

Two Cheers for Collaboration on Future Social Care Research?

The National Institute for Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) have just published guidance on promoting the quality of life of looked after children and young people.

It's good to see these organisations collaborating in this way - but what was really eye-catching were some rather trenchant observations made towards the end of the report, relating to how research should be designed and conducted to generate the evidence to improve services for looked after children and young people.

What's commendable is that these observations really hit a nail firmly on the head. The evidence base that supports the way we look after children in public care lacks sufficient robustness to enable front line practitioners and managers to find, trust and use evidence to help them to do their jobs. This, though, isn't just an isolated problem but true across social care as a whole - for adults as well as children. The Coalition Government's recent Vision for Social Care has signalled an intention to expand the remit of NICE to cover adult social care, so same thing will be happening there too.

The lack of robustness is because there are an insufficient number of properly designed quantitative studies. (This isn't a criticism of qualitative studies - these are also extremely valuable). Arguably, though, the reasons for this are a bit more complex than 'quality assurance failures' mentioned in this section of the guidance - though no doubt these are a factor.

No - the gaps in evidence in social care can also be seen as being as rooted in the huge funding disparities between social care research and clinical research - especially but not exclusively DH funding - and a culture in local authorities and the care sector that does not sufficiently value research evidence, often doesn't understand how to use it properly (for example, understanding the limits to

generalisability of small scale studies) and sometimes - dare it be said - even misuses it.

SCIE, RiP and RiPfA all do a great job but are only able to promote research that's actually been commissioned and completed. By and large, they don't have the resources to commission the kinds of study being advocated in this Guidance document. The School for Social Care Research is making in-roads in this direction but has only 5 years of funding and even this (£15million) is small compared to the overall clinical research budget in the UK.

It's puzzling that senior managers and Directors in Social Services Departments haven't campaigned for more research in social care to guide them in the important work they do. The fact that we now don't routinely use leeches or trepanning or homeopathy in medicine is largely if not exclusively because of the availability of clinical evidence to suggest these forms of intervention don't work, and the existence of a workforce who, through training, are schooled to look for, understand, and use evidence of what does and doesn't work.

Social work and social care is miles behind the NHS in this respect (indeed, it might be a reason why social work doesn't have the same professional status in the UK as more senior professions).

If NICE are able to work collaboratively with social care organisations and funding agencies to begin to remedy this, it ought to be welcomed. The elephant in the room though, is where the funding will come from to will the means as well as the ends. Local authorities? Well, most were reluctant to pay for research even before the banking crisis (NHS PCTs,

by contrast, were prepared to dip into their pockets). Funding agencies? Well, possibly - but the sources of research funding available to social care are small, and to pay for a large well-designed study from these sources would mean that other important research would not be funded. Private and independent sectors? By and large, private care companies in the UK don't have a tradition of spending money on research. Some independent sector organisations like Age UK do fund research, but may also find the costs of funding large quantitative studies a problem.

So... what are we left with? The Big Society? Anyone want to pass the hat around?