25% of respondents had felt that their local authority would support attendance.

Public Health

Public Health re-joining local authorities was most commonly felt to have resulted in improvements in the identification of need and use of the Joint Strategic Needs Assessment (JSNA). It was also felt that research activity commissioned or undertaken and evaluation activity had also been positively affected by the transfer. Differences were also identified in relation to the quality of evidence acceptable for policy, and definitions of research, although this may or may not be in a positive direction.

Environment

Participants felt that while research had become more important, austerity policies had particularly affected capacity to meet demand. A small number of respondents felt that Public Health becoming part of the local authority might help to ameliorate these effects.

Discussion

Cuts in numbers of staff and restrictions on training are likely to have affected both capacity and capability. While we have no direct evidence for this from the survey, it is plausible to argue that this shortfall in capacity will affect the quality of local research reports available for managers. Another area of concern was the reported absence of a senior manager with overall responsibility for research, which is likely to prevent the most efficient use of research and arguably indicates that in local authorities without a research 'champion' that research is not seen as an important or useful local resource. Despite the low capacity to undertake in-house research, there appeared to be a more positive picture in the commitment to using evidence in developing local policy and practice.

Research Governance also appeared to be in decline. The overwhelming majority of local authorities had a named local research governance lead in 2012, the last time the research governance list was updated. In 2014, 35% of these were no longer in post and only 39% of our survey respondents were certain that their local authority had a research governance lead. We are unsure of the reasons for this, but speculatively, it suggests that Research Governance may have been seen as an expendable bureaucratic process, rather than a way of protecting research participants and driving up standards.

The problems reported by respondents in attending events and maintaining membership of subscription organisations may have long-term impacts on the viability of some of these organisations. Similarly the reliance on internet-based training and information, and lack of support for staff to take academic qualifications in research may result in a lack of exposure to critical debate and an over-reliance on 'received wisdom'.

Public Health re-joining local authorities was well received in the main, with positive views expressed about the quality and relative importance of in-house Public Health research and that which was externally commissioned. Questions remain about the degree to which Public Health research, which had, in NHS settings, adopted more natural rather than social scientific methodologies, will adjust to the epistemologies of the social sciences more favoured in social care research, and vice versa, as well as how far the extra capacity and capability will provide evidence that is relevant to social care.

Conclusion

This snapshot survey has revealed the difficulties faced by local authority research, which appears to receive little support or development resources. There remains, however a number of research-like tasks (e.g. the Adult Social Care Survey) that require some level of research competence. Similarly, local analysis of data returns for the Department of Health requires quantitative research skills, which the survey respondents identified as a particular need. Indeed, there is increased emphasis on using local evidence. The survey suggests the need for a national review of local authority research, to identify core functions and workforce requirements. This would need to take into account the different contexts of ASC departments, and the roles of academic social care research, which has developed as a topic since 1971, with more dedicated research units and developments such as the NIHR SSCR.

About the study

An online survey using 'Survey Monkey' to collect data. Given that respondents were not asked for personal or sensitive data, local authority ethics rather than Social Care Research Ethics Committee approval was sought. The survey used a broad definition of research, to ensure all activity was considered. It was sent to a complete enumeration of all English local authority research contacts, derived from the Health and Social Care Information Centre, the SSRG/SCIE list of Research Governance leads and 150 Directors of Public Health. One reminder was sent. Data was analysed using SPSS.

Part 1

Overview and rationale

Introduction

This report is written in four parts. The first presents a rapid summary of the shape of local authority social care research and key policies and guidance that have impacted on it over the past few decades. The second part describes the objectives of the study and the methods used to collect the data. The third part presents the findings and the final part presents a discussion and conclusion.

This study was commissioned by the Social Care Evidence in Practice (SCEiP) project led by the Personal Social Services Research Unit (PSSRU) at LSE with support from the National Institute for Health Research School for Social Care Research (NIHR SSCR). 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.

Background

In 1994 the Department of Health (DH) produced a strategy document, the Gilbert Report, relating to research and development in Social Services (DH 1994). This stated that there were strong links between policy and research and between policy and practice but weak links between research and practice. This led to several initiatives to address this issue with probably the most notable and enduring among them being the establishment of Research in Practice (RiP) and the Social Care Institute for Excellence (SCIE). They have since been joined by Research in Practice for Adults (RiPfa), Making Research Count (MRC), the School for Social Care Research (SSCR), and the Research Evaluation and Support Network (REASON), among others.

In tandem with initiatives 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 (DH 2001). Following scandals within the NHS such as the misappropriation of body parts of dead children by a consultant pathologist working in Alder Hey Childrens' Hospital, and the subsequent public inquiry and the Redfern Report (2001), the 'Framework' tightened up existing research governance procedures in the NHS and, for the first time, extended this guidance to include social care research. This raised serious concern in the social care research community – not about the principles behind the guidance but about the impact it might have on social care research as the social care research infrastructure was very poorly developed compared to the NHS, the kinds of methods used were often different, the timescales within which it was undertaken were shorter, funding amounts were lower and most local authorities had no prior experience of research governance. Further guidance was published on the implementation of research governance in social care (DH 2003) which was intended to create local arrangements that were both dynamic and supportive of the wide range of methodological approaches used in social care. This included proposals to adopt a 'stepped' approach to the introduction of research governance arrangements in local authorities. Subsequently, the Social Services Research Group (SSRG), the Association of Directors of Adult Social Services (ADASS) and the DH produced a 'Support Pack' designed to provide guidance to local authorities. The DH also provided a small start-up grant (£2,500/£3,000) to local authorities to 'pump-prime' the introduction of research governance arrangements.

Among a number of issues that were debated at the time was the definition of research, with the social care definition being much broader than that used in NHS settings and including (unlike in the NHS) non-financial audits, evaluation and consultation. The definition used in a 'Baseline Exercise' (Pahl, 2002) and Mapping the Field' report (Boddy and Warman, 2003) described this as 'anything other than management information'.

These reports also investigated the range and volume of social care research activity, the range of people in different jobs involved and the current state of methods and ethical review. It became apparent from these early studies that considerably more social care research activity was occurring than the DH had thought. (For a fuller summary of issues, see Woolham 2011.)

Marsh and Fisher (2005) looked at developing the evidence base for social care practice. They stated that the modernisation of social care places a high premium on evidence and that at all levels - central government, citizens, service providers and professionals - there was a need to encourage evidence-based decision-making (with the evidence produced and utilised being of a high quality). They also drew attention to startling disparities between NHS and social care settings in the level of investment in academic research and development.

These factors all created a strong imperative to expand the resources available to support both social care research and its regulation and use in policy, practice and service development settings within both an academic sector and for local authority 'own account' research.

The DH also supported local authorities to develop their research governance arrangements by funding training, a database of research governance leads in all local authorities and a social care 'research register' – a database intended primarily for 'grey' (unpublished) literature. An internal review by SCIE in 2013 led to a decision to close the register and re-purpose the website to provide a signposting resource.

Amongst local authorities, the development of research governance arrangements was patchy. Resources were limited, and there was less enthusiasm in some local authorities for these arrangements than others. The small 'pump-priming' grants helped some local authorities and 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).

The West Midlands group undertook a survey of members (Woolham, 2006) to investigate the skills and capacity available to both groups. At that time the results of this survey reflected a group of authorities that were at the forefront of developing systems to improve both ethical conduct and the quality of internal research in the local authorities, and for external studies that had not been reviewed previously in social care.

The results were inconsistent among participating authorities. Although 92% 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. The results of the survey identified several broad themes:

- Research Governance leads did not always feel confident about the roles that had been conferred on them by their management teams.
- There was a need to developing the skills and competence of reviewers and those conducting research locally.
- Research was often conducted by people who were not research specialists, sometimes lacked experience and were expected to conduct research amongst other duties.
- There was a need to ensure greater compliance with local governance arrangements and reducing 'evasion' of scrutiny of research proposals.

The two groups (the West Midlands Research Governance Group – WMRG and the South East Authorities Research and Information Group – SEARIG) also invested in developing a training resource pack for RG reviewers in collaboration with Bangor University in 2010.

There followed a period of relative stability and, at least anecdotally, an increase in both the awareness of social care research and its use as evidence to support decision-making. This was reflected in the fact that by 2010 almost 100% of local authorities had a nominated research governance lead registered on the SCIE database. Many local authorities seemed to see research governance as an opportunity to develop systems around evidence-informed decision-making at practice, service development and policy levels, with local governance arrangements being seen as supportive rather than restrictive, whilst also providing a quality assurance system for ‘in house’ research. There was over the same period a gradual move from satisfaction-based survey work to outcome-focussed surveys at the Health and Social Care Information Centre (HSCIC), reflecting the growing awareness that satisfaction measures were not a reliable indicator, on their own, to assess service quality.

A more recent survey carried out by the Local Area Research and Intelligence Association (LARIA) and the Local Government Association (LGA) (2011) took a broader view of research in local authorities (not just social care). The LARIA/LGA report indicated that within local authorities 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 ASC was made. The study also found that most teams were small, with one researcher and one other member of staff doing some research, though most research specialists were located in corporate performance management.

Rationale for this study

While progress has been made since the Gilbert Report (DH 1994) in developing research resources for the practitioner/manager, little is now known about how effectively research is produced or used in social care settings. The present report arises from concerns about the impact of the current Government’s austerity programme on local authority and independent sector social care research activity. Even before the austerity programme, social care research in local authorities enjoyed a fairly precarious existence. At the present time as research is a non-front-line and prima facie non-essential activity, there are concerns within the wider social care research community that many of the achievements over the past several years in improving English social care research infrastructure might be being lost. This report examines the state of social care research activity and the extent of research governance in local authority settings, the use of evidence made by practitioners and managers, and the ability of local authorities to commission external research and secure good value for money.

Concerns have been raised about the pressure on local authorities to provide quality-assured evidence across a broadening range of activities and there is some evidence to suggest that many research staff have been gradually stripped out of local authorities as a cost-saving measure, and that remaining employees are having to do more research activity across a range of topics, without always possessing the necessary research skills to do this kind of work to a high standard.

However, these concerns may be mitigated to some extent by the return of Public Health duties (and personnel) from NHS to local authority control from April 2013. Some observers have suggested that this will have a significant impact on local authority social care research as Public Health employees possess a strong evidence-informed culture with a very strong research ‘ethos’, although there are differences in standpoints and methodological approaches to research, which may limit this impact.

For all these reasons it was considered timely to conduct a study to better understand the current situation from the perspective of local authority staff. This report is based on its findings.

Part 2

Objectives and methods

Objectives

The agreed objectives of the study were to:

- Map research capacity in local authorities – specifically:
 - identify those involved in research or research-like activity in adult social care settings or in local authorities but focused on ASC;
 - investigate the skills and experience of those involved in research activity and local authority research governance.
- Explore the infrastructure for research in local authorities, including:
 - access to library resources;
 - access to, and use made of research literature made by researchers, managers and operational staff;
 - the availability and use made of training for researchers, managers and operational staff in (a) critical appraisal skills (b) research techniques.
- Examine the impact or potential impact of Public Health joining the local authority portfolio – in terms of:
 - if, and how, Public Health skills and science are being utilised in local authority settings;
 - how the Joint Strategic Needs Assessment is being used to identify areas for research.

Methods

The study took place in three phases. The first was to confirm the scope of the study and to finalise the research tools. The second was the fieldwork and the third the analysis and reporting of the findings.

The study used 'Survey Monkey' on-line electronic survey to collect data. This was chosen as it represented the most cost-effective way of gathering information. A link to the survey was included in an e-mail sent to members of the sample. A single reminder was sent out to sample members (the researchers were largely dependent on other agencies to do this on our behalf). Respondents were invited to pass the survey on to others within their organisation or to contact the lead author if more information was needed, or there was a preference to respond in a different format. The survey link was 'open' between 10.03.2014 to 28.04.2014.

Definition of research

An intentionally broad definition of research was adopted to ensure that participants considered the full range of research-like activities. The definition used was:

'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'.

This was derived from an earlier Department of Health-funded study to collect baseline information on local authority research governance structures and processes following the introduction of the Research Governance Framework for Health and Social Care. (Pahl, 2002). This was an intentionally broad definition, intended to embrace the collection and analysis of performance data as well as local service evaluations, non-financial audits and consultations, as well as work more clearly identifiable as research.

Definition of capacity

Capacity was defined in the online survey as the ‘day-to-day and long-term ability to undertake and complete research activity to a high standard, within a supportive organisational framework’.

Research ethics

No confidential or sensitive data was requested from participants, although we have anonymised the data to prevent individual local authorities being identified. As a result it was not necessary to seek an ethical opinion from the Social Care Research Ethics Committee. However, a favourable opinion was sought from the Principal Investigator’s local authority research governance process. No formal ADASS approval was sought.

Sampling

The study was restricted to England: no data was sought from Wales, Scotland or Northern Ireland.

Three sources of data were utilised to administer the survey.

- The first was the Health and Social Care Information Centre (HSCIC) which assisted in the distribution of questionnaires by sending an email with link to all Department of Health User Experience survey contacts. (The DH user experience survey is a mandatory survey conducted at least annually by ASC Departments on themes and topics identified by the Department of Health. At least one question from each survey is used as a performance indicator. A named contact is provided from each local authority ASC Department). The precise number of contacts identified through this database could not be accurately confirmed: the HSCIC sent out the survey as an attachment to their contact list but there can be several contacts in each authority.
- The second source was a database of local authority research governance ‘leads’ jointly owned by SSRG and SCIE. No arrangements were in place to routinely update this database (the last update occurred in 2012) and though 200 individuals were identified, it was anticipated that with the onset of severe cuts in public sector funding, particularly in ASC, many of those on this database would no longer be in post.
- The third source was the approximately 150 Directors of Public Health in England, although the recent transfer of Public Health back to local government may have meant that some of the positions had not been filled at the time of the survey.

Analysis

Electronic returns were downloaded from ‘Survey Monkey’ software initially into an Excel spreadsheet, and subsequently into SPSS for analysis. A significant amount of data ‘cleaning’ was needed at this stage as some of the values and variables were misplaced as data was downloaded from ‘Survey Monkey’ and had to be re-written to make sense of the data. The broad aim of the study was exploratory and as such, most of the data analysis was descriptive in nature, using frequency counts and cross-tabulations.

Report writing

The report was drafted by the Principal Investigator and then reviewed and edited by co-authors. The structure of the report broadly mirrors that of the on-line questionnaire.

Strengths

The survey represents the first comprehensive attempt to examine research capacity in local authority ASC settings since 2004 and studies commissioned by the DH to support the extension of research governance arrangements into social care research (Pahl 2002; Boddy and Warman 2003; Pahl, 2006). The current study utilised what are probably the best available data to obtain the sample. The survey achieved a good response from those sampled: 108 respondents from 68 local authorities, representing 70 local authorities (one respondent answered on behalf of three authorities – see findings below) took part - an overall response rate of 46%. It seems reasonable to assume that at least a proportion of non-responses could be attributed to the absence of research capacity in the local authorities concerned.

Limitations

This study has a number of limitations.

First, we have earlier drawn attention to limitations of the databases used to target respondents. Additionally, it was not possible to guarantee that our respondents were the most appropriate people to respond to a survey of this kind (there may have been other members of staff better able to answer some of the questions for example), and the use of electronic media meant that it was not possible to restrict the number of responses from single local authorities: we received both a single response covering more than one local authority (where information and research resources were shared) and also multiple responses from single local authorities, though most local authorities did co-ordinate their responses.

Second, the survey would have been received both by researchers and people who, although not research-active, may have had another interest in research, through, for example, research governance, management of research, research to support planning or commissioning or the use of research evidence in practice. However, the study design inevitably (and intentionally) excluded the vast majority of local authority practitioners and managers from the survey. We have limited evidence on which to draw but speculate that our findings may only be representative of those who were more committed to the use of research and other forms of evidence to improve service delivery, and that a larger constituency of local authority staff who did not take part may have been less knowledgeable about, or interested in, the contribution of research to the delivery of high-quality care services.

Third, the definition of research used in the study was intentionally broad. Although this was helpful in providing some indication of what kinds of activity were being conducted in local authorities, it may also have been problematic in one or two other respects. It meant it was not possible to clearly differentiate research activity per se from other forms of related data collection and analysis, such as performance indicators. However, the purpose of the study was not to assess the amount or type of research or research-like activity being carried out but to more widely examine research capacity and infrastructure. It is also possible that some respondents may have perceived research as exclusive of audit, evaluation or performance indicator reporting, though this seems unlikely as the definition used was intentionally broad. Further, the definition and reasoning was made clear in the information provided as the preamble to the questionnaire and was repeated within the questionnaire, which we hoped would emphasise this point for participants.

Finally, for the purposes of analysis, the report compares the perspectives of those who have the term 'research' in their job title with those who do not. This is inevitably imprecise: in local authority settings the term may not always have the same meaning as in academic settings. However, we did find that 'researchers' within this definition did spend more of their time conducting research or research-related activities than 'non-researchers' so we think, pragmatically, and even though only 8% of our respondents said they spent 100% of their working week engaged in research (see page 16 below) the distinction is useful in trying to broadly map and understand research activity in local authority settings.

Part 3

Findings

Introduction

The findings are presented in four sections in this part of the report:

- The first section describes and assesses research capacity in local authorities, profiling:
 - the proportions of those working in local authorities who are involved in research or the pursuit of research-like activities;
 - the skills and experience of those involved in research activity and local authority research governance.
- The second section explores the quality of research ‘infrastructure’ in local authority settings, specifically:
 - access to specialist library resources;
 - access to, and use made of research literature made by researchers, managers and operational staff;
 - the availability and use made of training for researchers, managers and operational staff in (a) critical appraisal skills (b) research techniques.
- The third section examines the impact (or potential impact) of Public Health, recently transferred from NHS settings back to local authorities, in respect of:
 - how skills of Public Health practitioners and the research methodologies used within the Public Health discipline are being utilised;
 - how the Joint Strategic Needs Assessment (JSNA)¹ is being used to identify areas for research.
- The fourth section presents respondent perceptions of the general environment in which they work, including reflections on changes over the past five years and anticipated changes over the following five years.

1 The JSNA ‘...requires Local Strategic Partnerships (LSPs), PCTs and local authorities (LAs) to consider the needs of their local populations and in how they respond with effective commissioning of services to properly meet those needs. The needs of populations span NHS and LAs, for example the joined up provision of stroke care services, and coordinated approaches to obesity and physical activity. Current policies aim to ensure that services are provided more flexibly, better supporting the needs of local communities, and are more effective at targeting the causes of health problems by intervening at much earlier stages. In order to support this challenging agenda it is essential to have a clear understanding of the needs of the whole population and the wider determinants of health, from both the perspective of the NHS and the LA’.

www.hscic.gov.uk/jsna (accessed 15.10.14).

Section 1: Profiling respondents, local authorities, capacity, capability and research governance

Profiles of local authorities and respondents

There were 108 responses to the survey from 68 different authorities, though one response covered three local authorities, so 70 authorities are represented (Table 1). Responses by ADASS region were fairly evenly distributed, apart from the North East region, where there were fewer responses (Table 2).

Table 1. The total number of responses by type of authority responding*

Type of authority (n)	Total number of responses
Unitary (55)	24
County (28)	30
Metropolitan Borough Council (36)	34**
London Borough Council (32)	10

* Ten respondents did not give their authority.

** One Metropolitan Borough Council returned 15 responses as they were utilising the survey to benchmark themselves against other local authorities to see where they were on a spectrum of research-active local authorities.

Table 2. Responses by ADASS region

Region (n)	Response percentage
North West (24)	58%
North East(12)	25%
Yorkshire and Humberside (15)	47%
East Midlands (10)	40%
West Midlands (14)	50%
Eastern (12)	42%
Greater London (32)	38%
South East (20)	55%
South West (16)	50%

Researchers vs non researchers

To try to assess how many people working in local authority settings had a job role that actually included 'research', respondents were asked for their job title as this seemed the most effective means by which this could be determined (see Appendix 1 for actual job titles provided by respondents).

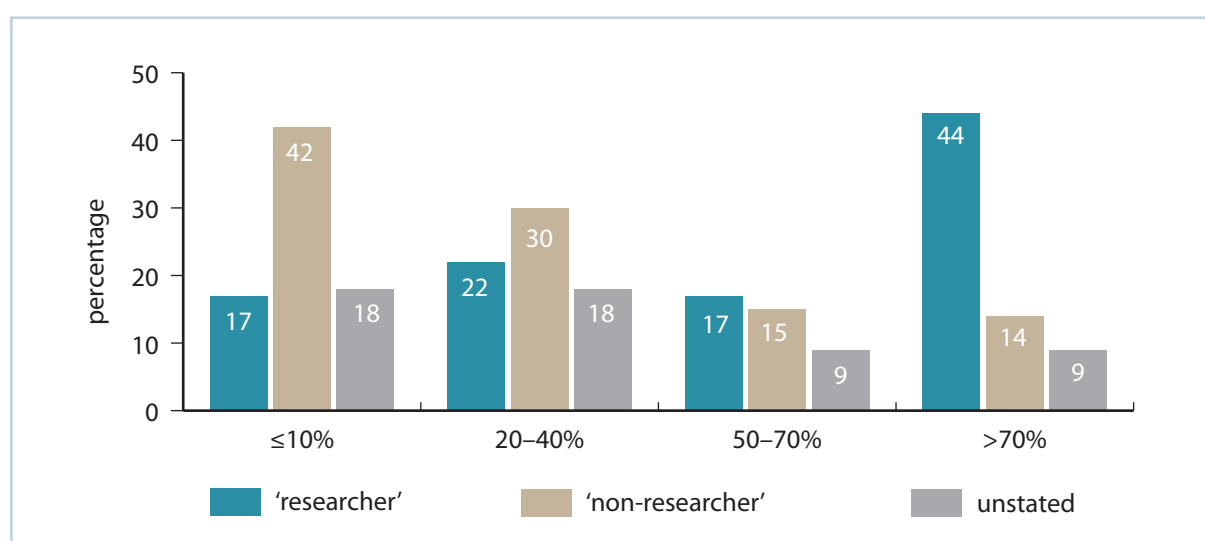
Table 3. Number of respondents with 'research' in their job title

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

The number of respondents whose job title included the word 'research' is presented in Table 3. As can be seen, this applied to just over a fifth of respondents. In parts of the rest of this report, we have compared the views of those whose job title includes the word 'research' (hereafter referred to as 'researchers') with those whose job title does not ('non-researchers'). This approach to assessing the content of a respondent's job role should not be regarded as definitive and is probably an under-estimate. For example, it seems reasonable to assume that the some job roles – for example, those of business or commissioning intelligence analyst, 'customer insight', or data analyst would be impossible to perform without some knowledge of research methodology, although perhaps in respect of the analysis of secondary data rather than the completion of primary empirical research. However, to have included these and other roles – which may or may not have required some research skills/knowledge – would have required the imposition of fairly arbitrary categories which may have further compromised the robustness the analysis.

Overall, 90% of respondents worked full-time, with a average of 34.2 hours/week worked. Researchers worked a little less on average, at 32.6 hours/week and non-researchers worked a little more at 34.5 hours/week. Those whose job title included the word 'research' were more likely to spend more of their time in research or research-related activity than 'non-researchers' (Figure 1). This difference was statistically significant ($\chi^2=78.11$, $df=22$, $p<0.001$).

Figure 1: Time spent by 'researchers' over the last year in research or research-related activity



Where respondents worked

Respondents were asked to say in which department or section of their local authority they were located. Of those that responded to this question 22% worked in Corporate Teams and 49% were in teams within the ASC Directorate. A large percentage (29% of the total number of respondents) stated that they were based elsewhere within the authority, usually described as some form of joint Adults and Children’s Services Department. 10% of those who provided additional detail to the ‘somewhere else’ option of this question said they worked in a Public Health team. This is likely to be an under-estimate: based on the number of people who had a public health or a public health-related role in their job title, the true proportion is estimated to be around 20%.

Only 8% of those who took part in the survey said they spent 100% of their working week over the previous year working on research or research-related activities. In fact, 30% of respondents said they spent only 10% of their time working on research and over 50% said they spent only 30% of their time doing research.

Figure 2 shows where respondents were physically located. Across all the locations where the questions were answered, the number working in research or research-related activity tended to be quite small – between 1 and 4 individuals. A small proportion of locations recorded a larger number than this, particularly in performance management posts, but in others there seemed to be no one engaged in research or research-related activity at all.

Figure 2. Numbers of people working in research and research-related activities by location type

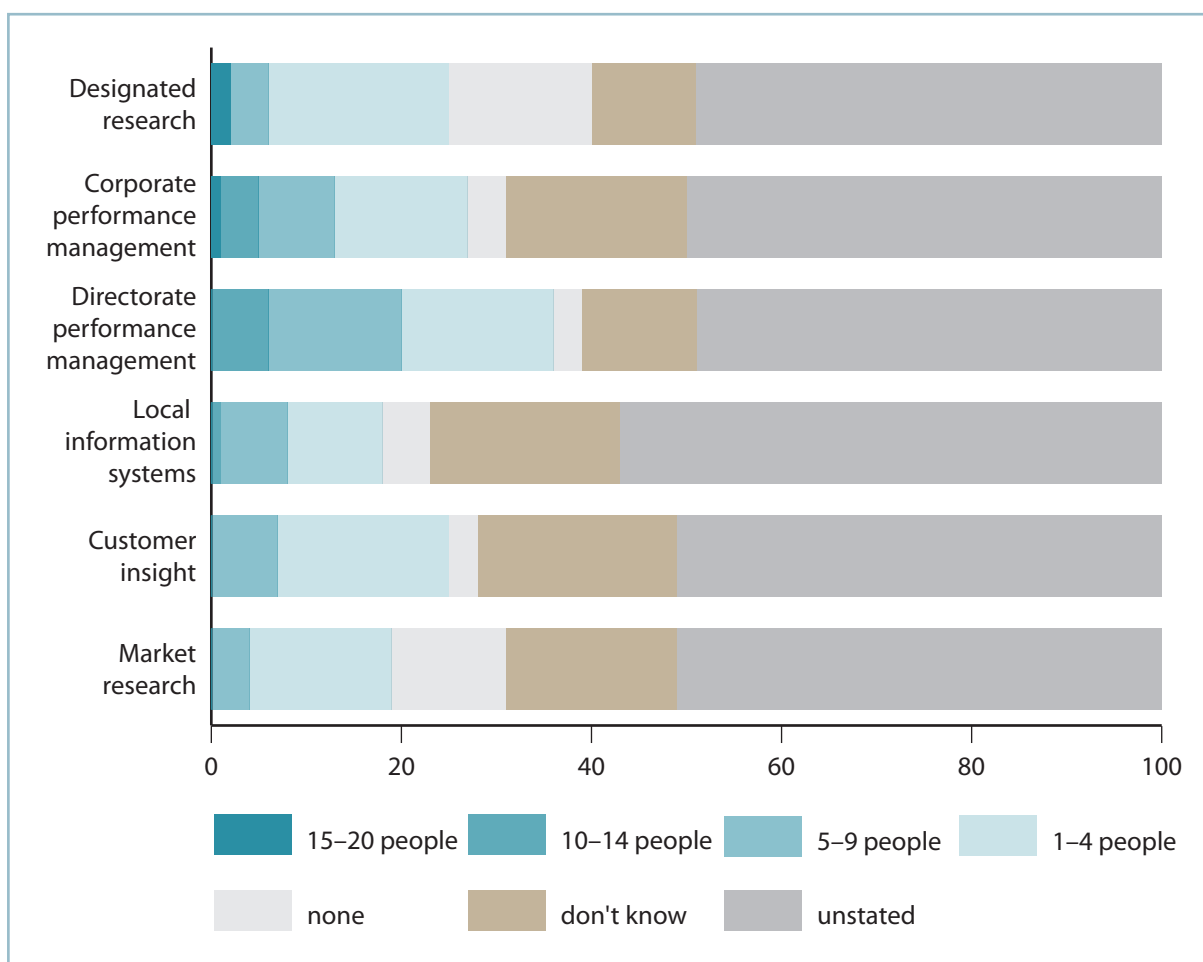


Table 4. Location of researchers and non-researchers within local authority structures

	Research in job title			Total
	Yes	No	Unstated	
Corporate team	9 (38%)	13 (54%)	2 (8%)	24 (100%)
ASC Directorate	8 (15%)	40 (76%)	5 (9%)	53 (100%)
Not stated/not clear	6 (19%)	21 (68%)	4 (13%)	31 (100%)
Total	23 (21%)	74 (69%)	11 (10%)	108 (100%)

Table 4 suggests that researchers were more likely to be found in Corporate teams than in ASC Directorates.

Table 5. Inter-departmental 'links' – how often respondents worked in different departments and teams within their local authority (figures are number of respondents)

Department and team	Always	Usually	Occasionally	Rarely	Never
Directorate performance management	26	12	12	1	2
Local information systems	11	18	19	2	–
Corporate performance management	9	17	12	2	4
Designated research	9	5	18	5	8
Customer insight	6	9	19	8	4
Data publishing	5	9	25	8	5
Market research	5	2	12	11	11

Table 5 shows the linkages between teams. The strongest links appear to be between directorate performance management (always + usually = 38) and local information systems (always + usually = 29) with the weakest link being market research (rarely + never = 22).

Use of service user/carers as researchers or research advisors, and research ‘champions’

Only 16% of respondents stated that their local authority utilised service users or carers as researchers or to help with research-related activities (Figure 3), though a small proportion of respondents did refer to other forms of collaboration:

‘We have citizen led quality boards whose members help design questionnaires used in service evaluations. Also have a Research Governance Advisory Committee that includes service users and carers as members of the committee. They help to improve the quality of the proposals by reviewing the proposals’

‘Service users and carers provide information through focus group type activity and also ‘mystery shop’ our first point of contact.’

‘We employ older people and people with learning disabilities as ‘dignity champions’ who go into homes and do surveys and produce reports.’

Figure 3. Use of service user/carers as researchers or research advisors

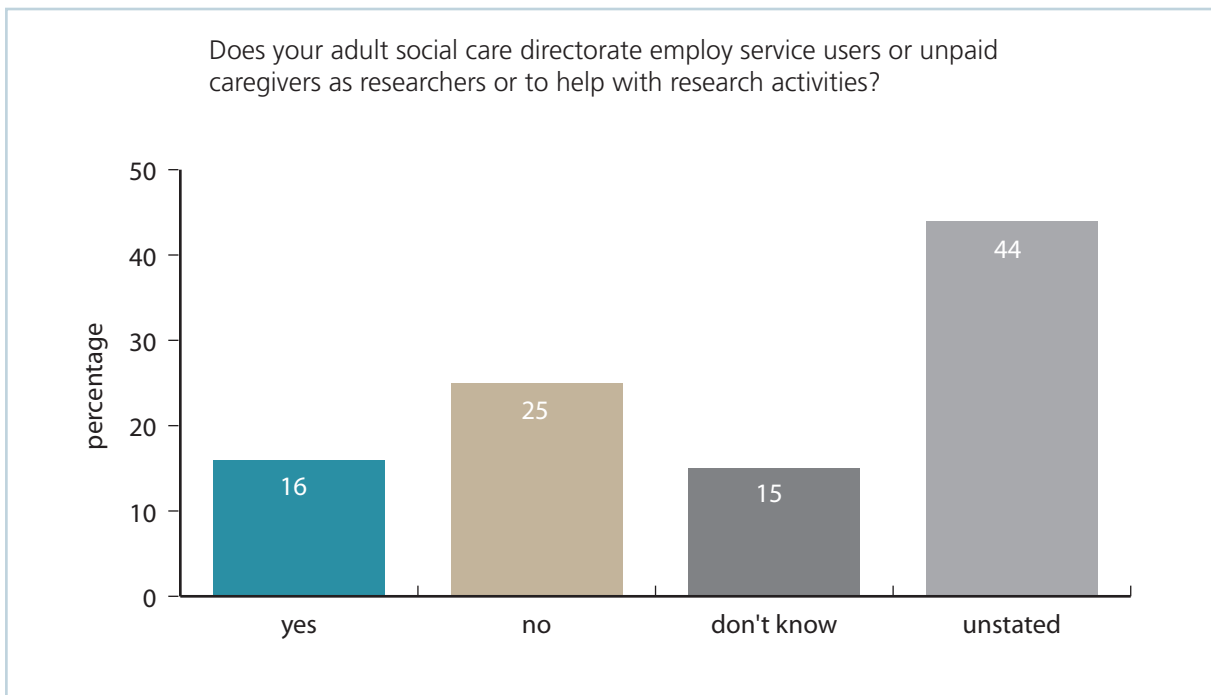
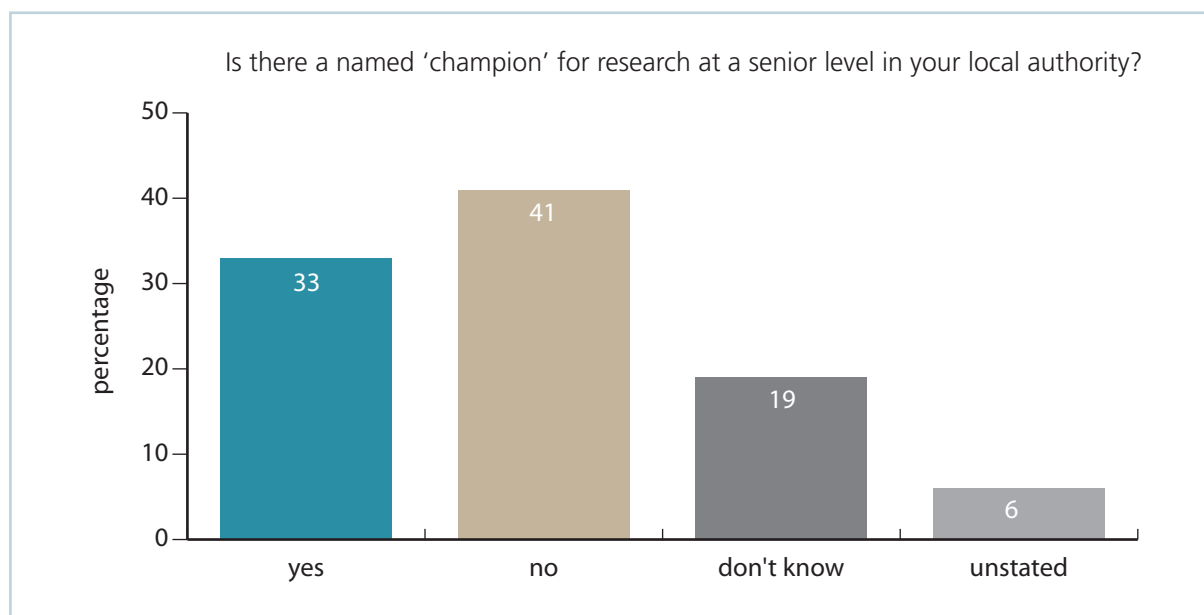


Figure 4. Named lead or champion for research at a senior level



Respondents were also asked if their authority had a lead, or 'champion' for research at a senior level (Figure 4). As can be seen the survey revealed that only a minority of local authorities had a designated senior manager with these responsibilities, and one in five respondents did not know, which suggests that if such a role existed, it was not one that had a high profile.

Types of research carried out

The survey also included a question to determine what types of research activity were conducted in local authorities. As can be seen in Table 6, all of the listed types of research or research-like activity were well represented in responses, but work around performance indicators and performance data, or quantitative research, were most frequently mentioned, and least likely were qualitative research and audits. This finding contrasts sharply with the profile of UK-published social work and social care research, which is more likely to use qualitative rather than quantitative designs, but may reflect the comparatively large estimated proportion of responses coming from performance management teams, especially those that are corporate, who might reasonably be expected to more commonly use quantitative methodologies.

Table 6. Types of research activity taking place in authorities

What kinds of research activity take place in your local authority ASC Directorate	n (%)
Performance indicators & 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%)

A range of other types of research were mentioned, including co-production methodologies to support 'change projects', market position statement research, internet-based research into service models and collaborative research with university research teams.

A series of questions were included in the survey to assess the relative importance of research activity to decision making and planning at all levels within the local authority.

Figure 5. ASC use of research evidence to inform policy and practice

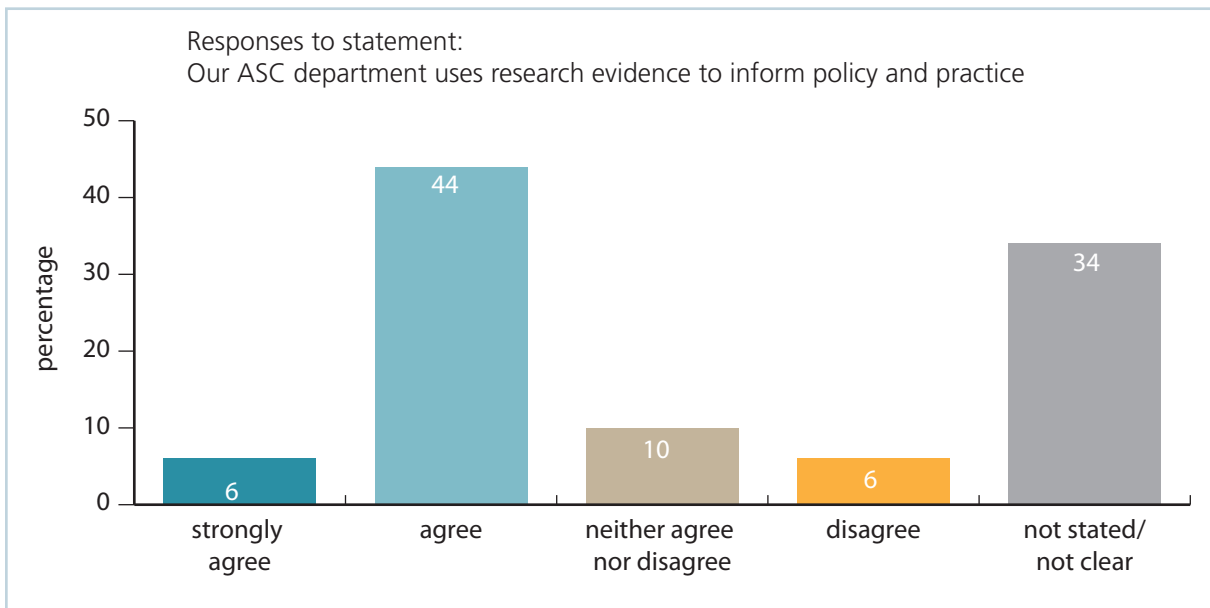
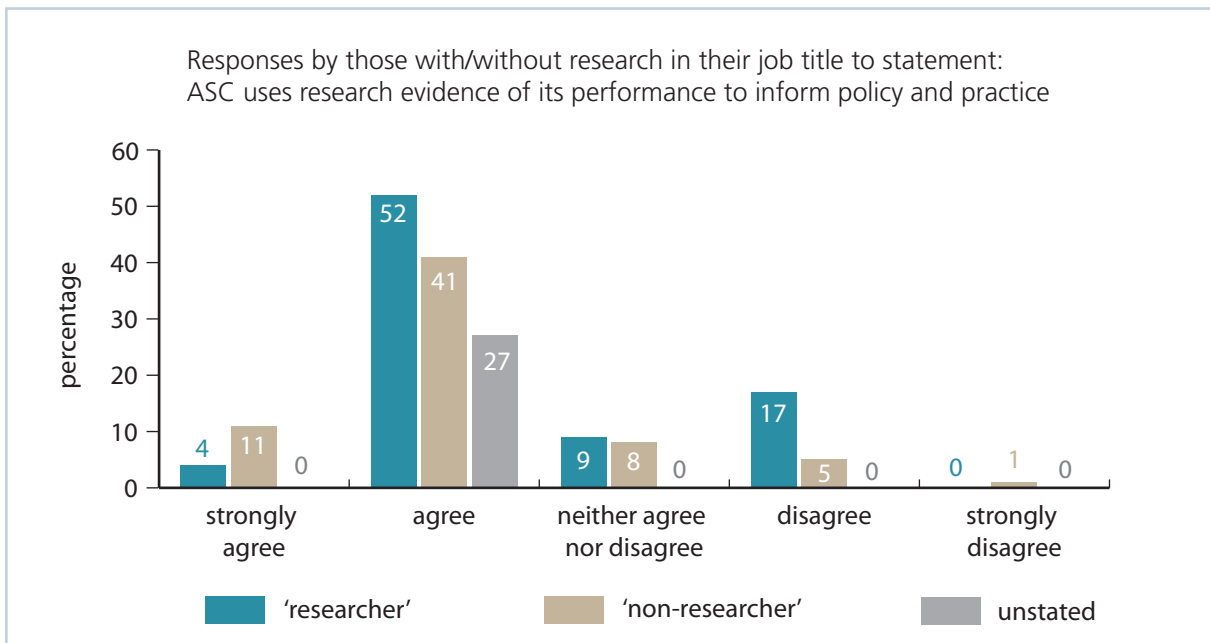


Figure 6. ASC use of research evidence to inform policy and practice – views of 'researchers' v 'non-researchers'



Figures 5 and 6 suggest there was widespread agreement amongst respondents that ASC departments did use research evidence to inform policy, though non-researchers tended to hold this view a little more strongly than researchers (n=108, $\chi^2=13.40$, df=8, p=0.099).

Figure 7. ASC access and use of research evidence

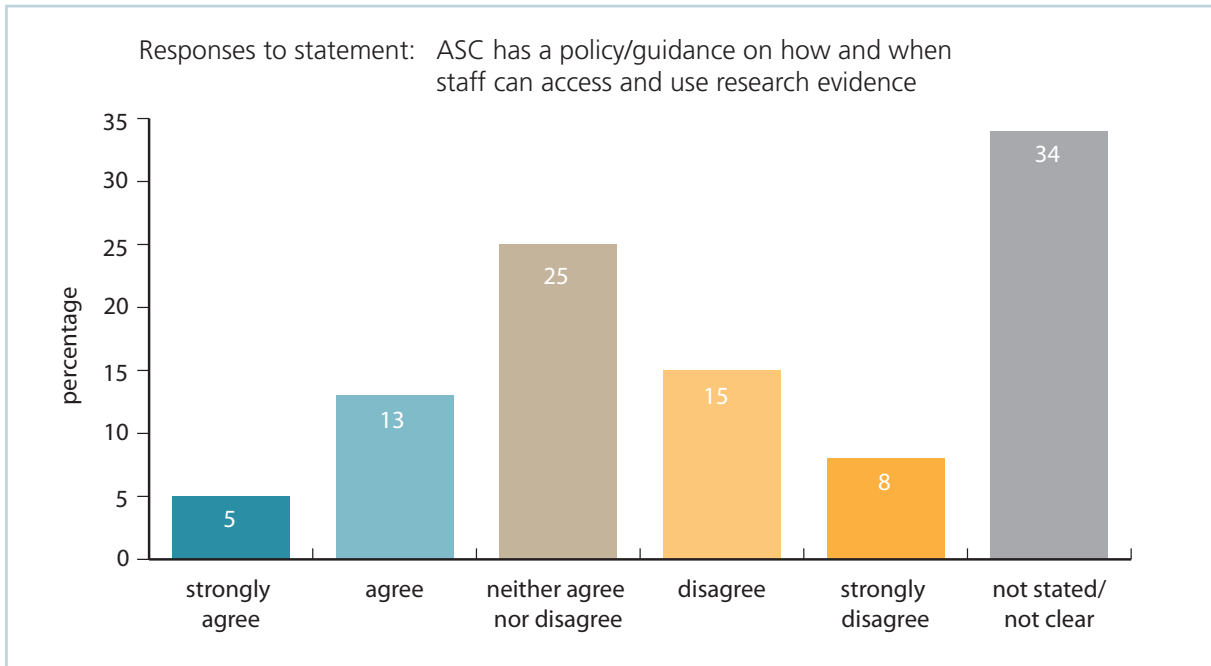
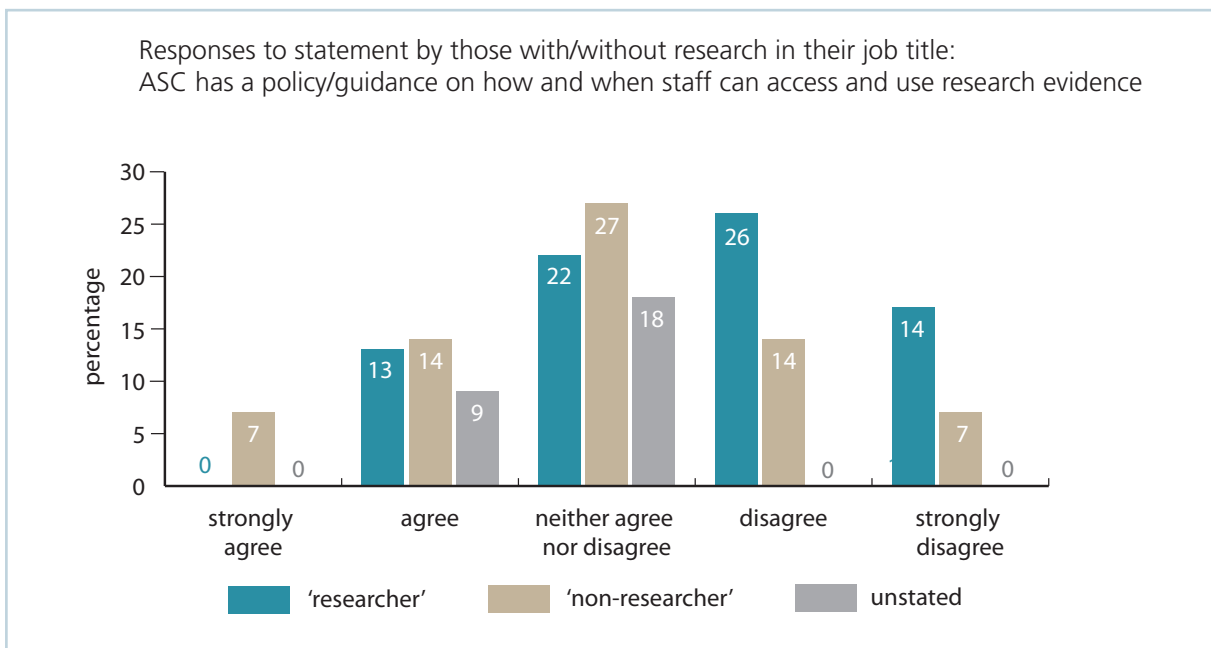


Figure 8. ASC access and use of research evidence – views of ‘researchers’ v ‘non-researchers’



Figures 7 and 8 suggest that respondents may either not have known, or not had a strong view, about whether their ASC department had policies to support the use of research evidence – though non-researchers seemed a little more likely to agree with the statement than researchers (Figure 7), although this difference was not statistically significant ($n=108$, $\chi^2=15.83$, $df=10$, $p=0.105$).

Respondent views about local authority support to develop expertise and experience in relation to evidence-based decision-making

A further series of questions were included to obtain views of respondents about the extent to which the local authority encouraged the development of expertise around the use of evidence. As with earlier figures, two graphs are presented: the first showing the overall distribution of responses, and the second, split according to whether respondents had 'research' in their job title or not.

Figure 9. Developing an evidence-based approach to decision-making

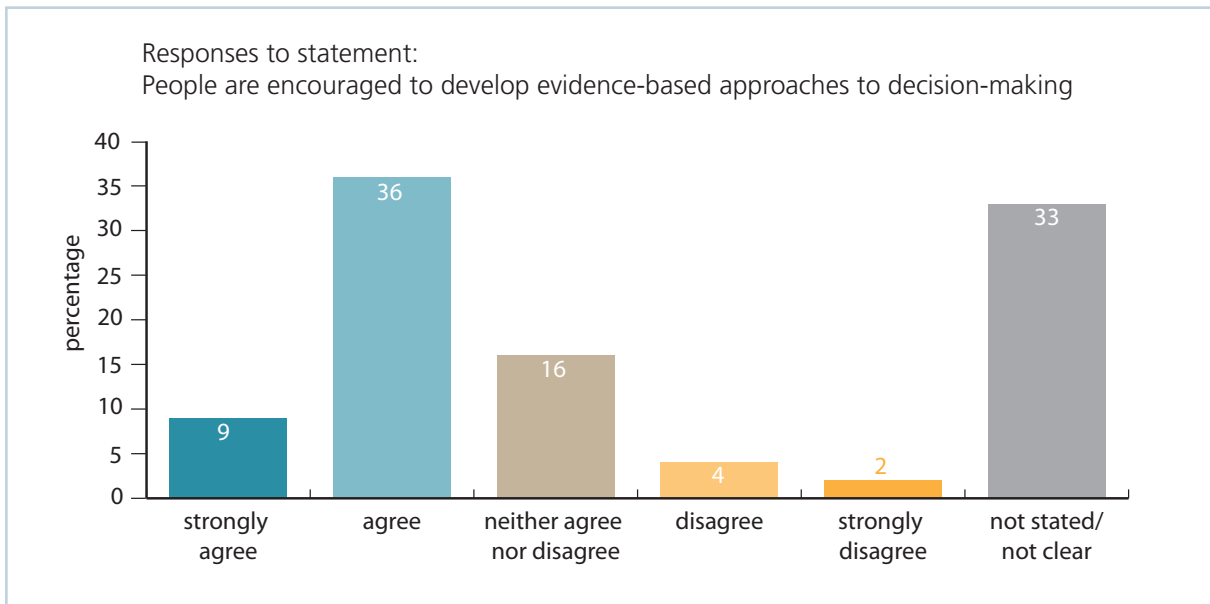
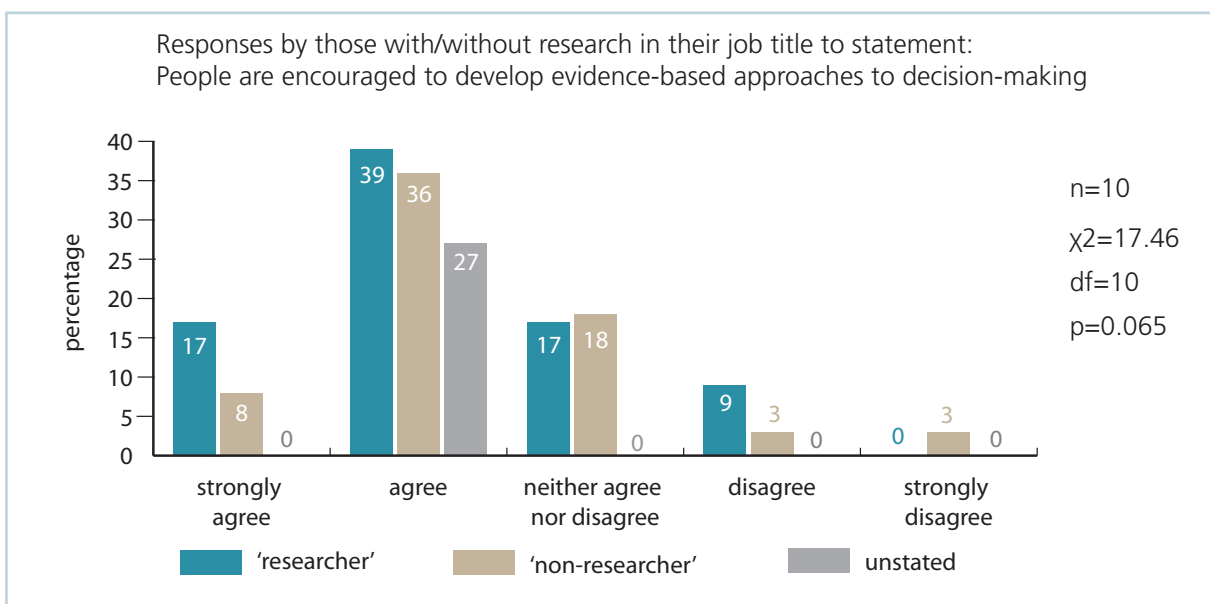


Figure 10. Developing evidence-based approaches to decision-making – views of 'researchers' v 'non-researchers'



Figures 9 and 10 indicate a fairly strongly held view amongst most respondents that people working for their local authority were encouraged to adopt an evidence-based approach to decision-making.

Figure 11. Developing research skills and knowledge

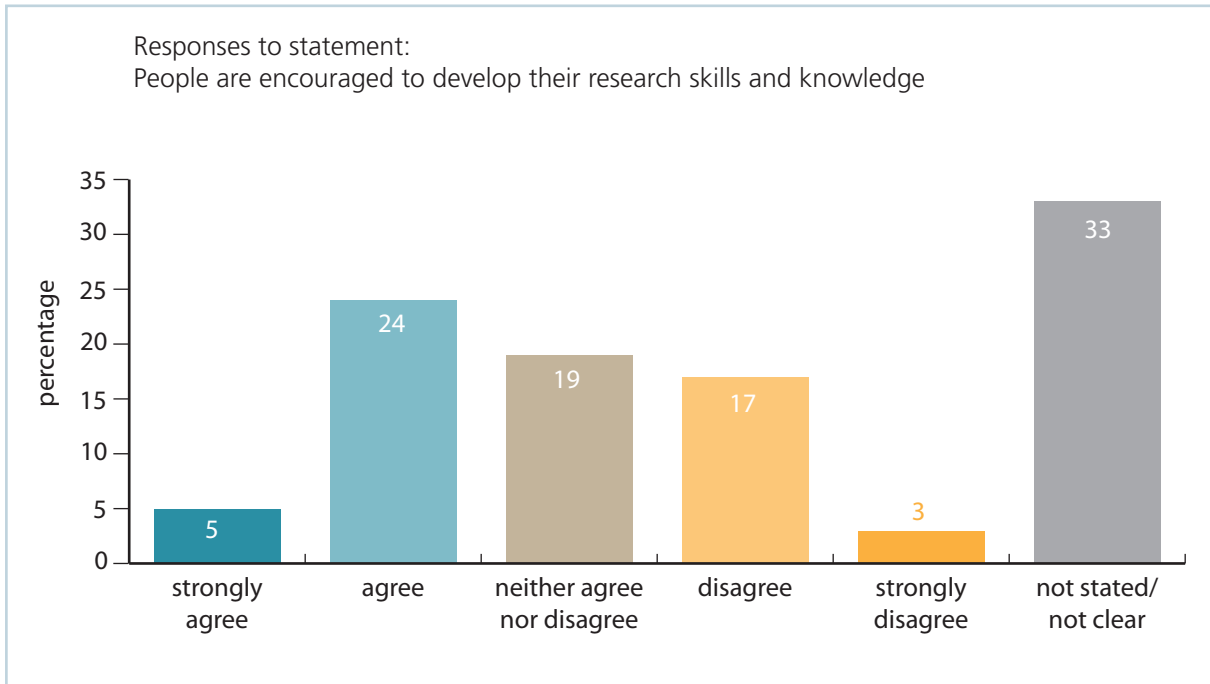
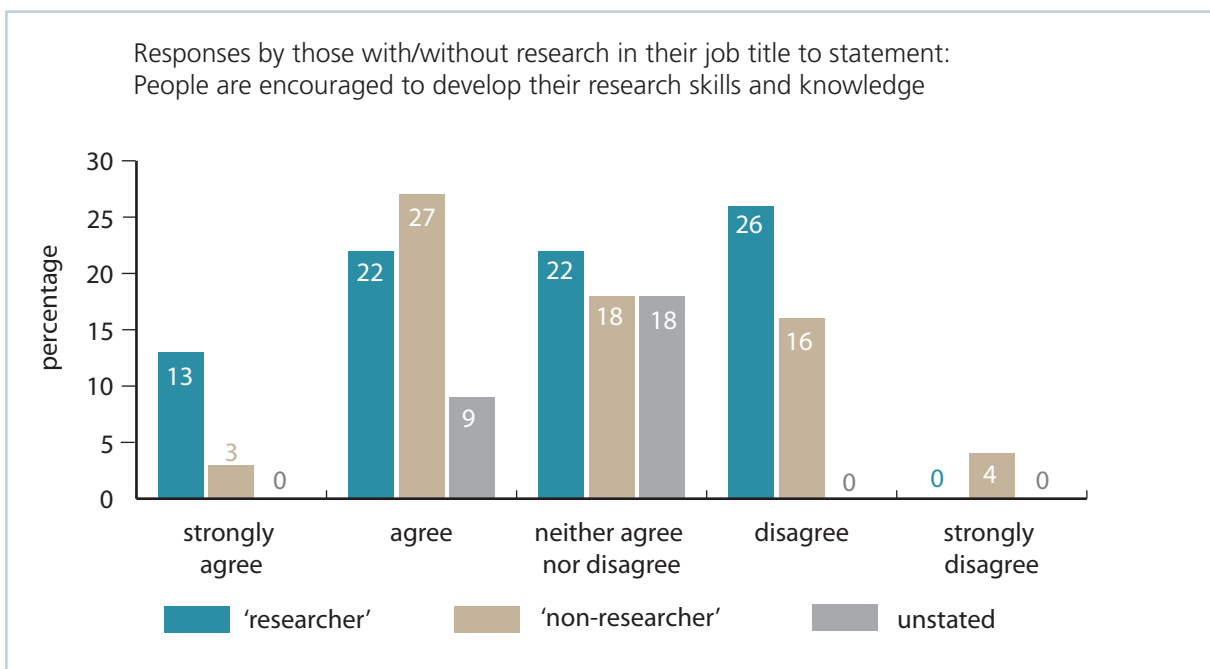


Figure 12. Developing research skills and knowledge – views of ‘researchers’ v ‘non-researchers’



Figures 11 and 12 show responses to a statement about the degree to which people working for the local authority were encouraged to develop their research skills and knowledge. Respondents tended to agree, but researchers were more likely than non-researchers to neither agree nor disagree, or to disagree. However there was no overall statistically significant difference between these two groups of staff ($\chi^2=14.96$, $df=10$, $p=0.133$)

Figure 13. Keeping knowledge and sources of research up-to-date

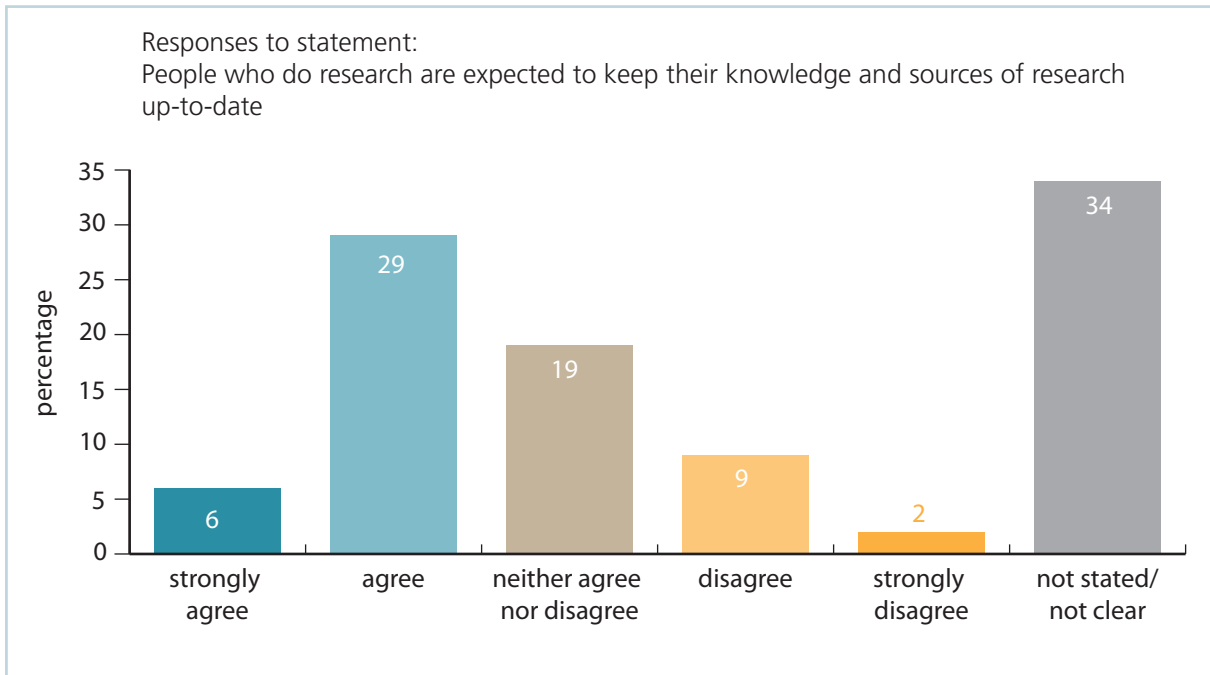
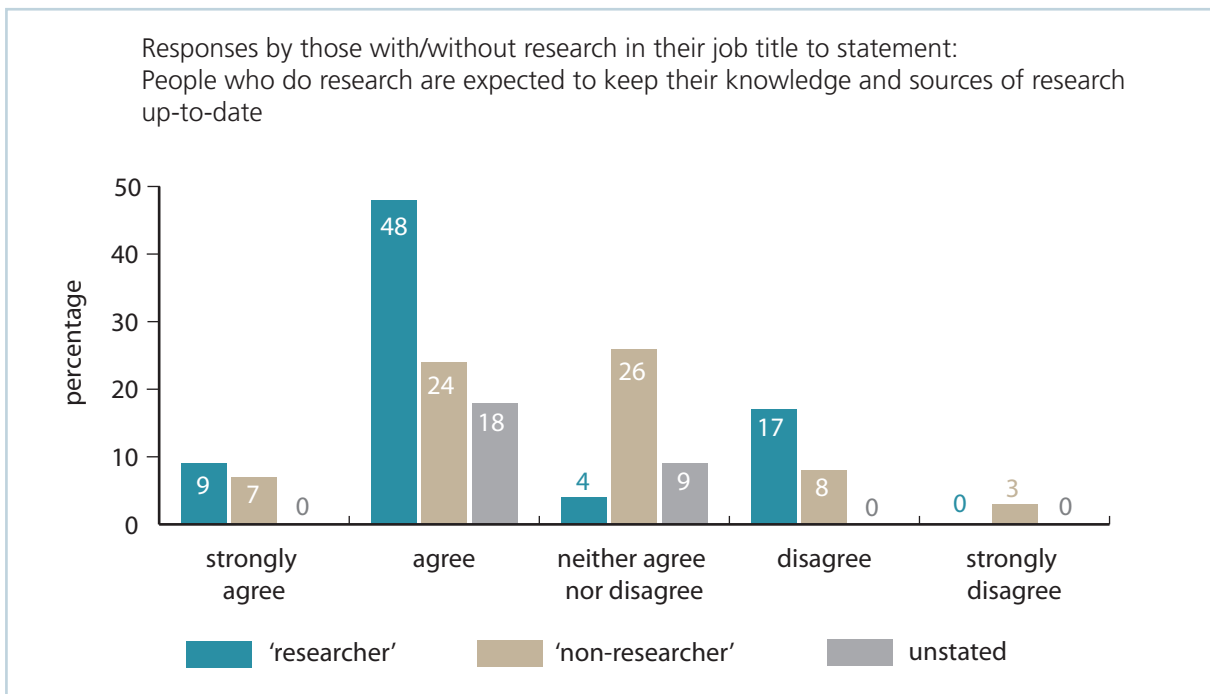


Figure 14. Keeping knowledge and sources of research up-to-date – views of ‘researchers’ v ‘non-researchers’



Figures 13 and 14 show responses to a statement about whether respondents’ local authorities expected researchers to keep their knowledge and sources of research up to date. Most agreed, but the proportions agreeing were much higher among researchers than non-researchers. This difference was statistically significant ($n=108$, $\chi^2=19.08$, $df=10$, $p=0.039$).

Taken as a whole, Figures 9 to 14 highlight varying views about whether those who are employed to carry out research are encouraged to develop an evidence-based approach to decision-making and whether they were expected to keep their knowledge of sources of research evidence up to date. Views seemed to vary most in relation to whether those who were employed to carry out research were encouraged to develop and update their research skills and knowledge.

Respondents were also asked about how they were encouraged to find and use research in their local authority. Responses indicated that working with other teams in the authority and through membership of relevant organisations were the predominant ways. A number of people stated that they didn't think members of staff were encouraged to use research.

'I am certainly not aware of any policies/practices which would encourage the use of research'

When asked how people updated and developed their research skills and knowledge, people were most likely to either mention membership of relevant organisations, professional networks as well as attending relevant events like conferences or seminars, or else to mention solitary events like reading, and use of online resources via the internet. Access to specialist library resources was not mentioned by most.

'Attending conferences where possible, membership of SSUSG (Social Services User Survey Group), on-line learning and articles'

'On line searches and networks, own free time, peer-to-peer support, evidence based practice reports, SCIE publications, SSRG and Consultation Institute courses'

Skills and experience of respondents

The survey also sought basic information about (self-assessed) skills and competencies of respondents.

Research skills

The survey also collected information about the skills and expertise of respondents. Findings are presented in a further series of Figures and Tables below.

Table 7. Self-rating of skills and experience people thought they could pass on to others

Skills and experience	Yes basic	Yes higher level	No	Not sure	Unstated
Qualitative	29 (27%)	19 (18%)	6 (6%)	9 (8%)	44 (42%)
Quantitative	34 (32%)	21 (19%)	3 (3%)	6 (6%)	44 (41%)
Research software	21 (19%)	8 (7%)	20 (19%)	14 (13%)	45 (42%)
Critical review of research	23 (21%)	24 (22%)	5 (5%)	11 (10%)	45 (42%)
Critical review of research proposals	25 (23%)	22 (20%)	5 (5%)	10 (9%)	46 (43%)
Data publishing	5	9	25	8	5
Market research	5	2	12	11	11

Figure 15. Self-rating of qualitative research skills – ‘researchers’ v ‘non-researchers’
(n=108 $\chi^2=9.16$, df=8, p=0.329)

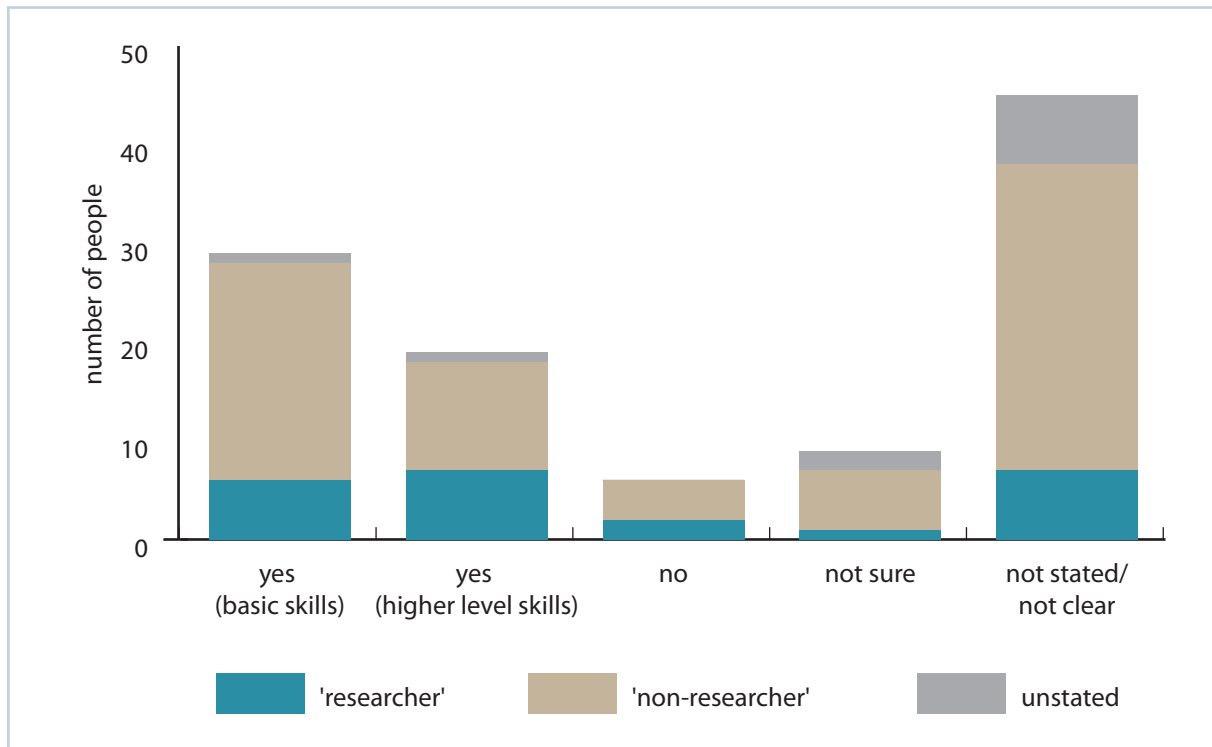


Figure 16. Self-rating of quantitative research skills – ‘researchers’ v ‘non-researchers’
(n=108 $\chi^2=14.96$, df=10, p=0.133)

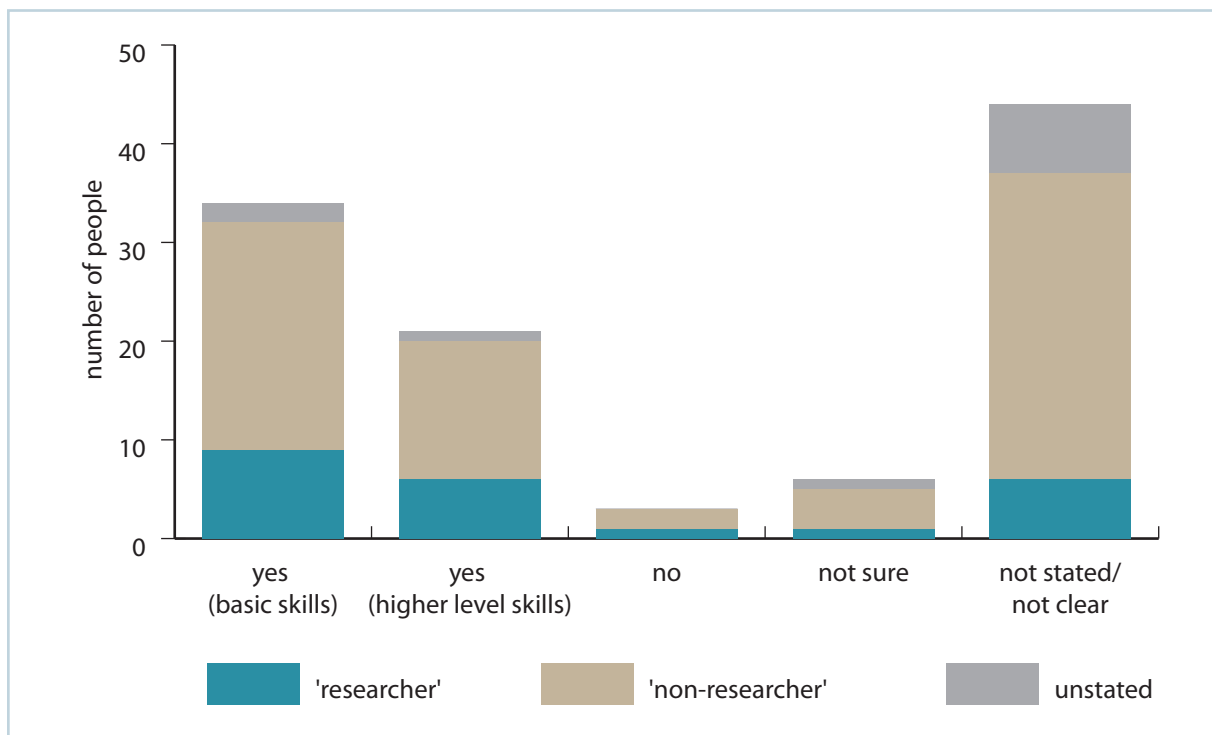


Figure 17. Self-rating of research software skills – ‘researchers’ v ‘non-researchers’
(n=108 $\chi^2=16.07$, df=8, p=0.41)

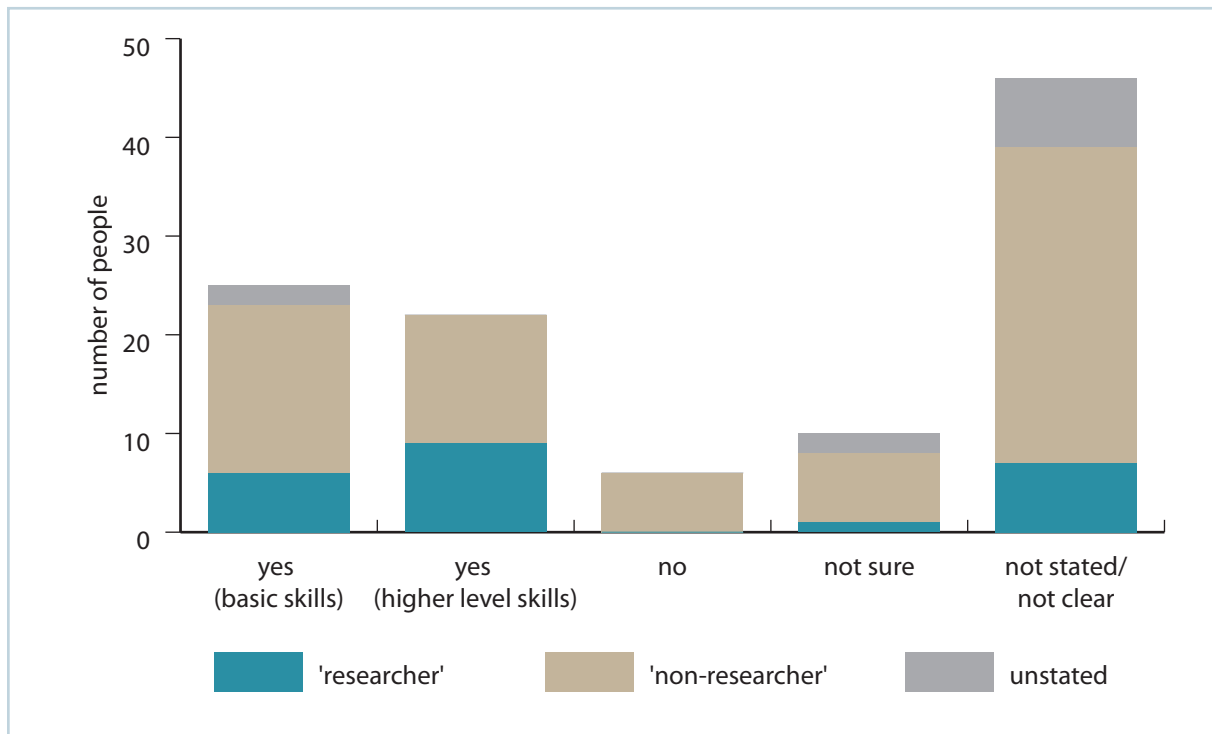


Figure 18. Self-rating of skill in offering critical review – ‘researchers’ v ‘non-researchers’
(n=108 $\chi^2=10.99$, df=8, p=0.202)

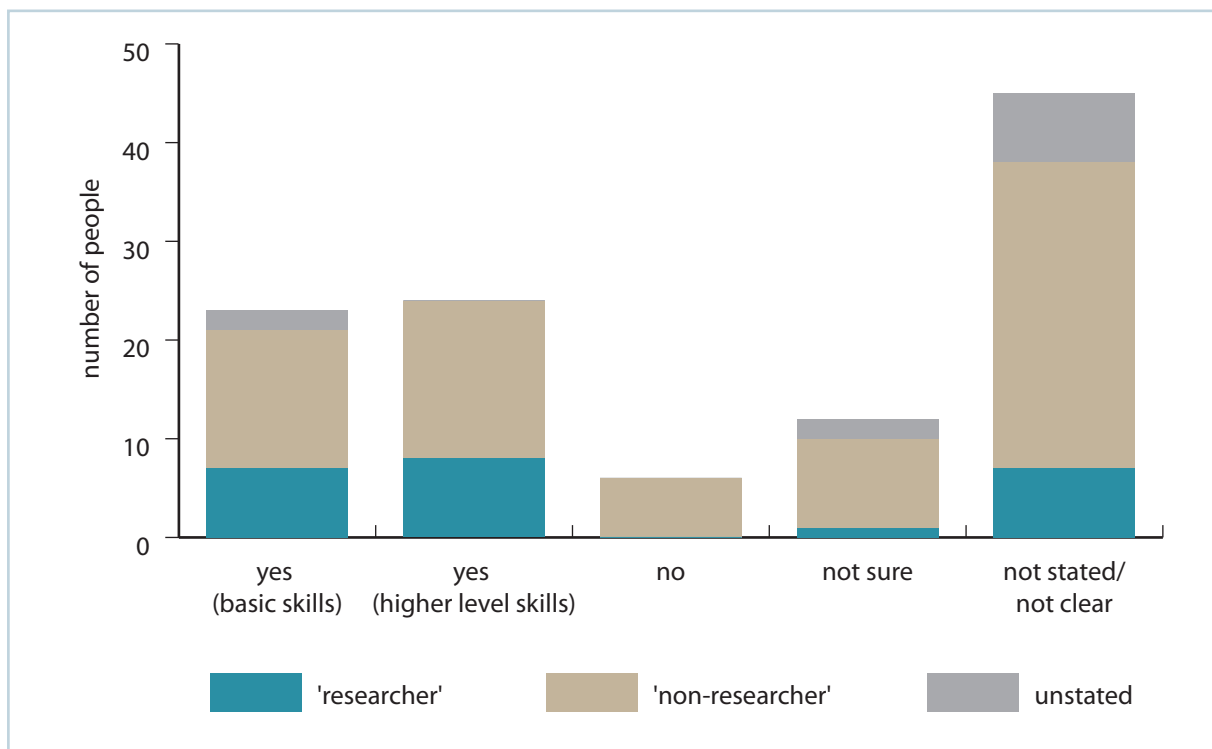
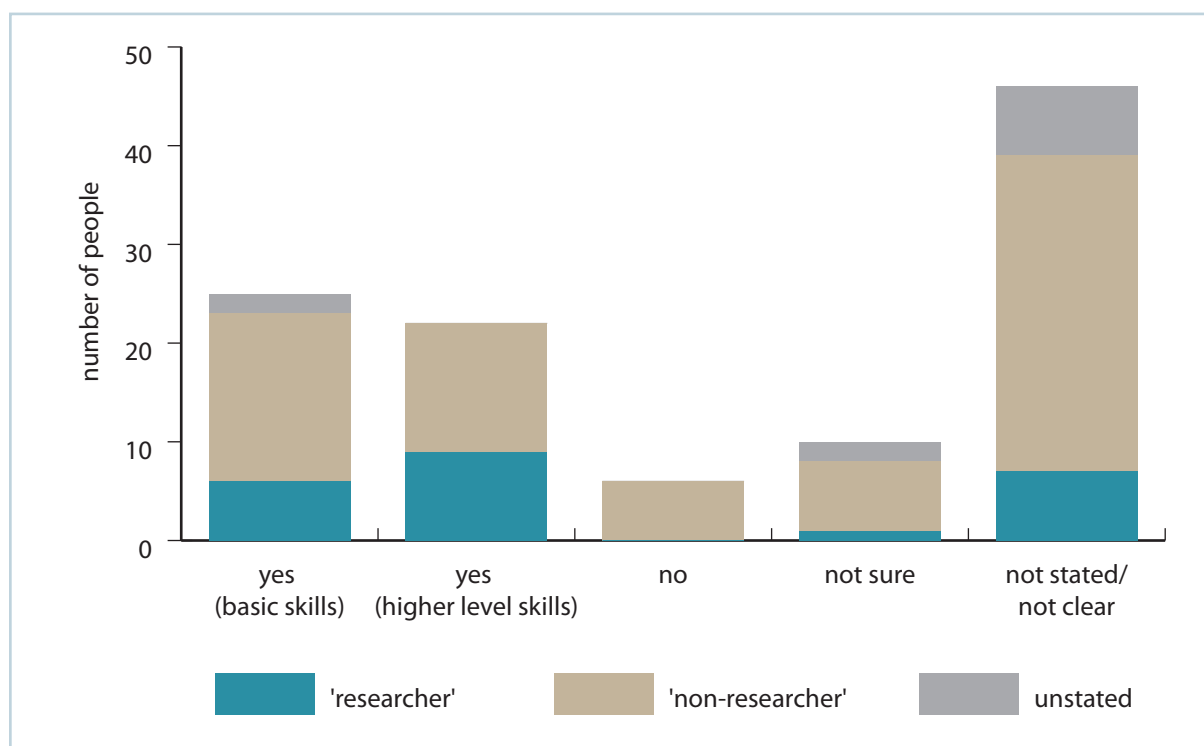


Figure 19. Self-rating of skill in offering critical review of research proposals – ‘researchers’ v ‘non-researchers’
($n=108$ $\chi^2=12.49$, $df=8$, $p=0.130$)



Figures 15–19 are based on self-rating of skills rather than any more objective appraisal so there is a possibility that skill levels may have been over or under-estimated. Between a fifth and a third of respondents felt they could pass on the typical kinds of skill one might expect a researcher to possess at a ‘basic’ level and about a fifth felt they could pass on these skills at a higher level. The lowest proportion of responses at either basic or higher level referred to computer software (we assume programmes such as SPSS, Excel, NVIVO, etc) where, for example, only 7% felt that they could pass on ‘higher’ level skills. However, the largest proportion of respondents did not answer these questions. If it is assumed that the reason for this was that respondents did not know how to assess their skill level or that they did not actually feel confident about assigning a level it may be that there is a larger ‘skills deficit’ than might first be apparent.

To explore this a little further, the survey asked respondents to indicate if they felt they needed to develop their research skills and competencies, in a range of areas, and if so, how much skills development they felt was needed (Table 8).

It seems reasonable to assume, first, that respondents indicating that a given skill was ‘not relevant’ would not see a need for this skill in their role. Skills relating to financial and economic analysis and psychological and behavioural change scored highest in this column. It may be that these kinds of skills would be more likely found in other posts within the local authority, such as Finance Officers or Psychologists.

Second, ‘none needed’ responses can be taken to mean that respondents felt that they possessed a level of competency necessary to perform their role effectively, and without need to develop this further. Skills related to sampling, survey design, qualitative analysis, influencing and informing decision-making skills, and ‘translating’ research evidence for policy and practice attracted the largest proportion of responses in this column.

Table 8. Expertise respondents would like to develop further

Skills and competencies development	Not relevant	None needed	A little needed	Some needed	Lots needed
Qualitative research methods	2 (2%)	8 (7%)	17 (16%)	21 (19%)	1 (1%)
Quantitative research methods	2 (2%)	6 (6%)	18 (17%)	20 (19%)	3 (3%)
Analysis software skills	6 (6%)	3 (3%)	17 (16%)	18 (17%)	6 (6%)
Predictive modelling	6 (6%)	1 (1%)	12 (11%)	11(10%)	18 (17%)
Statistical analysis	2 (2%)	9 (8%)	13 (12%)	21 (19%)	4 (4%)
Qualitative analysis	2 (2%)	10 (9%)	17 (16%)	20 (19%)	2 (2%)
Quantitative analysis	2 (2%)	9 (8%)	17 (16%)	17 (16%)	3 (3%)
Survey design	2 (2%)	16 (15%)	16 (15%)	12 (11%)	3 (3%)
Sampling	3 (3%)	11(10%)	22 (20%)	14 (13%)	–
Qualitative interviewing skills	6 (6%)	9 (8%)	23 (21%)	8 (7%)	1 (1%)
Financial analysis	12 (11%)	4 (4%)	8 (7%)	14 (13%)	7 (7%)
Economic analysis	12 (11%)	3 (3%)	9 (8%)	15 (14%)	7 (7%)
Demographic analysis	2 (2%)	7 (7%)	18 (17%)	18 (17%)	2 (2%)
Using online tools and analysis	2 (2%)	13	14 (13%)	16 (15%)	2 (2%)
Designing databases and queries to produce data	5 (5%)	8 (7%)	16 (15%)	11 (10%)	7 (7%)
Psychological/behavioural change analysis	12 (11%)	4 (4%)	14 (13%)	10 (9%)	5 (5%)
Influencing/ informing decision-making skills	5 (5%)	11 (10%)	8 (7%)	17 (16%)	6 (6%)
Translating research evidence into implications for policy and practice	3 (3%)	10 (9%)	11 (10%)	20 (19%)	3 (3%)

Non-responses are not included so percentages will not sum to 100.

The remaining three columns present perceived skill deficits – where respondents felt either that they could not perform parts of their job role effectively or, perhaps more probably, where they saw a need to improve their skill level to perform more effectively. Here, (and despite the comparatively high proportions of respondents indicating no need for further skills training in relation to some of the items), between one in five and one in six respondents felt they would like to develop sampling, qualitative interviewing skills, qualitative and quantitative methods and analysis, demographic analysis and software analysis skills a little further, and similar proportions expressed a need to improve their skill in influencing decision-making and in translating research evidence for policy and practice. Only one of the items – predictive modelling - attracted a relatively large proportion of scores in the ‘lots needed’ column.

Essentially, the Table suggests that although there was some level of skill and experience, most respondents indicated they would welcome further development of their skills in most of the areas indicated.

Research commissioning

Just over a third (36%) of respondents stated that in their local authority, research was commissioned from external organisations: 16% of these were by informal tender, 6% via sealed bids and 13% through use of preferred suppliers. These tenders and resultant contracts were evenly distributed in the local authorities that took part between universities and private sector research organisations.

Who commissions research?

Only 27% of respondents answered this question, which was in open format as it was not possible to pre-determine the possible range of responses. Three types of response predominated from replies. The first, and most frequent, were responses to the effect that ‘it depends’ – on the programme area, the needs of the organisation, and the nature of the research needed. The second group of responses confirmed that Commissioning Managers working in ASC settings were likely to commission research as well as services. The third group of responses suggested that the research commissioning role in their organisation fell to senior managers only.

Why is research commissioned externally?

Three reasons predominated in responses to this question: capacity, capability and credibility.

CAPACITY related to the workloads of staff working in ASC or other local authority environments.

‘We no longer have enough researchers or staff to do all the research that needs doing.’

CAPABILITY referred either to awareness of a lack of skill needed to conduct the required study within the local authority, or a need for researchers with highly specialised knowledge or specialist skills:

‘expertise is needed’

‘greater expertise in universities’

‘expertise, (e.g.) Bradford Dementia Group’

CREDIBILITY was the third reason. This referred to the need for the research to be seen to be independent. Relationships between senior managers and elected members in local authorities, and wider public scrutiny of spending may sometimes mean that even though the capability and capacity exists ‘in-house’ it is necessary to commission externally:

‘Sometimes the work required needs to be independently managed – i.e. we want an outside look at what we are doing’

Money

Only one respondent indicated that their local authority had a dedicated budget to fund commissioned research, and this person was unable to say how big this budget was. Thirty per cent of respondents indicated that there was definitely no budget and the remainder either did not know or did not answer the question. This highlights a significant issue for local authority/ASC research. NHS provider organisations have dedicated Research and Development funding and annual budgets. No equivalent exists within Local Government.

Frequency of research commissioning activity

Questions about the frequency of in-house and external commissioning of research projects were also included in the survey. Both were poorly answered. One respondent indicated that in-house research was commissioned five or more times a year, but respondents either did not know or did not answer an identical question asking about external commissions.

Skills and skill deficits amongst research commissioners

A question about the skills needed to successfully commission research was also included.

If 'lots needed' and 'essential requirement' are combined the most important skill respondents felt was needed was the planning of research briefs and specifications, followed by the management of external contractors and project management. Managing the budget came out as least important of the skills respondents felt were needed.

Table 9. Skills people felt were required to commission Adult Social Care research

Commissioning experience	Not needed	A little needed	Some needed	Lots needed	Essential requirement
Preparing invitations to prospective bidders	3 (3%)	8 (7%)	12 (11%)	10 (9%)	11 (10%)
Planning research briefs/specifications	4 (4%)	4 (4%)	8 (7%)	12 (11%)	16 (15%)
Managing external contractors	6 (6%)	5 (5%)	10 (9%)	10 (9%)	13 (12%)
Project management	6 (6%)	6 (6%)	9 (8%)	10 (9%)	13 (12%)
Evaluating tender bids	5 (5%)	9 (8%)	9 (8%)	9 (8%)	12 (11%)
Managing budgets	8 (7%)	7 (7%)	12 (11%)	9 (8%)	8 (9%)

'Not stated' responses are excluded so percentages will not sum to 100.

Research governance arrangements in the local authority

All local authorities had a named Research Governance lead listed in the database held by SCIE/SSRG referred to earlier and this was up-to-date in 2010. One of the purposes of the survey was to see if this database remained up-to-date. The SCIE/SSRG database contained 200 contacts. All were contacted by the email address obtained from the database. Seventy, or (35%) of these triggered 'bounce-backs' of messages from people to say they had moved, retired, left the authority, were no longer responsible for Research Governance or were now located in Children's Services.

Only 55 (51%) of respondents answered a question about whether the local authority had Research Governance arrangements in place. Of those who replied, 42 (39% overall) confirmed that their local authority had arrangements. Three respondents (3%) said they did not have a process and 10 (9%) stated that they did not know. One respondent indicated that there were plans to put governance arrangements in place (12 respondents, or 11% did not know if there were plans) and only 36 respondents (33%) said that there was a research governance 'lead'.

Only 12 respondents (11%) described any training to support those with research governance responsibilities. Most responses to an open question inviting these respondents to describe this training and support referred to a short programme of training events organised jointly by two local authority consortia: the South East Research and Intelligence Group (SEARIG) and the Midlands Research Governance Group which took place eight years earlier.

Respondents were asked to describe the expertise of people recruited by local authorities to review and form an ethical opinion about submitted research applications. Questions were not answered by two-thirds of respondents but available results are presented in Table 10.

Table 10. Respondents rating of the skills and experience of people undertaking reviews of research proposals

Rating of reviewers	Very poor	Poor	Satisfactory	Good	Excellent	Not answered
Qualitative research	1 (1%)	2 (2%)	12 (11%)	17 (16%)	5 (5%)	71 (66%)
Quantitative research	1 (1%)	2 (2%)	14 (13%)	15 (14%)	5 (5%)	71 (66%)
Ethical review	2 (2%)	1 (1%)	9 (8%)	20 (19%)	6 (6%)	70 (65%)
General research skills and techniques	1 (3%)	2 (5%)	11 (10%)	18 (17%)	5 (5%)	71 (66%)
Using research software	2 (2%)	5 (5%)	18 (17%)	10 (9%)	1 (1%)	72 (67%)

Most reviewers' skills were rated by respondents as at least satisfactory. The area in which respondents felt skills were more likely to be lacking appeared to be in the use of research software.

Section 2: Infrastructure

This section considers the ‘infrastructure’ available to staff working as researchers or who are charged with applying research evidence in local authorities in order to facilitate the use of evidence and research and to support service development.

Training opportunities

The survey included questions about training and development and what was currently financially ‘acceptable’ to the local authority, given the considerable and growing pressure arising from budget savings in respect of opportunities for staff/personal development.

Only a minority of respondents said that they would be given time off for training if required. Of the 61 respondents (57%) who answered, 28 (46%) said they would be given time off, 6 (10%) said they would not and 27 (44%) stated that they did not know.

Table 11. Training opportunities that respondents felt their local authorities might support

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 seminar	32 (30%)	13 (12%)	11 (10%)
Research training course	28 (26%)	15 (14%)	15 (14%)
Research conference	27 (25%)	15 (14%)	15 (14%)
Secondment opportunities	16 (15%)	12 (11%)	27 (25%)
Study for academic qualifications	13 (12%)	23 (21%)	19 (18%)

‘Not stated’ responses are excluded so percentages will not sum to 100.

Respondents were also asked what kinds of training their local authority might support. Table 11 suggests a preference for on-line learning and much less support for secondment or study for academic qualifications. It may be that this type of learning resource was perceived to impose less financial pressure on the local authority as it would require no travel and/or accommodation, and less time is spent away from the office.

Academic study appeared to be least likely to be supported and this may also be related to cost and time away from place of work. However, academic study probably offers the best guarantee of high standards as courses are usually independently validated and formally accredited.

Sixty-one respondents also replied to a question about the admissibility of expenses for training: 37 (61%) stated that their employer would cover expenses such as travel, food etc., 5 (8%) said their employer would not cover expenses and 19 (31%) stated that they did not know if they would be covered or not.

The same number of individuals responded to a question asking whether it was harder to be supported to attend events. Of those who replied 46 (75%) stated that it was now harder to make a case to attend events and 13 (21%) stated that they felt it was about the same as before. Unsurprisingly, no-one felt it had become easier.

Factors influencing decisions about training

Respondents were asked what they felt were the important factors that would influence their local authority to allow training or not. In descending order, respondents stated that the most important factors were the costs of training/conference attendance (50 respondents, 46%), relevance to the needs of the organisation (45, 42%), cost of travel (32, 30%) and time taken out of the organisation (29, 27%).

Access to research materials and evidence

The survey then looked at sources of research and evidence that were available in order to support their decision-making.

Respondents were asked if they were members of any organisation or if they subscribed to any mailing lists.

Table 12. Membership/subscription levels of a range of organisations

Member/subscriber	n (%)
Social Services Research Group (SSRG)	27 (25%)
Local Authority Research and Intelligence Association (LARIA)	21 (19%)
Research in Practice for Adults (RiPFA)	14 (13%)
Social Research Association (SRA)	6 (6%)
Geographical Information Systems (GIS) network	5 (5%)
Making Research Count (MRC)	3 (3%)
Market Research Society	3 (3%)
Royal Statistical Society (RSS)	3 (3%)
Social Work Research Association (SWRA)	–

Table 12 confirms that apart from the SWRA, to which none of the respondents belonged, there was a fairly wide distribution of memberships and subscriptions. The most frequently cited among those listed were SSRG and LARIA.

An additional question asking where people obtained information and evidence was also included.

Table 13. Sources of information and evidence for people in ASC research

Use to obtain research evidence from:	Related information	Evidence	Attend events
Association of Directors of Adult Social Services (ADASS)	38 (35%)	18 (17%)	11 (10%)
Care Quality Commission (CQC)	35 (32%)	16 (15%)	3 (3%)
Office for National Statistics (ONS)	34 (32%)	32 (30%)	3 (3%)
Social Care Institute for Excellence (SCIE)	33 (31%)	22 (20%)	3 (3%)
Social Services Research Group (SSRG)	33 (31%)	19 (18%)	10 (9%)
King's Fund	31 (29%)	23 (21%)	–
Personal Social Services Research Unit (PSSRU)	29 (26%)	31 (28%)	8 (7%)
NHS England	29 (27%)	20 (19%)	3 (3%)
National Institute for Health and Care Excellence (NICE)	25 (23%)	23 (21%)	2 (2%)
Public Health England	26 (24%)	21 (19%)	3 (3%)
Social Policy Research Unit York (SPRU)	22 (20%)	17 (16%)	1 (1%)
Health Watch England	21 (19%)	7 (7%)	3 (3%)
School for Social Care Research (SSCR)	14 (13%)	9 (8%)	3 (3%)
Skills for Care	13 (12%)	7 (7%)	2 (2%)
Research in Practice for Adults (RiPfa)	11 (10%)	9 (8%)	5 (5%)
UK Research Councils	9 (8%)	6 (6%)	1 (1%)
Making Research Count (MRC)	5 (5%)	3 (3%)	1 (1%)

The most frequently cited organisations for direct evidence were the Office for National Statistics (ONS) and the Personal Social Services Research Unit (PSSRU). For related information there were a range of organisations that appeared to be being frequently used, including the ADASS, Care Quality Commission (CQC), ONS, SCIE, SSRG and the King's Fund. The organisations most frequently mentioned as ones that organised events that respondents attended were ADASS and SSRG. Given the strategic importance of the School for Social Care Research (SSCR) and the quality of its outputs, it was surprising to find that it was not more frequently mentioned. Only 8% of respondents indicated that they had used it to obtain evidence and only 3% mentioned the events it organises.

A final question in this part of the survey asked about how respondents accessed research evidence (rather than where they accessed evidence).

Table 14. 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%)

Most frequently mentioned was use made of the internet and briefings and bulletins from organisations outside their local authority (both academic and non-academic) followed by informal opportunities to share learning and external learning events such as conferences. The prominence of conferences and external learning events was surprising given that only 25% of respondents had felt that their local authority would support attendance (Table 12).

Section 3: Public Health

Public Health was transferred from the NHS to local authority settings in April 2013. It was felt it would be timely to see if there was any feeling of initial impact arising from this transfer from NHS settings. A series of questions were included in the survey to explore this and are presented in Table 15.

Table 8. Impact of Public Health joining LAs on expertise respondents would like to develop further

Impact of public health joining local authority	No impact	Minimal impact	Some impact	Large impact
Views on quality of evidence acceptable for policy	9 (8%)	3 (3%)	17 (16%)	2 (2%)
Use of research evidence	8 (7%)	13 (3%)	15 (14%)	5 (5%)
Definition of research	11 (10%)	3 (3%)	16 (15%)	1 (1%)
Research actively commissioned or undertaken	8 (7%)	6 (6%)	14 (13%)	4 (4%)
Evaluation activity	7 (7%)	7 (7%)	13 (12%)	3 (3%)
Use of research consultants	10 (9%)	10 (9%)	8 (7%)	3 (3%)
Use of Joint Strategic Needs Assessment (JSNA)	4 (4%)	7 (7%)	14 (13%)	9 (8%)
Identification of needs	5 (5%)	4 (4%)	14 (13%)	9 (8%)
Qualitative methodologies	9 (8%)	8 (7%)	9 (8%)	4 (4%)
Quantitative methodologies	8 (7%)	7 (7%)	11 (10%)	4 (4%)
Critical review of journal articles	14 (13%)	10 (9%)	3 (3%)	2 (2%)
Ethical review of research proposals	11 (10%)	10 (9%)	6 (6%)	3 (3%)
Research governance	10 (9%)	12 (11%)	6 (6%)	3 (3%)
Integration of knowledge	4 (4%)	6 (6%)	18 (17%)	3 (3%)
Co-ordination of research	7 (7%)	11 (10%)	10 (9%)	3 (3%)
Integration with existing research staff	10 (9%)	8 (7%)	8 (7%)	6 (6%)

The categories of 'some impact' and 'large impact' in Table 8 were combined as were the categories of 'no impact' and 'minimal impact' to see where the balance of opinion lay. This revealed several areas where respondents felt there had been a positive impact. These included the identification of need and use of the Joint Strategic Needs Assessment (JSNA) followed by impact on the quality of evidence acceptable for policy, and in relation to definitions of research. It was also felt that research activity commissioned or undertaken in-house, and evaluation activity had also been positively affected by the transfer. This has provided a baseline from which any further impact can be explored.

Section 4: General environment

Respondents were asked two open questions about the changes they felt had occurred during the previous five years and what they expected to see happen over the coming five years. They were also asked about what they thought would be the main challenges to research activity within local authority settings.

Over the previous five years respondents thought that the relevance and priority of research had grown but that, because of the Government's austerity policies towards public sector services, the staff able to do the work and the resources and support to these staff had diminished.

'In general knowledge has become better especially around research governance and the use of data in decision-making'

'Becoming a higher priority though with no more or fewer resources'

Respondents were also asked to consider the next five years. The overall tone of responses was bleak. Some respondents referred to the impact of austerity policies on in-house capacity to conduct research:

'Commitment to good sound research is still driven from the top but with limited/no funding this does limit the development of staff using external training and so we have to be even more resourceful'.

(We have)... 'less resources to undertake or support research internally. Focus upon prevention, outcomes and costs. Increased need to research in combination with partners'

'Research in ASC was the first thing to be cut as it is seen as non-essential and will continue to be cut in favour of services and care packages'

'Reductions in budget mean there are less people doing the same/more work so there's less time to do research properly'

'Research is low down on the organisation's priorities, given the cuts to budget'

A smaller number of respondents also commented on the reduced accessibility of evidence from outside their organisation:

'I think there is more evidence available but it is harder to access now. SCIE does not provide us with free on-line journals'

'More organisations offering access to resources e.g. CSW, open ATHENS – but still limited range of resources freely available to staff working in social care'

Despite this extremely challenging environment a small number of respondents took a more positive view, especially around the potential influence of Public Health on the evidence agenda.

'There will be continued and extended use of the Corporate and Public Health teams'

A final open question in the survey asked respondents about what they saw as the main challenges to continuing to develop the ASC evidence base in local authorities. Two themes emerged from comments made. The first, and by far most frequently mentioned was the lack of a career structure for researchers working in a local authority environment.

'Funding and lack of career structure in Social Care for researchers. Public Health requires different professional qualifications that tend to exclude social researchers...'

'Evidence is required and respected however there is little funding for training or anything by way of career ladder'.

'There is no career structure for researchers and I think senior managers take little interest in research. They are more concerned with performance management'.

'Definitely no career structure here. Attitude of senior managers can be that research is done by other (national) organisations'.

The second theme related to concerns that any continued need for savings would mean skills and experience would be lost.

'There is no appetite or money to support it. People who supported research and evidence based decisions have been made redundant'

'Continual cuts mean that knowledge and experience are lost when staff are made redundant, and remaining staff get stuck doing the same thing over and over. It is difficult to develop a career structure, as the traditional 'dead men's shoes' route is closed off, as generally speaking when someone leaves, their post is deleted to save costs. The only upwards career path for researchers in local government is into management - or sideways into academia, agencies, or other public sector bodies'

Part 4

Discussion and conclusions

Discussion

Research capacity in local authority settings

Our study presents a fairly sombre though not unexpected picture of research activity in local authority ASC settings. This study seems to confirm that local authority social care research has been severely affected by the Coalition Government's austerity policies, as local authorities struggle to respond to increasing expectations and demand for services arising from demographic and other social changes, with seemingly ever-diminishing resources. Given understandable local political priorities to cut administrative overheads and protect front-line services, this should not be surprising.

Although we have no comparator from an earlier study from which to draw, it appears that at the present time, and consistent with an earlier report published by the LGA/LARIA (2011), local authority social care research activity is more likely to be conducted (whether by dedicated researchers or people whose job includes research in some way) in corporate teams rather than in ASC environments, and by employees whose job role encompasses research along with a number of other responsibilities. This present study also suggests that many of these employees tend to 'float' – working in or with a range of different departments and teams within their local authority. Most of those surveyed were unable to devote themselves exclusively to research and though most were full time employees, some were not.

These factors may have some implications for both the kind of research methodologies used by researchers working in adult social care to collect data and also the level of understanding that researchers may have of important practice issues relating to social care users. In relation to the former, it may lead to the use of inappropriate methodologies to answer research questions: for example, it is quicker and usually easier to hold a focus group than conduct a properly designed survey but the appropriateness of each will depend on the question. In relation to practice issues, 'generalist' researchers may lack, for example, the skills needed to communicate effectively with people who have mental health problems, or people with learning disabilities. However, it is also the case that regardless of employment location or professional background, researchers working in local authority settings are generally constrained by resource and time limitations: one reason for the absence of RCT designs in ASCD settings, for example, compared with in the NHS are the costs, time and level of infrastructure support needed to run them.

There was also some anecdotal evidence to suggest changes to research questions being asked in local authorities, with less emphasis on the quality of practice and longer-term service improvement and greater emphasis on cost-effectiveness, efficiency savings and short-term preventive measures. Evidence to support commissioning activity is likely to be an emerging new focus for research activity in local authorities, but did not emerge strongly from the findings of the survey.

There was, though, some optimism that the integration of Public Health into local authority settings was starting to lead to improvements in needs assessment, the range of research methods deployed in studies and to improvements in standards, though as the transfer is very recent, it is too early to reach firm conclusions but the potential appears to exist.

There seemed to be widespread agreement amongst respondents that in-house research capacity had diminished as a result of austerity. More was being expected for less. Though this may impact on the

quality and quantity of data and ensuing reports available to senior manager and elected members, we have no evidence on which to draw to assess this. Though there has been a long-established consensus that local services and policies are better for being informed by research evidence, it is, of course, possible for these to be shaped exclusively according to 'political' will. Further research would be useful to explore if commissioning models designed to produce or use evidence – for example using co-production, third sector or user/carer research offer more cost-effective alternatives to in-house research. Our evidence suggests that despite campaigns by disabled people, the Department of Health and the charitable organisation INVOLVE, the recruitment and use of users/carers as either researchers or research advisors was infrequent, though the 16% figure recorded in the survey is probably a slight under-estimate. It seems reasonable to assume that this will also affect the kinds of research that is possible to carry out in the local authority (some kinds of research – for example, 'mystery shopper' audits – can often only be carried out on a peer-to-peer group basis). We do not know the extent to which service users or carers were involved as researchers/advisors before this survey but it seems possible that the low numbers reported in our survey reflect an intention to bear down on unnecessary cost. The economic value of this kind of research cannot be assessed from our study but we speculate whether its use, for example, in residential care settings, might helpfully improve care standards and prevent abuse likely to cause reputational damage.

The absence of a senior manager research 'champion' (see Figure 3 above) should also be a cause for concern. The presence of a named senior manager with responsibility for research is important. Previous studies of the introduction of, for example, research governance arrangements have suggested that a senior manager 'champion' has been a pre-requisite for successful implementation. A senior manager might also reasonably be expected to have oversight of, and address, issues relating to the quality of research, evaluation and non-financial audits within a given local authority. They may also have an important role in ensuring compliance with legislation such as the Data Protection Act and the Mental Capacity Act, and other guidance (though these elements of such a role could in principle be conducted by someone without overall responsibility for research). The diminished role of the ADASS research sub-group at the present time may also contribute to a smaller 'profile' for senior manager research 'champions'.

Research capability in local authority settings

Despite a backdrop of austerity, most respondents seemed to feel that research had not been completely marginalised and that, relatively speaking, their local authority was still committed to using evidence, and employees were encouraged to develop an evidence based approach to their decision-making. Most respondents who answered the question also felt that researchers and those conducting research-like activity were encouraged to develop and maintain their research skills and knowledge, though researchers seemed a little less sanguine about this than non-researchers.

Analysis of self-assessed skill levels of respondents, though suggesting a range of competence from basic to advanced, also suggested scope for skills improvement in some areas. There were also some curious anomalies. For example, though many respondents tended to feel that their qualitative and quantitative skills were of an acceptable standard, many also felt that they lacked knowledge about research software. This seems to beg the question of how it would be possible for respondents to be able to offer either quantitative or qualitative skills without being able to use specific kinds of research software.

Despite perceptions of the continuing relevance and importance of research to local authority policy-making, service development and practice, one area in which austerity policies were having a very considerable impact was in relation to training, learning and personal development. Only a minority of respondents felt that their employer would support attendance at events and there was also considerable uncertainty as to whether respondents attending such events (for example, if they were provided free of charge) would be able to claim their travelling expenses, or be allowed to take time off for training purposes. Internet-based learning/training seemed more likely to be supported than training that required travel. This poses a significant challenge to organisations that plan and run conferences and seminars for the social care sector, and also prevent opportunities for face-to-face networking – often an invaluable opportunity for practitioners and managers to exchange ideas.

Research commissioning activity

Questions about research commissioning were mostly unanswered in our survey and so a clear picture cannot be established.

A range of other types of research were mentioned, including co-production methodologies to support 'change projects', market position statement research, internet-based research into service models and collaborative research with university research teams.

From the information collected, there was little evidence of regular external commissioning activity or dedicated funding for commissioning research. Where research was commissioned (see 'research commissioning' section above), it was generally either because there was a critical need for evidence and no capacity to generate this 'in-house', because the nature of the topic (e.g. dementia, child protection) required high levels of specific kinds of skill not available in-house, or because there was a 'political' need for research to be seen as independent. The study also found that commissions were equally split between academic and private sector research organisations. It seems quite possible that research now externally commissioned may previously have been conducted in-house before reductions in staffing brought about by the need to make budget savings, with attendant questions about cost-effectiveness, but further research would be needed to explore this properly.

Research governance

The overwhelming majority of local authorities had a named local research governance lead in 2012. In 2014, 35% of these were no longer in post and only 39% of our survey respondents were certain that their local authority had a research governance lead. This suggests a significant decline in research governance arrangements, and that in many ASC Departments, the level of support for research governance may have been limited, even before 'austerity'. The reasons for this cannot be determined from this study but it may be that in some local authorities research governance has been seen not as a way of protecting vulnerable people from the impact of poorly designed or unnecessarily intrusive research, or a way of driving up research standards, but rather as a bureaucratic obstacle it could no longer afford. In those places where research governance arrangements were in place, though respondents suggested that skill levels among reviewers were broadly adequate, almost no training appeared to have been provided to support reviewing activity for at least eight years. The planned replacement for the Research Governance Framework, currently being developed by the Health Research Authority, may present an opportunity to revitalise research governance, by making responsibilities clear. It will be important for local government to contribute to any renewed RGF, to ensure that Research Governance is given greater profile.

Infrastructure

The difficulties reported by respondents in being able to attend training and learning events have already been noted. The majority of respondents felt it was becoming harder to attend events, and though there was a continuing commitment to external research organisations as sources of research expertise and evidence, continuing membership of some organisations, and retained subscriptions and mailing lists, it was increasingly difficult to make full use of what these organisations could provide. It seems reasonable to think that this will, in the medium term, affect the viability of some of these research support networks, compounding the problem of what seemed from the survey to be a pre-existing impoverished research infrastructure in many local authorities. Respondents tended to use internet-based material from sites such as ADASS or SCIE to support learning and knowledge acquisition rather than reading peer-reviewed papers or other materials accessed through specialist library resources. This has clear advantages in terms of time saving and the provision of 'tailor-made' information offering solutions to pressing legislative, service-related or practice problems. Whilst there is nothing wrong with this kind of 'recipe' knowledge per se, and practitioners have relied on it before austerity, exclusive dependence on rather narrow, operational 'best practice' or 'what works' summary reports to the exclusion of other research messages create a risk of lack of exposure to critical debate and an over-reliance on 'received wisdom'.

Views about the general environment and outlook

Finally, respondent comments about the landscape in which they currently work were more often than not very bleak, with more being expected for less. This is likely to have an impact on the quality of research findings and their reliability and validity. One slightly more optimistic finding was that many respondents reported positive impacts arising from the integration of Public Health functions in local authority settings, though it is too early to draw conclusions about the extent of these impacts.

Conclusion

This snapshot survey has revealed something of the difficulties facing local authorities in respect of their current research capacity, which seems to receive little support or development resources. It appears that some local authorities do not believe they need specialist researchers and are either unable or unwilling to facilitate training to enable other staff to acquire and develop their research skills. The Coalition Government's austerity policies have significantly affected local authorities: between 2011 and 2015, the local authority grant has been reduced by 25% according to the Local Government Information Unit. This survey suggests that research has been particularly targeted for cuts, which as an apparently non-essential function, is perhaps understandable, although, some might argue, short-sighted. There remain, however, a number of 'research-like' activities (such as, for example, the Adult Social Care Survey) that require some level of research competence. Similarly, local analysis of data returns for the Department of Health require quantitative research skills, for which our survey respondents identified a particular need. There is also increased demand for qualitative understanding of the experiences of service users, which again requires staff with good research skills. While there may be obvious local and short-term concerns that may take precedence over research, the scarcity of resources makes it more important to use evidence. Indeed, one of the roles of research can be to highlight the negative impacts of public sector austerity policy. The Health and Social Care Information Centre (HSCIC) collects and collates information from all Councils on the Adult User Survey and the results are published annually. They also publish a list of councils that failed to carry out the survey to an adequate standard. This is a recent addition to the survey information, but over the next few years this may provide a proxy indicator of any changes or trends in the quality of research activity in ASC departments.

There is perhaps a case to be made for some re-thinking of the purpose of local research, including the need for a broader view of what constitutes evidence. Local authority social services researchers were introduced along with social services departments as a recommendation of the Seebohm Report (1968). This seminal report stressed the need for research and evaluation to be 'a continuous process, accepted as a familiar and permanent feature of any department or agency concerned with social provision' (Seebohm, 1971, cited by Derbyshire, 1983:115). The findings of this survey suggest a need for a national review of the research roles required within local authorities and how to resource these requirements, including other models of research activity, including enhanced partnerships with research organisations, as previously stated. This would need to take into account impact on local control, accountability and insight, and social care 'competencies' to support effective communication with some service users, as well as the different contexts of ASC Departments, and the roles of academic social care research, which has developed as a subdiscipline since 1971, with more dedicated research units and developments such as the NIHR SSCR.

Recommendations

Part of this survey has focused on the extent of research capacity in local authority settings. Further research, to examine research capacity in independent and private care provider settings, to explore the volume of research activity in both local authority and independent/private sector settings and focused on research relating to Children's Services, would all also be useful to fully assess the extent of research activity. Our survey suggests the following recommendations, for central government, local authorities, the Health Research Authority and local research staff.

Central government

- Should undertake a review of research requirements on councils that are responsible for adult social cares which should:
 - identify the tasks that require research skills;
 - outline the skills required;
 - develop a curriculum of training for local authority staff directly involved in undertaking research activities;
 - identify how these activities are being carried out currently.

This should be looked at from the current perspective but also project into the future.

- Create a duty on councils to develop and run research governance within adult social care for both external and 'own account' work.

Local authorities

- Should investigate the allocation of a specific budget, possibly top-sliced from the government support grant to support research activity, to be used to:
 - facilitate staff to access training and other development opportunities related to developing relevant research skills and understanding;
 - support running of local research activity;
 - commission research externally, where necessary.
- Should identify a senior manager to act as a research champion who would liaise with SSCR as part of that role.
- Links between LARIA, the CLAHRC (Collaboration and Leadership in Applied Health and Care), ADASS and SSRG, possibly at a regional level, should be encouraged to support the mutual exchange of information about research needs (from local authorities) and research evidence, capacity and skills (from these research organisations).

Health Research Authority

- Consult and involve organisations such as the LGA, ADASS, ADCS and SSRG to inform the development of the replacement for the RGF, in order to ensure that feasible and workable systems are developed and supported by senior managers locally, possibly by re-establishing or developing the Advisory Group that existed for the development initially.

Local research staff

- Explore identify areas of common interest between social care and public health to inform the evidence base.
- Debate differences in research methodologies and approaches to facilitate development of a common language.
- Develop strong links with local universities, in order to maximise opportunities for mutual benefit from academic research.

Further research

- This study has focused on local authority adult social care research activity. Available resources did not allow the research to achieve a broader focus by mapping the shape of third or private sector research activity in social care. This is an important gap in evidence and more research is needed to produce a fully rounded profile of research activity in adult social care.
- Although evidence from this study suggests that public sector austerity policies have negatively impacted on local authority adult social care research, there was limited evidence that some local authorities were commissioning research from universities and private sector research organisations. These new operational models have not yet been evaluated to examine whether they are cost-effective, or what impact, if any, they may have on local control, accountability and insight, social care 'competence', flexibility and cost-effectiveness. Further research to explore these issues may be helpful to local authorities in ensuring their research needs are met in the most cost-efficient way possible.

Other

Other organisations can and should play a role in encouraging the development of research skills and an evidence base in Adult Social Care. These include:

- ADASS – The Association of Directors of Adult Social Services have undertaken a review to look at increasing capacity and income as well as re-launching their website. As part of this initiative ADASS should investigate the need to re-invigorate the Research Sub-Group with a specific remit to have a role in any changes to the RGF system and to promote that to local authorities.
- NIHR SSCR – the NIHR School for Social Care Research should aim to develop a stronger focus on communication with local authorities and staff who have research as part of their role. Promotion and interaction of/with a Research Champion in each local authority would be beneficial.

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Appendix 1

List of respondent job titles

	Frequency	Percentage
Analyst – Strategic Support	1	.9
Assistant Director Public Health	1	.9
Business Information Manager	2	1.9
Business Information Officer	1	.9
Business Intelligence Lead	1	.9
Business Intelligence Manager (interim)	1	.9
Business Intelligence Officer	1	.9
Business Intelligence Team Manager	1	.9
Business Support Manager	1	.9
Commissioning Intelligence officer	1	.9
Consultation and Involvement Manager	1	.9
Consultation Development Officer	1	.9
Corporate Research Manager	1	.9
Customer Insight Officer	1	.9
Data Analyst	1	.9
Data, Information Operation Performance & Research Officer	1	.9
Deputy Director of Public Health	1	.9
Development Officer	1	.9
Director of Public Health	1	.9
Directorate Performance Lead Manager	1	.9
Engagement Officer/Complaints Manager	1	.9
General Manager (Performance and Change Management)	1	.9
Head of Business Analysis, Planning and Workforce Development	1	.9
Head of Commercial Services	1	.9
Head of Internal Audit	1	.9
Head of performance and governance	1	.9
Head of Service	1	.9
Head of Service Adult, Family & Community Learning	1	.9
Head of Service Improvement and Policy (R&E)	1	.9
Intelligence, Planning & Forecasting Assistant	1	.9
Interim Head of Research and Intelligence	1	.9
Lead Research Officer	1	.9
Management & Statistics Information Officer	1	.9
Management Information Officer	2	1.9
Not stated	11	10.2
Operational Research Manager	1	.9
Performance & Intelligence Lead	1	.9
Performance Analyst	1	.9
Performance and Information Manager	1	.9

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Performance and Planning Officer	1	.9
Performance and QA Senior Officer	1	.9
Performance Improvement Manager	1	.9
Performance Improvement Officer	1	.9
Performance Information Analyst	1	.9
Performance Manager	3	2.8
Performance Support Officer	1	.9
PH co-ordinator	1	.9
PH Improvement Coordinator	1	.9
PH Specialist	1	.9
Planning & Development Manager	1	.9
Planning & Research Officer	3	2.8
Policy and Information Officer	1	.9
Policy and Partnership Officer	1	.9
Policy officer	1	.9
Principal Information Analyst	1	.9
Principal Performance & Improvement Officer	1	.9
Principal Research Officer	1	.9
Project Manager	2	1.9
Project Support Officer	1	.9
Public Health Improvement Coordinator	1	.9
Public Health Project Officer	1	.9
Public Health Specialist	2	1.9
Quality & Business Process Officer	1	.9
Quality and Improvement officer	1	.9
Quality Manager	1	.9
Research & Analytics Officer	1	.9
Research & Consultation Officer	1	.9
Research & Development Officer	1	.9
Research & Geo-Spatial Information Manager	1	.9
Research & Management Information Officer	1	.9
Research and Analytics Officer	1	.9
Research and Information Officer	2	1.9
Research Manager	2	1.9
Research Officer	1	.9
Senior Analyst	1	.9
Senior Business Analyst	1	.9
Senior Management Information Officer	1	.9
Senior Performance Analyst	1	.9
Senior Research & Intelligence Officer	1	.9
Senior Research Analyst	2	1.9
Service Improvement Manager	1	.9
Specialist Practitioner Development Manager	1	.9
Strategic Business Intelligence Manager	1	.9
Strategic Engagement and Performance Manager	1	.9
Strategic Planning and Commissioning Manager	1	.9
Team Manager Modernisation and Engagement	1	.9
User & Carer Initiatives Manager	1	.9
Total	108	100.0
