<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>EVIDENCE FROM THE LITERATURE ON SOCIAL CARE RESEARCH CAPACITY</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>BACKGROUND CONTEXT</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>THE PHASE ONE CONSULTATION</td>
<td>11</td>
</tr>
<tr>
<td>4.1</td>
<td>Context and Aims</td>
<td>11</td>
</tr>
<tr>
<td>4.2</td>
<td>Method details</td>
<td>11</td>
</tr>
<tr>
<td>4.3</td>
<td>Current condition and capacity of social care research in Wales</td>
<td>13</td>
</tr>
<tr>
<td>4.4</td>
<td>Perspectives on the condition and capacity of social care research in Wales</td>
<td>16</td>
</tr>
<tr>
<td>4.5</td>
<td>Building future partnerships for social care research in Wales</td>
<td>26</td>
</tr>
<tr>
<td>4.6</td>
<td>Social Care Research Priorities</td>
<td>27</td>
</tr>
<tr>
<td>4.7</td>
<td>Outcome focused social care provision</td>
<td>30</td>
</tr>
<tr>
<td>4.8</td>
<td>Building a social care research strategy for Wales</td>
<td>35</td>
</tr>
<tr>
<td>5</td>
<td>THE PHASE TWO CONSULTATION</td>
<td>42</td>
</tr>
<tr>
<td>5.1</td>
<td>Introduction</td>
<td>42</td>
</tr>
<tr>
<td>5.2</td>
<td>Aims</td>
<td>42</td>
</tr>
<tr>
<td>5.3</td>
<td>Objectives</td>
<td>42</td>
</tr>
<tr>
<td>5.4</td>
<td>Methods</td>
<td>43</td>
</tr>
<tr>
<td>5.5</td>
<td>Results</td>
<td>44</td>
</tr>
<tr>
<td>5.6</td>
<td>Discussion</td>
<td>46</td>
</tr>
<tr>
<td>6</td>
<td>CONCLUSIONS</td>
<td>48</td>
</tr>
<tr>
<td>7</td>
<td>REFERENCES</td>
<td>53</td>
</tr>
</tbody>
</table>
APPENDICES:

Appendix A  Characteristics of sample of Phase One participants
Appendix B  Interview schedule
Appendix C  Phase Two Consultation: Questionnaire
Appendix D  Phase Two Consultation: Letter to Directors of Social Services
Appendix E  Phase Two Consultation: Letter to Independent and Voluntary Agencies
Appendix F  Phase Two Consultation: List of Recipients of Questionnaire

LIST OF TABLES

Table 1: Responses
Table 2: Endorsed improvements
EXECUTIVE SUMMARY

Introduction

- A series of Welsh Assembly Government papers and announcements endorse the need for social care services to be based on available evidence and aim for efficiency and effectiveness in producing the best outcomes for service users (WAG, 2004; 2007). *Fulfilled Lives, Supportive Communities* (WAG, 2007) expects social services in Wales to become outcome orientated. Making the Connections (2004) says the government will ‘ensure that changes are based on evidence of what works’ in health and social care, and that ‘establishing an evidence base for health and social care...is a vital component’ of the strategy. The present consultation exercise is designed to re-assess the current situation regarding social care research and outcomes orientation in Wales in the light of growing interest in and need to provide a robust evidence base for social care services.

- Accordingly, WORD commissioned The Centre for Social Work and Social Care Research at Swansea University to undertake a consultation exercise to gather intelligence about the capacity and priority issues in social care research in Wales. The consultation objectives were to determine:
  - The current priorities for social care research at the local and national levels in Wales
  - In terms of R&D expertise and capacity in social care, the current state of provision at the national and local level
  - Whether the current structures and mechanisms (to build capacity and infrastructure) are adequate to meet the strategic (priority) needs of social care research in Wales
  - How we can strengthen or improve capacity to better serve the evidence base needs of stakeholders (including governmental and non-governmental actors) in relation to policy, leadership and service development in social care?
  - How can Wales move towards an outcomes focused strategy in social care provision?

Purpose and methods

- The main aim of the consultation exercise was to conduct a review of the current research capacity in the area of social care services in Wales.

- The project was conducted in three phases: a literature review on the extent to which evidence based practice (EBP) exists in social care; a series of interviews with key stakeholders, and a postal survey of local authority, voluntary and independent social care providers, and directors of the Social Work Degree programmes in Wales. There was a high level of cooperation with this part of the project, and enthusiasm to participate.
• Phase Two of the consultation exercise involved consulting senior and middle managers and research officers within the social care services, and with social work educators. The consultation took the form of a questionnaire that was sent to local authority, voluntary and independent social care agencies and to Social Work Programme Directors. There was a low response rate (40/168 = 24%) but about average for postal surveys.

• The content of the questionnaire was informed by the review of the literature and the Phase One responses. The review of the literature accessed major databases (ASSIA. Social Services Abstracts etc), the web sites of relevant bodies (such as the Care Council, the Social Services Improvement Agency, AWARD, the Department of Health). Over 5,500 items were returned and of these 388 abstracts were read and 132 papers were read in full.

• Data from all sources were collated by the research team. The correspondence between the findings from each source was such that the main issues emerged clearly and there was a considerable consensus about the major findings. This helps to overcome the limitations of the low response rate in the survey.

Conclusions and recommendations

There was widespread agreement that there is a need for clear and effective leadership in the social care research arena, as a key component of the overall research and development strategy, and that there needs to be vision and ownership at the policy level. Strong support emerged for the further improvement of social care research funding (recognising the important steps that have already been taken), some of which could be directed at enhanced research training, and some to enhance the collaborative arrangements between universities and other sectors. There is also considerable support for the enhancement of social care research capacity in academic and practice settings in Wales. There needs to be specific consideration of the role and function of the current supports and networks to assess their fitness for purpose. WORD’s recently-completed review of CRC Cymru is highly relevant to this issue and its findings need to be taken into consideration.

Research capacity in social care will only be improved, however, if a research active culture is in place in both academic and practice settings. A considerable number of features of the current situation are making improvements very challenging. These need to be addressed on several fronts, including better dissemination of research findings into policy and practice, and this is especially an issue in services for adults of working age. Opportunities for the involvement (of service users and carers and the agencies providing services to them) in all aspects of the research process need further development. This would include involvement in the development of research strategy, priorities, local projects, dissemination and translation of findings into practice. Finally, we found that ‘outcome focused social care provision’ is not widely understood, and that further coordinated efforts need to be made to resolve issues over the definition and measurement of outcomes.
Recommendations

1. The Assembly should take the lead in involving stakeholders in a wide ranging partnership to build upon the existing strategies, funding arrangements and commitment to social care research.

2. WORD should continue to seek additional resources for social care research and should continue to consult all stakeholders about the most appropriate mechanism to put in place to enhance research capacity in HEIs and provider agencies.

3. WORD, in partnership with employers, the SSIA, and the HEIs, should examine possible mechanisms to improve research capacity and productivity of the academic contribution, such as joint working, secondment arrangements, Fellowships, consultant social work posts etc. The case for an inclusive centre of excellence, with agency and HEI contributions, which could enhance existing research networks in social care terms, should be explored.

4. WORD should continue to review the social care components of the current research infrastructure and where necessary seek to enhance the social care contribution. Existing networks should be further enabled to generate successful research bids with substantive social care content, on a substantial scale.

5. Dissemination of research findings and their translation into practice requires improved coordination and further investment. The SSIA and provider agencies should consider the possibility of developing research into practice for adult service users.

6. Any research strategy should include specific elements to improve the participation of the non-statutory sectors in research and to encompass the needs of the service users and carers to participate in all aspects of the research process. Provider agencies, academic institutions and the SSIA need to develop processes that can lead to such participation.

7. Academic institutions, together with the SSIA, and provider organisations need to consider better ways to develop and implement outcome measures related to service users expressed needs.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWARD</td>
<td>All Wales Alliance for Research and Development</td>
</tr>
<tr>
<td>CCW</td>
<td>Care Council for Wales</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
</tr>
<tr>
<td>CRC Cymru</td>
<td>Clinical Research Collaboration Cymru</td>
</tr>
<tr>
<td>CSSIW</td>
<td>Care and Social Services Inspectorate Wales</td>
</tr>
<tr>
<td>CSSR</td>
<td>Councils with Social Services Responsibilities</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>EBP</td>
<td>Evidence Based Practice</td>
</tr>
<tr>
<td>ESRC</td>
<td>Economic and Social Research Council</td>
</tr>
<tr>
<td>HEI</td>
<td>Higher Education Institution</td>
</tr>
<tr>
<td>HEFCW</td>
<td>Higher Education Funding Council Wales</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority</td>
</tr>
<tr>
<td>LD</td>
<td>Learning Disabilities</td>
</tr>
<tr>
<td>LDAN</td>
<td>Learning Disabilities and Autism Network</td>
</tr>
<tr>
<td>MRC</td>
<td>Medical Research Council</td>
</tr>
<tr>
<td>NAW</td>
<td>National Assembly for Wales</td>
</tr>
<tr>
<td>NSPCC</td>
<td>National Society for the Prevention of Cruelty to Children</td>
</tr>
<tr>
<td>OPAN</td>
<td>Older People and Ageing Research &amp; Development Network</td>
</tr>
<tr>
<td>PHIRN</td>
<td>Public Health Improvement Research Network</td>
</tr>
<tr>
<td>POVA</td>
<td>Protection of Vulnerable Adults</td>
</tr>
<tr>
<td>PSSRU</td>
<td>Personal Social Services Research Unit</td>
</tr>
<tr>
<td>RCT</td>
<td>Randomised Controlled Trial</td>
</tr>
<tr>
<td>RiP</td>
<td>Research in Practice</td>
</tr>
<tr>
<td>RIPIA</td>
<td>Research in Practice for Adults</td>
</tr>
<tr>
<td>SCIE</td>
<td>Social Care Institute for Excellence</td>
</tr>
<tr>
<td>SCrag</td>
<td>Social Care Research Advisory Group</td>
</tr>
<tr>
<td>SRA Cymru</td>
<td>Social Research Association Cymru</td>
</tr>
<tr>
<td>SSD</td>
<td>Social Services Department</td>
</tr>
<tr>
<td>SSIA</td>
<td>Social Services Improvement Agency</td>
</tr>
<tr>
<td>TRN</td>
<td>Thematic Research Network</td>
</tr>
<tr>
<td>TRUST</td>
<td>Thematic Research Network for Emergency &amp; Unscheduled Treatment</td>
</tr>
<tr>
<td>UKCRC</td>
<td>UK Clinical Research Collaboration</td>
</tr>
<tr>
<td>WAG</td>
<td>Welsh Assembly Government</td>
</tr>
<tr>
<td>WISERD</td>
<td>Wales Institute of Social and Economic Research, Data &amp; Methods</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>WLGA</td>
<td>Welsh Local Government Association</td>
</tr>
<tr>
<td>WORD</td>
<td>Wales Office of Research and Development for Health &amp; Social Care</td>
</tr>
</tbody>
</table>

**Databases**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CINAHL</td>
<td>Cumulative Index to Nursing and Allied Health Literature</td>
</tr>
<tr>
<td>SSCI</td>
<td>Social Sciences Citation Index</td>
</tr>
<tr>
<td>SCO</td>
<td>Social Care Online</td>
</tr>
<tr>
<td>SWA</td>
<td>Social Work Abstracts</td>
</tr>
</tbody>
</table>
1 INTRODUCTION

- A series of Welsh Assembly Government papers and announcements endorse the need for social care services to be based on available evidence and aim for efficiency and effectiveness in producing the best outcomes for service users (WAG, 2004; 2007). *Fulfilled Lives, Supportive Communities* (WAG, 2007) expects social services in Wales to become outcome orientated. *Making the Connections* (2004) says the government will ‘ensure that changes are based on evidence of what works’ in health and social care, and that ‘establishing an evidence base for health and social care...is a vital component’ of the strategy. The present consultation exercise is designed to re-assess the current situation regarding social care research and outcomes orientation in Wales in the light of growing interest in and need to provide a robust evidence base for social care services.

- Accordingly, WORD commissioned The Centre for Social Work and Social Care Research at Swansea University to undertake a consultation exercise to gather intelligence about the capacity and priority issues in social care research in Wales. The consultation objectives were to determine:

  o The current priorities for social care research at the local and national levels in Wales
  o In terms of research and development expertise and capacity in social care, the current state of provision at the national and local level
  o Whether the current structures and mechanisms (to build capacity and infrastructure) are adequate to meet the strategic (priority) needs of social care research in Wales
  o How we can strengthen or improve capacity to better serve the evidence base needs of stakeholders (including governmental and non-governmental actors) in relation to policy, leadership and service development in social care?
  o How can Wales move towards an outcomes focused strategy in social care provision?

- The data were gathered in three separate but related exercises. We interviewed key stakeholders in the field (identified in consultation with WORD). The identity of the interviewees remains confidential (but further details are given in Appendix A). The second part of the consultation exercise involved a targeted postal survey to staff in the statutory, independent, voluntary and higher education sectors. The third part of the work was a literature review of the capacity of social care to employ research-evidence based practice (EBP). The review and the interviews with key stakeholders informed the design and content of the questionnaire for the postal survey.

- The data collection, analysis and report writing were undertaken by Professor Peter Huxley, Dr Sherrill Evans, Roy Mayo, Dr Wendy Ball and Dr Tracey Maegusuku-Hewett. Administrative support was provided by Karen Evans.
2 EVIDENCE FROM THE LITERATURE ON SOCIAL CARE RESEARCH CAPACITY

The purpose of this part of the consultation exercise is to review the research evidence on the capacity of the social care sector to implement research findings and to carry out research. This includes the research culture in organisations, the positive factors leading to the use of research evidence and the obstacles to the use of research evidence in social care practice. The review of the literature accessed major databases (ASSIA, Social Services Abstracts etc), the web sites of relevant bodies (such as the Care Council, the Social Services Improvement Agency, AWARD, the Department of Health). Over 5,500 items were returned and of these 388 abstracts were read and 132 retained to be read in full. Search details are available on request.

A number of conclusions about social care research capacity are supported by research findings, and these are summarised below.

- There is a need for a strong national social care research leadership if social care agencies are to develop research in practice (BarrAtt, 2003; Proctor et al., 2007).

- Funding is a key lever in encouraging the adoption of research in practice (Proctor et al., 2007).

- Research and development capacity in social services is limited, with no clear funding routes or R&D budgets. Some small projects are funded from underspends or slippage and more recently funding has been identified from grants from policy initiatives. (Cooke et al., 2002).

- The links between agencies and academia are weaker than they are in health. (Cooke, Owen and Wilson 2002) and need to be stronger in order to support the adoption of research in practice (Proctor et al 2007).

- There is no central log of social services research comparable to that of the NHS National Research Register (Cooke, et al., 2002).

- Implementation programmes are less well resourced than research production and dissemination (Newman and McDaniel, 2005).

- Most practitioners have no personal experience of research training or activity with many unaware of how or where to access research training (Sheldon and Chilvers, 2002).

- Low levels of knowledge of research findings and critical appraisal skills are commonly found (BarrAtt 2003). There is a need for practitioners and students to be able to formulate a research question, and conduct a systematic search for evidence (Bilsker and Goldner, 2000; Sengupta, Dobbins and Roberts 2003; Webber, 2008). Few practitioners can define
‘statistical significance’ or demonstrate no understanding despite stating that they know what the term means (Sheldon and Chilvers 2002).

- Studies show a clear discrepancy between what are generally positive attitudes towards evidence-based practice and the value of research evidence and the infrequency with which they actually do make use of research resources and engage in evidence-based practice (Caldwell et al., 2007; Cooke et al., 2008; Osmond and O’Connor 2006; Sheldon and Chilvers, 2002).

- Cooke et al (2008) conclude that work and time pressures are the major reasons for non-participation in research. Proctor et al (2007) find that limited access to resources, provider resistance and heavy workloads are challenges faced in EBP implementation.

- Cultural barriers were also identified, including a lack of expertise available to support research and negative attitudes to conducting research in the workplace (Cooke et al., 2008; Sheldon and Chilvers, 2000; Moseley and Tierney 2005). The social care workplace appears to value action over reflection (Moseley and Tierney 2005). There is a lack of time for reading, which is not seen as ‘real work’ (Moseley and Tierney 2005; Sheldon et al (forthcoming) and poor internet access (Booth et al 2003, Moseley 2004). Being seen to be reading or searching for literature is not perceived as ‘real work’ especially in light of heavy workloads. Any reading or reviewing must therefore be done at weekends or in the evening. Any remedy needs “to be part of a whole systems approach to creating an evaluative culture within and across public sector agencies” (Sengupta et al., 2003: 65).

- Practitioners’ efforts to determine priority areas are very broadly couched, and practitioners have difficulty in framing a research question to be addressed (Stevens et al 2007; Webber 2008). There is a need for syntheses of good-quality research through systematic reviews, which use transparent and replicable methods to answer particular questions (Stevens et al 2007).

- A commitment to measuring outcomes, and to robustly researched interventions to attain those outcomes, are increasingly important to practitioners (Stevens et al 2007).

- Having a master's degree was associated with a greater desire to lead or collaborate in research (Cooke et al 2008) continual professional development to a postgraduate level supports the use and production of evidence in the social care workforce, and promotes the development of a research culture (Cooke et al., 2008; Proctor et al., 2007).

We now move on to present the background to the consultation exercise, the methods used, the findings and conclusions.
3 BACKGROUND CONTEXT

The Research and Development infrastructure

In this Chapter we provide background information on the research and development (R&D) infrastructure in Wales. We refer briefly to the situation in England and Scotland (where we recently completed a review of social services research capacity). We were unable, within our remit, to consider the position in Northern Ireland.

The Welsh Assembly Government is committed to enhancing the contribution of research to both health and social care, and recognises that research is essential to the successful promotion and protection of health and well-being, and also to modern, effective health and social care services. Research and development helps to address the social, economic and environmental contexts that affect health and well being. The profile of social care research in Wales, which WORD currently funds to the tune of over one million pounds, is more prominent in the national research policy context than it is in England. It features in the title of the National Institute of Social Care and Health Research, and as described in more detail below, also features within the infrastructure, albeit more forcefully in some aspects than in others.

The Wales Office for Research and Development (WORD) develops, in consultation with partners, policy on research and development (R&D) to reflect the health and social care priorities of the Welsh Assembly Government. WORD aims to support the creation of high quality evidence to both inform policy and benefit patients and the public and also commissions and directly funds R&D activity.

In 2002, WORD produced ‘A Health and Social Care Research and Development Strategic Framework for Wales’. This strategic framework identified three areas to be addressed: the need for a clear direction for R&D; resources to be targeted at key priority areas; and the development of a skilled workforce to deliver high quality R&D. It also looked at the way in which an evidence-based approach to policy and practice development could be achieved.

WORD’s strategy for R&D in Health and Social Care is currently being updated (see WORD 2008) to ensure fit with the “Science Policy for Wales” and the opportunities presented by the creation of the Office of Strategic Coordination of Health Research (OSCHR). Policy in R&D will continue to reflect the health and social care priorities of Wales as set out in Designed for Life and Fulfilled Lives, Supportive Communities.

The revised strategy will build on current strengths such as the CRC Cymru infrastructure and capacity building programmes; and engage Wales in UK-wide research governance streamlining activities. It will also focus on: strengthening links with industry; strengthening R&D capacity, infrastructure and governance in the fields of primary and social care; and introduce new initiatives to incentivise the NHS to participate in and lead R&D.
The aims of CRC Cymru are to: increase the quality and quantity of health and social care research activity in Wales, especially in relation to large-scale collaborative trials; increase income for the research community from both commercial and non-commercial sources; and enable Wales to take advantage of opportunities offered by the UK Clinical Research Collaboration (UKCRC) and UK Clinical Research Network (UKCRN).

CRC Cymru includes ten Thematic Research Networks (TRNs) which generate and/or participate in new and high-quality studies in their fields. The networks cover: cancer, children and young people, dementia and neurodegenerative disorders, diabetes, emergency care, epilepsy, learning disabilities and autism, mental health, older people and ageing, and public health improvement. CRC Cymru also includes three trials units, four infrastructure support services, an All-Wales methodology group and a Co-ordinating Centre. The older people and ageing network (OPAN), children and young people network, neurodegenerative diseases and dementias network (NEURODEM), learning disabilities and autism network (LDAN) and the mental health network (MHRN-C) are all particularly active in relation to social care. OPAN has created a number of Research Development Groups (RDGS) relevant to social care, on Social Care Outcomes, Participatory Approaches, and Independence and Housing in later life and intergenerational relations.

Recently WORD has conducted an internal interim review of CRC Cymru, the purpose of which was to review progress to date of all groups and inform the development of an improved CRC Cymru model on which the next commissioning round will be based. An improved CRC Cymru model is being shaped in line with NISCHR developments (see below).

In England the current R&D strategy for health and social care is ‘Best Research For Best Health’. While the English strategy and infrastructure (further detail below) includes social care, the strategy and infrastructure are both somewhat dominated by the concern to enable the NHS to contribute to world class clinical research. The National Institute for Health Research (NIHR) was created in 2006, to commission and fund NHS and social care research that is essential for delivering public health and personal social services. NIHR’s role is to develop the research evidence to support decision making by professionals, policy makers and patients, make this evidence available, and encourage its uptake and use.

The UK Clinical Research Collaboration (UKCRC) was established in 2006 when the UK government acknowledged the need for further investment and a collaborative approach to strengthen clinical research. The UKCRC is a partnership of organisations working together to establish the UK as a world class environment for clinical research. Since 2004, the UKCRC Partners have adopted a coordinated approach to: building up the infrastructure for research in the NHS; building up the research workforce; developing incentives for research in the NHS; streamlining the regulatory and governance environment and developing a co-ordinated approach to research funding.

Although social care research is encompassed by these developments, and is being brought under the umbrella of NIHR in England, it has until recently been funded separately, and infrastructure activity, such as the governance arrangements for social care and capacity building in social care, developed separately. Recently, the
School for Social Care Research was launched, under the auspices of the NIHR, following the successful launch of the NIHR School for Primary Care Research. The School has a budget of £3 million a year for five years and will focus on social care practice. It will include research by social care professionals as well as academics and encourage active collaboration with service users and their carers drawing on a wide range of academic disciplines and methods.

The Department of Health (DH) continues to fund specialist social services and social policy research units; these include the Personal Social Services Research Unit (Kent, LSE and Manchester), the Social Policy Research Unit (York), and the Social Care Workforce Research Unit (King's College London). In 2003, policy and research in relation to the social care of children became the responsibility of the Department for Children, Schools and Families (DCSF) which continues to support the Thomas Coram Research Unit which undertakes research in relation to the social care of children.

The DH also has a policy research programme which supports social care research, recent examples being the ‘Modernising Adult Social Care’ programme, and the ‘Social Care Workforce Research’ programme. Social care research is also supported by various NIHR research programmes, largely through ‘Service Development and Organisation’ (SDO) and ‘Health Technology Assessment’ (HTA) programmes, and to some extent through its methodology programme.

The situation in Scotland is somewhat similar with government support for a number of dedicated centres of excellence of direct relevance to social care. These include the Scottish Institute for Residential Childcare, the Dementia Services Development Centre; the Criminal Justice Social Work Development Centre; Scottish Training in Drugs and Alcohol; and the Scottish Consortium for Learning Disabilities. The Research and Development (R&D) Strategy for social services in Scotland is being developed as a separate exercise. The evidence to support the development of a separate R&D strategy has been summarised in a report produced by the Institute for Research and Innovation in Social Services (IRISS) and the Scottish Government and is currently the subject of further consultation and development work between the Scottish Government and relevant stakeholders.

Research governance

In addition to the research strategy and CRC Cymru and its associated structures, WORD has produced a research governance framework that outlines the principles of good governance that apply to all research undertaken within the remit of the Minister for Health and Social Services for Wales. Proper governance of research is essential to ensure that the public can have confidence in, and benefit from, quality research in health and social care. Research governance is one of the core standards for healthcare organisations. The Framework document identifies the responsibilities of research sponsors, funders, researchers, employing organisations, care organisations, care professionals and participants, all who have a part to play in ensuring that any research undertaken in the area of health and social care meets these standards. The Framework applies to all research that relates to the responsibilities of the Welsh Assembly Government - research concerned with the
protection and promotion of public health, research undertaken in or by the Welsh Assembly Government, Welsh Assembly Government-sponsored public bodies and the NHS, and research undertaken by or within social care agencies. It includes clinical and non-clinical research; research undertaken by NHS or social care staff using the resources of health and social care organisations; and any research undertaken by industry, charities, research councils and universities within the health and social care systems that might have an impact on the quality of those services.

The same governance principles apply across health and social care research, but the way in which the relevant standards are achieved will differ according to the research type, context and method. For example, compared with much research in the NHS, research in social care differs in size, volume and funding, as well as in the mix of stakeholders, the organisational context and the range of academic disciplines. The arrangements for ethics review in social care research are less well developed than in the NHS. The framework suggests that, “for the time being, all those involved in social care research should use their best endeavours to ensure it is conducted to high ethical standards and wherever possible, draw on existing arrangements for independent ethics review”. A number of universities have ethics committees that advise on the ethics of social care studies and many of these arrangements are modelled on the ESRC Ethics Guidance. All ESRC funded projects have to have approval from a body constituted in accordance with this guidance. In addition, the Association of Directors of Social Services Cymru (ADSS Cymru) provides guidance to its members on the ethics, quality and relevance of proposals for multi-site studies in social services and social care.

In England, the Social Care Institute for Excellence (SCIE) have announced the appointment of Professor David Stanley as chair designate of the new national Social Care Research Ethics Committee (SCREC). SCIE is setting up the new national SCREC at the request of the Department of Health. The Committee will operate within the framework of the National Research Ethics Service (NRES), which supports over 100 RECs reviewing health and social care research. WORD is involved in the establishment of the national Social Care Research Ethics Committee.

In Wales, WORD is also involved in the revision of the Governance Arrangements for Research Ethics Committees (GAfREC) that will be released for UK wide consultation by the four UK Health Departments early in 2009. One of the main revisions to be consulted on is the widening of the scope of GAfREC to include social care.

WORD is in the process of developing a strategy for research governance in social care. Firstly, it is expected that the 2nd edition of the Research Governance Framework for Health and Social Care in Wales will be published in January 2009. The Framework, updated since its original release in 2001, outlines the roles and responsibilities of organisations providing care in both health and social care settings.

Following the release of the new edition of the RGF, WORD will be consulting on a Research Governance Social Care Implementation Plan which will set out the role of all participants, especially local authorities, in the collective task of developing good research governance. The Implementation Plan will be supported by a Research Governance Social Care Resource Pack that will summarise the main responsibilities
and benefits for social care bodies and provides information about resources available to help develop governance systems.

The National Institute of Social Care and Health Research (NISCHR)

In November 2007, the Health and Social Services Minister agreed to the creation of a ‘virtual’ National Institute of Health Research (NIHR) in Wales as the operational arm of WORD. The creation of the National Institute of Health Research (NIHR) is a commitment in “One Wales” (NAW). In England, the NIHR is a new identity for the Department of Health’s R&D activities, and the equivalent organisation in Wales is WORD. The remit of NISCHR in Wales is extended to include social care research and development. Researchers in Wales now have access to the NIHR funding streams.

NISCHR will commission and monitor research on the detection, prevention, treatment and management of chronic diseases; and service development and organisation. The rationale is to concentrate expenditure on commissioning and monitoring research. NISCHR will also encompass mechanisms to badge standards and excellence through the creation of a “Faculty”, and new competitive programmes: NISCHR translational research platforms, NISCHR research funding schemes and NISCHR fellowships in both health and social care. As these arrangements were not fully in place when this consultation exercise took place it will not be too much of a surprise if various stakeholders turn out to have only a sketchy awareness of them.

The wider infrastructure support for social care research and development in Wales

There are a significant number of bodies and networks that support social care R&D infrastructure in Wales. Most of these coordinate and disseminate research information rather than commission or undertake it themselves. Many engage in developmental activities with social care providers, aimed at the improvement of service organisation and delivery of social care.

The Welsh Local Government Association (WLGA) represents the interests of local government and promotes local democracy in Wales. It represents the 22 local authorities in Wales (and the police, fire and national park authorities). The WLGA’s primary purposes are to promote better local government and its reputation and to support authorities in the development of policies and priorities which will improve public services and democracy. It undertakes policy development and project work in relation to a number of social care related matters such as: improving service delivery; securing positive changes in performance of social services; community safety and reducing the fear of crime; and improving the quality of social housing.

The Social Services Improvement Agency (SSIA) was set up to support local authorities, increase the pace of improvement and promote excellence within social services. Hosted by the Welsh Local Government Association, the Agency is a partnership between the Association, ADSS Cymru and the Welsh Assembly
Government. It undertakes programmes of development work with social services departments such as the Annual Council Reporting Framework, a review of assessment and case management practice, and the ‘notable practice’ database for successful social care schemes in Wales. Each year SSIA runs a series of national learning events that focus around a specific issue or work area with the aim of raising new ideas and sharing good practice. One of the most recent initiatives designed to support managers and senior practitioners to enhance the quality of social care practice in their teams, is the project commissioned from The Institute of Public Care (IPC) at Oxford Brookes University.

There is a range of networks that promote and support social care service development in a variety of ways. Some of these are profession specific and some of them are disability specific, but all either provide venues for the sharing of good practice, or links to the supporting research and evidence base. A number of these are mentioned in the body of this report, including the Social Care Institute for Excellence (SCIE) and Research in Practice (RiP). All 22 authorities in Wales are members of the Wales College, a partnership with RiP. The College aims to embed evidence-informed childcare practice in Wales.

Further examples of R&D supporting networks include the following. The Association of Social Care Communicators (Wales) is part of the UK Association, and works to promote good practice in providing public information in the field of social care, and encourage the exchange of innovative ideas between members. The Pan Wales Social Care Commissioning and Contracts’ Officers network offers support to those who commission and make contract arrangements for child and adult services in Wales. It aims to help to develop good practice models and provide an all-Wales approach to social care commissioning issues and acts as a point of contact for consultation on Social Care Commissioning and Contracting (which encompasses joint commissioning partnerships with statutory and independent agencies).

There are a number of specific web-sites developed to provide social care information, good practice and access to the evidence base. These include the Protection of Vulnerable Adults site, which has a Research, Consultation and Resources area with research information from the Universities of Glamorgan and Bangor, and links to other sites. For social care workforce issues there are the Care Council-supported Regional Social Care in Partnership organisations, which disseminate research findings relating to the social care workforce, and whose members, across all sectors, provide a very useful sampling frame for social care research projects. For those whose social care R&D issues revolve around housing there is the Supporting People site.

The Children and Young People’s Network figures in the body of the main report. It is a forum for the development of research, evaluation, monitoring and related activities within the context of the 22 Children and Young People Partnerships who have responsibilities for research, monitoring and evaluation related activities in relation to children and young people. The Network promotes and informs evidence-based policy and decision making at national and local levels. It provides members with an opportunity to exchange information, advice and good practice, and provides support in relation to monitoring and evaluation.
There are some other group-specific networks that support R&D activity in Wales, and which provide links to evidence web-sites, such as the Physical and Sensory Impairment network, the Wales Strategic Migration Partnership and the Community Occupational Therapy Advisory Group.
4 THE PHASE ONE CONSULTATION

Summary

- The first part of the consultation exercise was designed to re-assess the current situation regarding social care research and outcomes orientation in Wales in the light of growing interest in providing a robust evidence base for social care services.
- *Fulfilled Lives, Supportive Communities* (WAG, 2007) expects social services in Wales to become outcome orientated. This policy shift has been slow to take place in practice and can be set alongside concerns about research capacity in social care in Wales (Pithouse 2005).
- The first phase of the consultation exercise explored the perspectives of key stakeholders and the social care workforce with regard to: current research capacity in social care; current structures to build capacity; current social care research priorities; outcomes in social care provision; and ideas to strengthen capacity in social care.

4.1 The aims of the consultation exercise

In the light of the background issues, the initial consultation exercise was designed to re-assess the current situation regarding social care research and outcomes orientation in Wales. The consultation objectives were to address the following issues:

- In terms of R&D expertise and capacity in social care, the current state of provision at the national and local level.
- Whether the current structures and mechanisms (to build capacity and infrastructure) are adequate to meet the strategic (priority) needs of social care research in Wales.
- The current priorities for social care research at the local and national levels in Wales.
- How Wales can move toward an outcome focused strategy in social care provision.
- How we can strengthen or improve capacity to better serve the evidence base needs of stakeholders (including governmental and non-governmental sectors) in relation to policy, leadership and service development in social care.

4.2 Method

The first phase involved conducting qualitative interviews with key stakeholders in the social care sector including, WAG, CCW, SSIA, WLGA, WORD, AWARD, academics, local authorities and voluntary sector organisations. Responses from 41 individuals and 2 groups of Local Authority officers who were interviewed were collated. An overview of the characteristics of the sample is provided in Appendix A.
The interview schedule was designed in consultation with the WORD advisory group and is provided in Appendix B.

Most of the data were collected through face-to-face meetings with individual stakeholders but a small number of interviews by telephone were also conducted and some self-completed schedules were received. The interview schedule was circulated prior to each interview so that each participant had the opportunity to give a considered response.

During the first phase of the research, data was collected that related to:-

- current research priorities for social care in Wales;
- perceptions about the nature and appropriateness of current research provision in respect of infrastructure, capacity and funding for social care R&D;
- perceived gaps in the current evidence base and research provision; and
- views about how to achieve outcomes focused services.

In drawing up the sample three major groups were identified who needed to be consulted, and these are those who invest in research and development (research commissioners in government, the regions and providers in all sectors); those who conduct research investigations (academics, consultants, in-house researchers and others); and those who implement research findings (in policy contexts and practice contexts). Key individuals in each of the groups have been interviewed (see Appendix A). Interviews were held between January and June 2008.

All interviews were tape-recorded for purposes of recall only and these data have been transcribed and analysed using NVIVO 7. All participants received a project summary containing ethical guidelines in which it was confirmed that no individuals will be identified in research reports and other outputs and tapes will be wiped at the end of the project.

The report draws on quotations from the interview transcripts and individuals are identified only by sector and number using the following categories:

- Academic (AC)
- WAG and Public Sector Bodies (WAG/PSB)
- Local Authorities (LA)
- Voluntary Sector Organisations (VSO)
- Private Sector (PS)

In order to represent the range of views presented by participants across the different sectors, quotations from 33 of the 41 individual responses and from both of the group responses have been included.
4.3 The current condition and capacity of social care research in Wales

Introduction

Participants across the different sectors perceived the current condition of social care research and social care research capacity to be weak and agreed it needed to be developed. Stakeholders in each sector recognise the expectation of and value in developing evidence-based policy and practice. There was strong interest in ensuring research fed into social care service developments and in forging partnerships that could facilitate this. However, there were differences between stakeholders in their perceived capacity to do this.

The main opportunities and areas of support provided by the current research infrastructure that were referred to by participants included the CRC Cymru thematic research networks, AWARD, Research in Practice, SCIE, other local networks and consortia and individual forms of collaboration. These areas of support are valued by participants although certain gaps and weaknesses were also identified.

Assembly strategies could present opportunities for new research. In this regard, both the Making the Connections and Fulfilled Lives agendas were recognised as potential platforms for building a research strategy.

Participants also identified many challenges faced by those involved in social care research in Wales. They include challenges relating to funding, to the translation of research into practice; to the social care professional culture and pressures facing social care professionals. A future social care strategy for Wales will need to convince those stakeholders working in the local authority and voluntary sector services with service users that these partnerships will address their needs. This will then improve prospects for developing evidence-based policy and practice.

4.3.1 Use of, and contribution to, the research evidence base

During the first phase of the consultation exercise participants were asked to outline how they made use of research evidence relating to social care and how their organisation contributed to the research evidence base. These responses are presented in relation to the types of organisation involved:

4.3.1.1 Universities/Higher Education Institutions

Use of research evidence is central to the Higher Education function in relation to conduct of research, undergraduate and postgraduate teaching including social work education and publication and other modes of dissemination. There are various Research Centres with specific expertise in areas of social care and social work research including those linked to the infrastructure through AWARD and the thematic research networks.

HE has a central role in contributing to the research evidence base and for some units this involves partnerships with policymakers and practitioners to ensure research evidence contributes to evidence based policy and practice. In this sense, participants from HE emphasised that they were strongly committed to ensuring
research fed into social care service developments and they had all developed strong policy links.

4.3.1.2 WAG and Public Sector Bodies in Wales (WORD, SSIA, CCW, CSSIW)

All the participants from these bodies recognised the expectation of and value in developing evidence-based policy and practice. Participants from this sector said they would draw on evidence to feed into Government and public sector strategies and there was recognition that there should be a culture of working in an “evidence-informed way” and as one person explained:

“I think there is an issue of having evidence based policy within WAG, that is the official line, and it has a political shape, but there are many strands that form policy.” (WAG/PSB 1)

Similarly another person said:

“as an organisation research is integral to what we do and it informs both our inspection methodology and reports that we will write, because we will want to check what research is telling us.” (WAG/PSB 2)

More specifically, research evidence was used in the performance of a variety of organisational tasks. Participants reported that research evidence was used to inform key functions such as developing programmes of work, projects, policy papers and frameworks of good practice. Research would be used to inform advice to ministers, colleagues and stakeholders. It might also be used where the organisation provided assistance to stakeholders in identification of their own research needs. Finally, for those bodies with an interest in social care workforce training and development it was emphasised that research would feed into these functions.

Participants also referred to specific areas of involvement in the research infrastructure where they made a contribution to the social care research evidence base. CSSIW, for example, play a role through their sponsorship of SCIE and different views were expressed by stakeholders in this group about the contribution of SCIE to research (see 4.4.2.3). Other areas of involvement included participation in the Social Care Research Advisory Group, through links with Research in Practice and through their role in commissioning research.

Some participants felt their organisation’s use of research evidence and contribution to the evidence base was limited but wanted to find ways of enhancing their role in this regard. As one person observed:

“This is an underdeveloped area with potential for expansion. There is a lot of useful research being conducted. There is a question about whether the correct issues are being targeted. We need to think about how evidence is / should be informing practice”. (WAG/PSB2)

In some cases, the organisations had addressed their specific public remit first, and were only now realising that their own research needs had been neglected.
Staff working in Local Authorities observed that social care research evidence should be feeding into service developments in policy and practice in order to inform best practice and to build in evaluation of new projects. Research evidence may also be used to make a business case for a new service development or to inform the commissioning of services. As one RIP link officer explained, her team would use research evidence “mainly for input to specifications for service developments; and to generally keep informed about what is happening in our field” (LA 1). Similarly, an LA officer in Adult Services said research was important to “evidence best practice in designing new services and service delivery. Currently a lot of research is required to inform commissioning strategies for adult client groups” (LA 2).

Some people working in children’s services pointed to the value of their involvement in Research in Practice to access and distribute relevant research to colleagues:

“As members of Research in Practice we actively ensure that information is cascaded to teams, have established a small reference library of literature and are developing a monthly newsletter for staff to inform them of ongoing / recently completed research.” (LA 3)

Research in Practice has also provided a mechanism for LA link officers to contribute to the research evidence base and to exchange information across LAs:

“we use information provided by Research in Practice and we feed back in to that process by providing evidence to RIP. For example, we have recently been involved in the RIP development groups…..this year the topic is evidence based practice and each LA chooses an issue to work on…. ……we will monitor our progress of doing research into this and will get support from RIP to follow through. This is an example of where we are involved in generating new research evidence.” (LA 1)

Other research networks including the various thematic research networks and the Children in Wales Participation Network also enable local authority officers to exchange information relating to research. We will return to the opportunities provided by these elements of the infrastructure in 4.4.2. Several respondents stressed the need for an adult care research network, along the lines of RIPfA or Making Research Count (see 4.4.2.2).

Local Authority staff also referred to their involvement with sponsored projects such as one with SCIE and other Local Authorities on outcomes for older people, NSPCC on children and young people with special needs, and the family links parenting programme with WAG and other Local Authorities.

4.3.1.4 Voluntary Sector Organisations

Some of the voluntary organisations have one or more research officers posts attached to them, enabling them to do in-house research and to collaborate with wider projects but many do not have dedicated posts and research will form one part of a policy officer’s role. Research evidence might be used to inform evaluations of service provision and current projects.
Research is also important to inform policy and campaigns:

“We work with the management team to identify priority areas for research and research is important for informing our policy position and our responses to consultation and in our relations with the media.” (VSO 1)

The facilitation of service users doing their own research was identified as an important and essential element of research in the voluntary sector. Voluntary sector organisations might commission research from external organisations or conduct in-house research among members or users or service providers using focus groups and survey instruments. They participate in research networks and other forms of collaboration and some sponsor PhD students in collaboration with a university.

Many of the voluntary organisations referred to the capacity problem and their wish to do more research whilst one organisation with in-house research officers observed that they felt their contribution to the evidence base was not well understood or appreciated.

4.4 Perspectives on the condition and capacity of social care research in Wales

In this section the range of views put forward by participants are described, followed by further focus on the main opportunities offered by the current research infrastructure and the main areas of concern identified by participants. This will be balanced by a consideration of what policies, practices and resources can be put in place (or already have been) to take this agenda forward.

4.4.1 Current Condition and Capacity

There was a broad agreement that the current condition of social care research and social care research capacity was weak and needed to be developed. This was a view shared by participants across the different sectors as the following quotations illustrate:

“My thinking would be that it is patchy and there is a big problem about research utilisation. I very strongly doubt that research gets to the parts that it needs to get to. I don’t think the managers, practitioners and policy-makers are sufficiently aware of what there is or what are the gaps. At worse, they may think there are answers out there where there aren’t or they may think there are no answers when maybe there are some clues.” (WAG/PSB 3)

“We all agree that the current condition of social care research in Wales is very underdeveloped. We rely mainly on English based research e.g. Joseph Rowntree, Save the Children, SCIE resources- we make use of publications from University based research but have been aware that very little of this is produced by Welsh Universities.” (LA 1)

Despite regular publicity and regular and substantial financial input into CRC Cymru and the thematic networks, this effort seemed to escape some respondents:
“is there an infrastructure? Fairly weak, if there at all and ad hoc, piecemeal and resources stretched too thinly- issue of targeted investment- not sure about thematic networks- seemed to be a lot and wide range and social care needs a targeted resource for research with clear objectives.” (WAG/PSB 4)

Other participants suggested that there may be a difficulty in making a judgement about research capacity because they were not well placed to do so. As one senior social work practitioner put it, social care research is “Hidden! I know it’s happening and I know people who are doing it, but I have no idea what they are producing” (LA 4).

Finally, some participants suggested that despite weaknesses there was some room for optimism and opportunities to build on certain strengths. As one officer in the public sector described it, there are “Green shoots’ – developing but slowly” (WAG/PSB 5), and as another officer pointed out “There are some excellent individual and group researchers. Some of these are internally recognised as ‘good’ within their own field” (WAG/PSB 6). We build on this in the next section where we look at the opportunities that are currently available within the infrastructure for social care research in Wales.

4.4.2 Current social care infrastructure in Wales - the opportunities

Participants were asked to identify what they thought were the main opportunities faced by those involved in social care research in Wales and to reflect on how the current research infrastructure provides support. The main opportunities and areas of support that were referred to by participants included the CRC Cymru thematic research networks, AWARD, Research in Practice, SCIE, other local networks and consortia and individual forms of collaboration. The opportunities that are available through SRA Cymru were only referred to by one participant (an academic). The elements of the infrastructure that were most commonly identified will be discussed in turn.

4.4.2.1 The CRC Cymru Thematic Research Networks

Those participants involved in one or more of the thematic research networks mainly valued this as an opportunity and the sample included participants with experience of OPAN, Children and Young People, Learning Disabilities and Autism, Mental Health, PHIRN and TRUST. The following quotations illustrate the value that is accorded by some participants to these networks:

“OPAN has been disseminating information through a bulletin and this has been very helpful for helping us fill in and learn what is going on…..For us there are issues of costs and the need to juggle priorities- we have thought about applying for private sector funding but there are issues over ethical funding to be considered here. So value OPAN as a link to funding and dissemination.” (VSO 1)

“I valued fact there was an existing network that I could tap into as a new appointment and it is possible to put together teams through this. The networks make it easier to link up with key people.” (AC 1)
Whilst acknowledging the opportunities offered by the networks other participants pointed to a need to wait and see how the thematic networks develop over the longer term. Some pointed out that the networks' relevance to social care was variable:

“Support is there in form of the 9 thematic networks and the 8 research groups and the co-ordinating centre. There are pockets of strength such as OPAN and other networks with clear social care components but other networks are more limited and weaker on the social care component. They have only been going for around 2 years and are still in their infancy and need time to produce outcomes- for example, time for successful grant capture.” (AC 2)

“The currently funded thematic research networks only support social care research where it interlinks with health research e.g. Older People and Ageing Network (OPAN). However, other parts of the infrastructure support health and social care research methodologically e.g. the resources of AWARD are used to support research in health and social care; I believe the resources of the trials units are also available to projects in health and social care, although they are probably most used for health care projects.” (AC 3)

A further concern was whether the thematic networks were successful in involving all stakeholders and whether all stakeholders had the capacity in terms of time to get sufficiently involved:

“I don't think probably that the networks in place are effective in engaging the stakeholders who are independent providers and local authorities and with implications for service users eventually. But local authorities commission the services and I don't think there is a strong enough link there. The research networks, for example the one on children, in terms of collaboration, don't think effective.” (WAG/PSB 2)

There are a number of issues to take forward here. Should the embryonic social care research capacity be targeted on the improvement of the social care component of existing networks, or focused on a network of greater relevance to social care, which might then in turn foster links with existing networks? The capacity is so fragile that it may not be possible to do both, or at least doing both should be seen as a long-term rather than a short term prospect. It is clear from the responses above and elsewhere in the report, that some of the networks are working much more effectively than others.

4.4.2.2 Research in Practice

Several participants had connections with Research in Practice either in their role as a Link Officer in their authority or through their contribution to developing this initiative in Wales through the Wales College. (The Wales College focused on children's services runs as a collaboration between research in practice, the Social Services Improvement Agency (SSIA) and the 22 local authorities, each of whom makes a financial contribution). It was acknowledged that this was an advantage for those working in children's services compared to those working in other areas of social care. It was suggested that the development of RiPfA and Making Research Count would help resolve this imbalance (Currently RiPfA does not have a remit to work in Wales although it is keen to pursue this opportunity).
“I have already said a bit about RIP but certainly that model is another opportunity in children’s services. I am also aware of Swansea link with RCT and Powys on older people’s services. Also aware of RIPfA and they have made several approaches to managers in Wales but I am not sure where that has got to and there is Making Research Count but I don’t think there is anything specific there.” (WAG/PSB 3)

“Those officers working with older people felt less well supported in developing research capacity because RIPfA is less well developed in Wales than RIP.” (LA 5)

There is a clear deficiency in the activity in relation to adult social care, which includes major disability groups, and people with mental health problems.

4.4.2.3 SCIE

Of all the elements of the infrastructure that were identified by participants SCIE was the one that seemed to most divide opinion. Some participants emphasised the value of SCIE as the following comments illustrate:

“The role of SCIE is important and crucial. They have done some very good work.” (WAG/PSB 5)

“We have also got SCIE which has lots of materials including practice guidance on how to interpret what research is saying. Can now see an engagement by front-line staff that previously was not there because of the culture in social work being different to health. Also people didn’t have access to the information.” (WAG/PSB 2)

However, this respondent acknowledged “With regard to SCIE, it depends who you talk to in how effective they think it is” (WAG/PSB 2). In this regard some participants were critical of the quality of the service provided:

“SCIE’s contribution to research capacity development is minimal. DH England are giving SCIE more influence in this, and I don’t think that they are suitable to do this.” (WAG/PSB 7)

“SCIE is important but the databases and research are not clear, issue of quality control and how databases are put together. Can anything go on there? Compare with former National Research Register and UKCRC which have clear criteria for inclusion and are peer reviewed.” (AC 2)

4.4.2.4 The Welsh Context: Devolution and New Directions in Social Policy as Opportunity

Many participants referred to opportunities and challenges relating to the specific context for social care research in Wales. It was felt that social policy following devolution and the launch of new Assembly strategies could present opportunities for new research. In this regard, both the Making the Connections and Fulfilled Lives agendas were recognised as potential platforms for building a research strategy:

“there is a new consciousness coming out of the Assembly in relation to Making the Connections.” (WAG/PSB 1)

“There is an opportunity through the commitment in Fulfilled Lives to develop and facilitate research activity” (WAG/PSB 8)
Some participants felt that the small size of Wales and the close networks and relationships that exist could be seen as an opportunity to do quality research to meet different needs:

“The opportunities for social care research in Wales could be great because of good population size and diversity - this should enable good research to be conducted - Wales could be a good laboratory but this needs investment, a longer term commitment, a clear strategy.” (WAG/PSB 4)

4.4.3 Current social care infrastructure in Wales - the challenges

Participants were invited to reflect on the challenges faced by those involved in social care research in Wales and to identify any ways in which the current research infrastructure was felt to hinder social care research activity in Wales.

The challenges range from macro-level concerns about how social care research is supported at a national level through to day-to-day problems that might face practitioners wishing to use research skills and research evidence as part of their work.

4.4.3.1 Current research infrastructure is health focused

This challenge was the one that was most often referred to by participants and was mentioned by nearly all the sample at some point in the interview. Even those participants whose own work was in the field of health commented on the apparent lower status of social care in comparison to health within the infrastructure. There is widespread agreement among those consulted that the current research infrastructure was focused towards health leaving social care without sufficient support. Participants recognised that this issue needed to be addressed and WORD is clearly aware of this, hence the present project, andrecognises that, although efforts have been made to priorities and strengthen social care research, more needs to be done. There are several options and possibilities that will need to be debated further.

4.4.3.2 Research infrastructure needs firmer co-ordination and clear signposting

Although a considerable effort has gone into creating the current research infrastructure (see Background section) there were still respondents who saw the situation as fragmented and lacking coherence. In some instances, this was due to their personal ‘distance’ from the research process, but in other instances respondents felt that the system lacked leadership in respect of the social care element, especially within elements of CRC Cymru.

4.4.3.3 Funding

The challenges that participants identified in relation to funding for social care research ranged over a variety of areas. There were some concerns that related specifically to the availability of WORD funding for social care and how WORD
approached funding calls. The perception that health research was better placed for accessing funding than social care research emerged again in this context.

Concerns were also expressed about the short term nature of research funding with implications for quality and the framing of research topics. It was acknowledged that in the current financial climate this challenge would not be fully resolved but a more efficient infrastructure could only help this situation.

Some participants were concerned that the reliance of social care research on Government funding could limit the issues identified for research and the prospects for dissemination:

“Much of the work we want to do may be politically sensitive or potentially critical of policy and this can create difficulties if we are looking to Government funding.” (VSO 1)

“Too much health and social care research is driven by bureaucratic and managerial agendas and fails to deal imaginatively with key issues. This means that moral panics over, say, the treatment of older people in (and between) health and social care systems recur time and again, without any sense of progress in either our understanding or in our ability to change the way in which things are done.” (AC 5)

However, it was also acknowledged that the number of social care research bids to other providers of funding including ESRC needed to be improved and some participants perceived Welsh research centres to be less successful than those in England in securing grants:

“In order to strengthen research capacity, there has to be a multi-pronged all Wales approach- HE must make more contribution to social care research and funding councils need to support more research in Wales” (WAG/PSB 4)

One positive development in this regard is the identification of social care as a key priority by ESRC:

“In terms of commissioning, the ESRC has acknowledged a weakness in social work/social care research and a discussion document on this was produced in collaboration with SCIE.” (AC 2)

Participants working in local authorities and voluntary sector organisations also identified the pressure on budgets and the very limited opportunities for officers to conduct in-house research or to commission research:

“Currently there is limited capacity within Wales for conducting local research within Authorities to help take forward / develop / improve services.” (LA 1)

“With constrained budgets it will become increasingly more difficult for authorities at a local level to commission research, although there may be possibilities at a regional level.” (LA 2)

The absence of clear funding arrangements for research at the local level, can be seen as a gap that needs to be addressed. The current WORD social care call for proposals, led by provider agencies is an attempt to begin this process, and lessons will need to be learned about its impact.
4.4.3.4 Translation of research into practice

In Section 4.2 it was noted that participants were drawn from a range of national public sector bodies, local authorities and voluntary sector organisations where the need to develop evidence-based practice and policy is recognised. The academics in this sample are also those who accept that effective collaborations between partners are vital to ensure research effects change in social care. However, most identified this as a key challenge for future development. Reflections on this challenge related to questions about who is involved in the conduct of research, how research is disseminated and perhaps most importantly, how research findings are translated into implementation.

Many of the officers working in local authorities and the voluntary sector raised questions about opportunities for involvement in research and this included ensuring that service users should also get the opportunity to be involved and to conduct research:

“There is also a concept amongst many that research is for academics who devote their energy and skills to one area of practice. Generally I find that practitioners do not feel they have anything to “offer” academics.” (LA 3)

“In terms of the conduct of research, would like to look at how people with LD could be more involved in doing the research and asking the questions themselves and think same would be true for other client groups- so the issue is how to develop partnerships that will facilitate this.” (VSO 3)

“Would like research agenda to be generated by practitioners within the context of creative partnerships and so they can gain understanding of methodology.” (WAG/PSB 9)

The officers in local authorities, the voluntary sector and the national public service organisations expressed an interest in working in collaboration with academic researchers.

“Would welcome stronger links with the University sector and opportunity to build links- where an ongoing relationship is developed the University could offer consultancy services at a discount; need to have access to the expertise of researchers” (LA 5)

This uncertainty about how to develop effective partnerships meant that stakeholders believed there is a lack of appropriate research expertise in Wales or said they lacked knowledge about where to find it. As a consequence some stakeholders commission from English based research centres that are known to them, even where they would prefer to commission in Wales.

“Not aware of local research expertise so we end up commissioning research from London-based consultants even though adverts are placed in Guardian.” (LA 6)

Following from the challenge of knowing how to build partnerships is a question about how current social care research in Wales is disseminated to stakeholders and this was identified as a significant weakness. This problem ranged from a concern that there was no central mechanism for dissemination of research to a wider audience through to a view that academic research should be disseminated in more
creative ways and innovative formats if it was to engage all stakeholders including
service users.

"With many issues there is already an evidence base but the problem is in how
research findings are delivered - needs to be available in an accessible format-
researchers can give their expertise through evaluation of quality of that existing
evidence - so need reviews of existing research in relation to the needs of the field"
(WAG/PSB 9)

Some stakeholders were concerned that social care research was carried out where
there was insufficient attention to how findings could be implemented.

"The delivery of research also needs to be addressed as some communities are
researched to death but with minimal change- we are hearing from older people in
minority ethnic communities that they are tired of being researched but there is no
impact as a consequence. So avoid research being an end in itself and turn learning
from research into practice. It may be that we don’t need more research but better use
of what is there.” (VSO 1)

4.4.3.5 Social work professional culture and organisational pressures

This report has made reference to the interest in developing evidence-based policy
and practice and stakeholders expressing a wish to get more involved in research
partnerships and the conduct of in-house research. It was widely felt that at present
social work education, the occupational culture and the pressures facing social care
professionals present a challenging climate in which to make progress in this regard.

"The other issue that I am aware of with regard to social care research is the lack of
incentives for practitioners to get involved in research – I understand that undertaking a
research project is seen as taking practitioners and managers off their career paths,
rather than helping them to progress. This situation will always impede the production
of robust research evidence, by discouraging people from getting involved in research.”
(AC 7)

"I just don’t think we have the culture of doing it and as a result we don’t have the
infrastructure to do it. Make comparisons with health and science, where research is
integral. If a social worker was to say to colleagues that they were doing research, the
reaction might be ‘so who is covering your job, then?’.” (LA 4)

It was pointed out that research skills development alone would not resolve this
problem because of the considerable pressures facing services and front-line staff:

"There are enough quality people out there with the ability to do research and it seems
a shame that they are not equipped and given the space - and that is the challenge for
employers big-time because there are frontline pressures. I will ask, did you see that
article in Community Care, and they will say, when do I get time to read that!”
(WAG/PSB 3)

If this problem is to be addressed there need to be strategies to free people up to
develop and use research skills and one suggestion was:

"There was one authority in North Wales in childcare where they had a senior
practitioner post which was a consultant post and I thought that was very exciting as
they did not carry any cases of their own but acted as a consultant to social workers
with complex and challenging cases and part of the remit was to be up to speed with current research in their advisory and developmental capacity” (WAG/PSB 3)

4.4.3.6 Academic research and the contract research culture

Alongside the social care workforce issues detailed in the previous section, there are related issues facing those who wish to pursue an academic research career. The lack of career opportunities and career progression for academic researchers was raised by some of the academic stakeholders:

“Social care research, more than for health care research is prone to the problems of the contract research culture and there is a capacity issues in filling posts. Posts are hard to fill and there is a paucity of senior social care research posts- reasons are historical and are about social care being valued less than medicine and the research culture is just developing” (AC 2)

“Another challenge concerns career development for researchers and the problem of fixed term contracts - creates a problem in retaining good researchers as expectation is you move into a lectureship. This is a national issue but there is no research career ladder and that makes research fragile” (AC 1)

As the first respondent indicates, it is not a straightforward matter to recruit staff to research posts, even where there is funding available, because the labour market for social care researchers is not as buoyant as in other disciplines. Finding senior researchers with the range of required skills in research techniques, management and supervision of projects is difficult.

4.4.3.7 Research skills and quality issues

In this climate of concern about the opportunities for social care professionals to develop and make use of research skills and the problems of retention of academic researchers, many stakeholders referred to a skills deficit with implications for the quality of social care research.

“We have some places that will do a very good job in both conducting and delivering research but we have more places that don’t have the knowledge and rigour to do it at the level we would like to see it done. So in terms of being competitive with other UK and International places, they don’t come near it.” (WAG/PSB 2)

The local authority and voluntary sector organisation officers wanted opportunities to develop their research skills so that they would be better placed to conduct their own research and to evaluate existing research evidence:

“I feel we have a skills deficit in being able to interpret and structure what we are trying to find out- we need a better understanding of research methodology” (VSO 2)

“There doesn’t appear to be a lot in the way of in-house research, using talents of local authority staff. This might be because in-house staff do not feel they have the research skills and this could be achieved through some basic training in research techniques. The alternative is paying for costly consultant-based research, which varies in quality and then requires interpretation, dissemination and buy-in from staff to implement. Having staff involved in the research process would ease any implementation difficulties” (LA 2)
Whilst an interest was expressed by local authority and voluntary sector personnel in developing their research skills, it was stressed this could be difficult because of the time and resources required and the need for training opportunities to fit with the existing skills of the workforce and organisational needs:

“We have to be aware that many of our staff will not have degree level qualifications and this may impact on what is possible in terms of research skills - we don’t have anyone in-house who would want to go down the PhD route, for example.” (VSO 2)

“Would welcome opportunities for further research training for myself and colleagues such as short refresher courses, SPSS and linked to the needs of the LA setting.” (LA6)

Some participants felt that although there was a skills deficit, some of the skills that were available were untapped. One research officer working in the voluntary sector felt that her skills were not appreciated by academic partners and she had been accused of doing “Mickey Mouse” research. One participant with experience in the private sector argued:

“There are certainly good research skills in the private sector (e.g. in market research companies) that could and should be harnessed….. (I) have worked with …companies (in and outside Wales) with staff who have wide-ranging quantitative and qualitative research skills. Very often their knowledge of practice issues is far greater than that of researchers in academia and ipso facto their work can be of greater practical benefit. But there are a limited number of commissioners (often with limited budgets).” (PS 1)

The question of what counted as good research was raised by some stakeholders and some participants counted informal strategies as useful to them but acknowledged this could raise issues about quality:

“Feel that the kind of less formal research is strong in Wales voluntary sector, but aware we need to bring in more rigour to our research. Are we justified in making claims that we sometimes do on basis of informal research with our membership - I could be open to challenge and am surprised at how little challenging may go on. So I can go and “tell stories” on basis of what I know from informal gathering of information but how typical are those stories? Feel that a lot of social care research, especially in voluntary sector is based around this approach and could be more rigorous” (VSO 2)

Some stakeholders felt there was a particular skills deficit in relation to quantitative research methods:

“Because of this problem with commissioning, the conduct of social care research is problematic - there is little in Wales of a standard to present a strong evidence base for social care interventions - little quantitative or experimental research - tends to be qualitative or questionnaire based.” (WAG/PSB 4)

“capacity is low especially in research methods training, and especially quantitative methods and systematic reviews.” (WAG/PSB 7)
Some participants pointed out that in Wales there was an additional skills deficit they needed to address in relation to developing bilingual research:

“There are also challenges in terms of the skills base and in Wales this includes knowledge of the Welsh language- in some areas of Wales if you want to engage communities in research you do need to understand Welsh” (VSO 1)

4.4.3.8 Accessing and using data in Wales

The final issue identified in this section relates to the availability of data that is relevant to Wales at the national, regional and local levels:

“We need more Wales-based data as we often have to extrapolate to Wales from data collected elsewhere. We are often working from Government produced statistics but statistics across the four nations do not match so we cannot compare across on particular trends. So it is hard for a UK wide organisation such as this to produce a UK wide picture.” (VSO 1)

“Borrowing’ research done elsewhere is difficult, too – because (partly as a consequence of funding streams) work done for (say) the UK, while sometimes touching on Wales, often can say little because of insufficient sample sizes or insufficient understanding of the particularities of the Welsh scene.” (PS 1)

We note later in this report that the Wales Institute of Social and Economic Research, Data and Methods WISERD initiative, which has received funding from the ESRC and HEFCW, is aiming to address this particular issue by creating an All Wales population based data set for longitudinal and complex quantitative analyses. It is most important that social care researchers are able to participate in this initiative.

4.5 Building future partnerships for social care research in Wales

Returning to the key stakeholders in social care research that we identified at the start of this report, we argued that this will include investors, investigators and implementers. The consultation has revealed that stakeholders within all three groups and across sectors value existing opportunities for collaboration but have also identified a challenge in building partnerships that can meet the needs of different interest groups including service users. The responses to the consultation reveal underlying tensions resulting from differences in priority between stakeholders. In particular, those stakeholders working in public sector bodies and the voluntary sector who wish to develop evidence-based policy and practice often raised reservations about the priorities of academic research centres.

The following quotations illustrate this concern about the priorities for academic research:

“I think Universities need to get out into the real world. It is a bit closeted and there is an issue over who chooses the research people do and is it relevant to social services. University research is a bit too focused and not what we want and we are also looking for quite speedy stuff - longitudinal research is fine but our problems are immediate.” (LA 4)
“there can be tensions when we have University research partners - ....the academics are concerned with University targets for research output but this can compromise meeting what is needed in translating research into practice.” (VSO 1)

“How can expertise be pooled between those whose work makes them aware of the problems and those who can help with research to find a solution? Sometimes academic research describes the problems but does not actually help with a solution.” (VSO 3)

The concerns raised above point to the need for social care research to be framed in ways that can meet different priorities - to address immediate needs to solve identified problems as well as to inform the direction of social policy in the longer term. Some elements of the current research infrastructure are facilitating research of this nature as the following quotation suggests:

“Research needs to be strategic and policy relevant and can still be academically rigorous - we have found WAG to be very committed to dissemination including through academic journal articles. But I am sensitive to need to avoid being reactive and going after every funding opportunity that is presented- need to be selective and research must also be academically rigorous.” (AC 1)

Stakeholders are interested in fostering productive partnerships and the social care strategy for Wales will need to convince those stakeholders working in the local authority and voluntary sector services with service users that these partnerships will address their needs. This will then improve prospects for developing evidence-based policy and practice because:

“In the longer term we need to address knowledge deficits. We need to plan, to allow sufficient time. We need a co-ordinated approach to use pre planned research before a policy is implemented. The NAW needs to be organised so that research can influence policy production.” (WAG/PSB 6)

### 4.6 Social Care Research Priorities

**Summary**

- There is currently no way of coordinating suggestions for research priorities in social care from any of the stakeholders, from policy makers, service users, academics, or the field in general.

- Many respondents pointed to the need to address infrastructure and capacity issues before moving to identify specific themes for research.

- Participants’ suggestions for research priorities in social care ranged over many areas and were often framed in very broad terms that would require some reworking into themes for commissioning purposes. The second phase of the consultation exercise addressed these issues.

During the interviews respondents were asked what the research priorities in social care are at present in Wales. We had anticipated that this area for consultation would
enable us to inform strategic thinking on areas for research commissioning. However, responses revealed that further work is needed before we reach that stage. A large proportion of responses to the questions referred to infrastructure and funding issues to be addressed as priorities. This emphasis points to a perception among many stakeholders that they will need to address research capacity issues before they are ready to identify specific themes for research. We have excluded these from this section as they are covered elsewhere in the report. In this section we consider the research topics that were suggested as priority areas for consideration. As indicated elsewhere in the present report there is currently no way of coordinating suggestions for research priorities in social care from any of the stakeholders, from policy makers, service users, academics, or the field in general. This helps to explain why participants’ suggestions ranged over many areas and were often framed in very broad terms. There is a need to engage in further work with stakeholders in order to agree research priorities. One of the areas that WORD is now seeking to address is the identification of national research priorities for Wales. The second phase of the consultation exercise will explore this further as will a parallel study of health service managers.

No particular priority order (or weighting of importance) was given by most respondents. However, as can be seen from the list of responses, there is no strong evidence of clearly emerging themes for research, and therefore no indication of which of these are critically important to pursue.

4.6.1 Research priorities from the interviews

Children
Children’s services.
Reduce the number of looked after children.
Children’s Inspection Reports.

Social assessment
There is work around assessment- what works and what doesn’t work
There needs to be ‘real’ mapping of unmet need. Social work assessments need to map unmet need and consider what people need and want

Vulnerable adults
Safeguarding agenda for adults
Protection of vulnerable adults
How we protect the vulnerable
Older people who suffer from dementia are more likely to be subject to a Protection of Vulnerable Adults POVA listing. We need to know why and how it can be stopped

Service user engagement
Ensure service users’ needs are met is paramount.
Research around carers’ issues
Supporting research – use in practice, by service users and practitioners and the development of strategies to promote its use.
Experiences of service users and how they are included in both research and policy-making
Local communities
Links between social care and community regeneration
Older people in rural communities
Care in the community
Involving communities – hearing the voice of local people and responding to locally expressed needs and priorities
Ageing population

Minority or excluded groups
BME communities and travellers have needs which need to be addressed- there is high prevalence of LD with travellers and so need more research into the most excluded groups.
Structural inequalities
Social exclusion – ethnic minorities

Impact and outcome of social care
Quality of life
Agendas concerned with lifestyle, motivation, self-care, etc. that need to be delivered if we are to enjoy a good old age
There is a need for a ‘cross Wales’ standard, to focus on outcomes for service users.

Information technology
Use of IT and measures of performance
Reablement and technology
Telecare
New information society,

‘Whole system’ research
Do existing structures hinder or help social care e.g. the range of partnerships do they aid commissioning or social care delivery
How we go forward in terms of new models. There is also work around self-directed care and that agenda, which is important.
New social care structures and more evaluation of new configurations of services
Importance of throughput- people’s movement through the system
The long term effects of social care and wellbeing strategy actions on the care needs of local citizens

A related area is the change agenda

Research into change issues
Change management - link between the business process and the research
There needs to be ‘knowledge management’.
Change agenda and Wanless Report

Funding mechanisms
Charging for care.
Individualised Budgets.
Future funding and service scenario options
People who do not use social care services, how do they pay for themselves or access services
Complex needs
Level of need in social care and people with very complex needs
There is also issue of older people with LD
Better understanding of complex care and the predictive tools to know who will be a 'big' service user

Specific group issues
To understand how learning disability impacts on people. Their ‘up bring’, position in society, transition points, response from others and societal values
Care of older people in residential and nursing care.
Dementia
Understanding of the Mental Health Act

4.6.2 Conclusion

There are many disparate areas in these suggestions. There may be a need to rework them into broad themes for commissioning purposes. One consultation with a team of workers in a local authority began to identify some of these broader themes. One of these themes was the investigation of the impact of the organization of services to deliver more preventive services and to show the cost benefit of these. Another theme that emerges above in the ‘whole systems’ category was research into the ability to predict the need for long term community provision from initial assessment data, augmented by structured instruments that might have better predictive validity than service assessments alone.

There were one or two useful contextual comments from respondents. For instance one respondent thought that the research agenda should be drawn from *Fulfilled Lives*, and there is certainly an argument for this elsewhere in the report. One other respondent pointed out the need to engage in research with the voluntary sector, and that also emerges elsewhere in the report, where we point to the differences between health and social care providers and their engagement with research.

“*The Fulfilled Lives agenda is significant, leadership, community, partnership; workforce and the delivery of social care are all areas that need to be considered. Research should follow (the Fulfilled Lives) themes. Fulfilled Lives sets out the agenda. It sets out a research framework. This is an important element. Priorities should reflect policy imperatives- the placing of the citizen at the centre.*” (WAG/PSB 8)

4.7 Outcome focused social care provision

Summary

- Participants understanding of the term ‘outcome focused social care provision’ revealed concerns over definition and measurement of outcomes.
- Responses reveal that understanding about how to undertake outcomes measurement and what measures to use is at a very low level. Therefore,
those people who are actively involved in developing social care outcome measures in the different parts of Wales are almost certainly taking different lines on this.

- Participants were asked to identify what steps need to be taken in order to develop outcome focused social care services in Wales. There was an argument that any outcomes strategy should be based on WAG policies. There was also interest in the interrelationship between social care policies and service evaluation and research and the need for collaboration in the development of outcomes.

In this part of the consultation we asked respondents two questions. The first was:
What does the term ‘outcome focused social care provision’ mean to you?

4.7.1 Definition

There was a degree of confusion expressed by respondents and indeed some scepticism in the reply to this question. There is a lack of clarity about how outcomes are defined and measured. Some respondents suggested that outcomes measurement is reliant solely upon subjective indicators such as satisfaction:

“The first thing is to bring some clarity to what people mean by outcome focused social care services because there is clearly a difference of view. Need to clarify and simplify the language. For the Assembly, there is never a shortage of strategies and policies but the difficulty is seeing the woods for the trees. If we were able to focus on a maximum of 5 social care service priorities in terms of outcomes and then look at those, we would be making progress”. (WAG/PSB 2)

“See outcomes as a really big opportunity to refresh the service and to get more engaged with service users and encourage community to understand what they are getting out of services. We have tended to be focused on outputs but we are not very good at output based commissioning so I worry about a charge into outcomes. Sceptical that if we ask older people questions based on outcomes, we will get favourable answers even though there are unfavourable truths”. (WAG/PSB 1)

The move to an outcomes approach was often couched in terms of criticism of the way services are organized and delivered at present, or of the processes of assessment and care planning that are currently in place.

“It is about a focus on the needs and choices of the individual and engaging with that and coming up with agreed outcomes for them. It might be about higher level things such as being safe at home and looking at how you create that. If you start from there you are far more likely to meet people’s needs rather than, some of the worst of what we do now in processing people in relation to different eligibility criteria.” (WAG/PSB 3)

“The anonymised care plan is so generic at the moment and so has little meaning”. (VSO 2)

“Get rid of the Unified Assessment process. This practice is appalling. The theory is good but it is not working”. (VSO 5)
There was a recognition that to date the focus has been on outputs at best and that we have not been dealing with outcomes.

“At the moment we mainly measure through performance indicators in terms of outputs but we try to set those within the context of outcomes. Most outcomes that I have seen are really outputs”. (VSO 2)

“it means a big shift in the way people view the world because so far we have been looking at inputs and outputs and it means you use resources very differently and practitioners see the world very differently and it is not about gate-keeping resources but maximising people’s ability to do things. You are not looking at criteria to keep people out of systems when you are looking at outcomes, but at a very inclusive way of working that doesn’t necessarily mean that you spend any money”. (LA 4)

4.7.2 Measurement

For some people the outcomes focus was synonymous with or very related to a person-centred approach, but most people who made this connection had no suggestions as to how outcomes could be measured. A quite common approach to characterizing an outcomes focus was to think in terms of what the end result for the customer would be, but this was expressed as a vague notion rather than a clear idea of the nature and extent of impact on individuals.

“Ask Mrs Griffiths in Bargoed. She’ll tell you. Oh, my view? Well it is provision on my (the user’s) terms. No ifs or buts”. (PS 1)

“We need to think about ‘does the person benefit?’ This is outcome focused, the benefit for the client. (WAG/PSB 11)

“People will work towards goals which are person centred and performance of services will be monitored against reaching milestones towards achieving the goals as opposed to measuring how long a person receives the service for, or how often they receive a service or how many referrals are dealt with etc”.(LA 2)

On the other hand, some respondents related the outcomes focus to the need for practice to be evidence-based. Several of the respondents who mentioned this were from a health rather than a social care background.

“Need to be central element of all activity. Rather than ‘doing to’ people we need to actively engage with all citizens. We need to develop good, quality based practice using evidence based practice”. (WAG/PSB 10)

“In social care and health research evaluation is a big part of that and there is a WAG commitment to ensuring evaluation takes place so we have an idea of what outcomes we have achieved. I am interested in how we can bring together the views of users with ‘hard’ evidence- evidence based practice draws on different types of evidence”. (AC 1)

A number of respondents expressed their inability to say how social care outcomes could be measured, and again, most of these came from a health background, where measuring social outcomes are less common.
“That there is a proper assessment of need and provision of services that meet those needs within eligibility criteria. So that what is provided meets needs rather than being driven by service priorities. Outcomes involve making a difference and ensuring service provision makes a measurable difference. (AC 2)

“It involves measuring success in terms of designing a service around what happens for the user of the service - is hard to define. I feel we are really struggling to come up with outcomes and how we measure services against outcomes. The anonymised care plan is so generic at the moment and so has little meaning.” (VSO 2)

Within these ideas about measuring outcomes, quality of life and well-being emerge as the main contenders for measurement.

“There is a need to determine what kind of life people want to achieve and to ensure a positive outcome for individuals (VSO 5)

“The service users should be at the centre of everything. They should be fully involved and that the services they receive meets all their needs. To have the ‘best quality of life’. That services are ‘delivering excellence in social care’.” (WAG/PSB 10)

Nevertheless, apart from one or two social care academics and one or two LA services, understanding about how to undertake outcomes measurement and what measures to use is at a very low level. Therefore, those people who are actively involved in developing social care outcome measures in the different parts of the country, are almost certainly taking different lines on this. Nobody made reference to the need to utilize measures that have been proven to measure the concept that they purport to measure or to make sure that outcomes are being measured reliably and validly, which is fundamental if services are to be able to demonstrate changes over time as a result of their intervention. It is significant that nobody made reference to the social care outcomes framework that has been developed in England and is being utilized to some extent in Wales. Having made that observation the indicators it includes seem to focus more on needs than outcomes and have not been tested for reliability and validity.

There is also some indication in the consultation that measurement of social inclusion might be important

“Outcomes based needs to include how services have responded to; emergencies, has the intervention made people more independent or engaged, or has the situation got worse.” (VSO 5)

The second question that was asked was: What steps need to be taken in order to develop outcome focused social care services in Wales?

There was an argument that any outcomes strategy should be based on WAG policies.

“For the WAG to seize and run with the ‘Putting People First’ agenda. For local authorities and health trusts to somehow find the imagination to do likewise rather than just trying to prop up service frameworks that date back 50 years and more… Of
course, all this depends, on what outcomes are wanted. If WAG (and local authorities) truly want things to change and for older people to be empowered ...then this is the way – because users will determine the outcomes that suit them (and their sense of well-being).” (PS 1)

“This requires a cultural shift at all levels. It is currently being driven from central government level and is now being promoted corporately. In terms of social care, Fulfilled Lives, Supportive Communities talks about outcome based commissioning, and it will take time to understand exactly what this is, and this will need to be a common understanding across borders so that we are working in similar ways (and this is where joined-up research would be helpful).” (LA 2)

As in relation to the first question, a number of respondents saw the development of person-centred care as an important element in taking the outcomes approach forward:

“There needs to be engagement with service users either through formal research or at the individual level. Person Centred Care is important where you need to talk to people. The challenge is that there is a need for personal care and an individually designed care system.” (VSO 4)

“There is a need to consider implementing Individual Budgets and / or Person Centred Planning. These may be a ‘mirage’ but the may make situations better. WAG are not implementing Individualised Budgets but they need to be considered.” (VSO 5)

4.7.3 Policy, evaluation and research

There was some considerable interest in the interrelationship between social care policies and service evaluation and research and an identified need for these constituencies to work together to take things forward.

“Three ways to achieve this are (a) to involve users in the identification of their needs through involvement in the research process (b) use research designs/methods which are able to incorporate these views (c) provide adequate funding to identify and capture short term and long term outcomes as well as unexpected outcomes.” (AC 8)

“I am not sure if I am qualified to comment but I think it is about the partnership between policy development, implementation and evaluation and researchers working together. Need a research culture in policy intervention and building in evaluation at the start.” (AC 1)

Another feature which emerged several times was the need to take seriously the involvement of service users in the development of outcomes, service evaluation and research.

“There needs to be agreement over what the range of outcomes is- do people mean the same thing? There is a lot of rhetoric including in academic articles. We have spoken with practitioners on what counts as an outcome. We also have project reference groups of key stakeholders and have considered with them what counts as an outcome.” (AC 2).
“There is a real opportunity to build on the academic infrastructure in Wales, what we can’t have is to completely unpick what has gone before, it can improve further, it needs to be enhanced for social care research. Involving People may be one of the places to start in terms of social care research priorities. That almost forces an integrated approach.” (WAG/PSB 7)

4.8 Building a social care research strategy for Wales

Summary

- The Phase One consultation pointed to a broad consensus that social care research capacity in Wales is quite weak and that there is a need for a strategy to support further progress.

- The main suggestions from participants for ways of improving social care research capacity at a strategic level are discussed in relation to 6 key areas: Improving social care research visibility—politically and strategically; Improving Funding Streams; Improving the research infrastructure; Improving the academic research capacity in social care; Improving the evidence base in and for practice in social work and social care; Improving the research capacity (and involvement of) major social care providers.

The Phase One consultation points to a broad consensus that social care research capacity in Wales is quite weak and that there is a need for a strategy to support further progress. However, there are differences of view among stakeholders about what counts as good quality research, the purpose of social care research and its potential for effecting change and driving policy and practice. There is also a variety of perspectives on the future development of a social care research strategy for Wales. In this section we seek to present the range of views on this matter alongside our commentary on where these are being addressed or might be progressed in the future. The inclusion of Social Care Research and Development in the priorities of WORD for the next three years will provide an opportunity to make progress.

4.8.1 Improving social care research visibility—politically and strategically

The profile of social care research needs to be improved within the social care sector and within the research arena. There is a need for a national social care research strategy for Wales with lead from WAG and the agreement of clear priorities

“There needs to be a clear lead at a policy level, there isn’t at the moment. Until there is clear leadership within the Assembly for social care policy including research things won’t change and conditions are not best to promote social care research.” (WAG/PSB 2)

“The Assembly should be able to ensure good quality research is available if there is a commitment to it but there has to be a willingness to make difficult decisions and not try to be all things to all people— we must overcome idea that a small pot can cover
everything- either the pot needs to grow or there needs to be very clear decisions over what the priorities are but politically that is going to be tricky.” (WAG/PSB 4)

It is clear that the need for a strategy is accepted and that WORD is taking a lead on the development of future directions and funding arrangements. However, social care research seems to struggle to become visible, especially in the political context. One way forward might be for WORD to have an assistant director to take the lead on social care research – this would need to be somebody familiar with the social care research environment.

A lead for social care has now been identified so that the issue has been addressed. Whilst some participants identified a need for WAG to take a stronger lead in developing social care research, this needs to be set alongside the view expressed by some that more inclusive style was required:

“Research commissioning is overly led by Government and the process needs to be more inclusive and open- not sure social care community is aware of what is going on.” (WAG/PSB 9)

This comment was typical of many that indicated a communication problem between the key players, so, for instance the commissioning of social care research by different parts of WAG appears to be uncoordinated. Knowledge of the current state of social care research, who is doing what and where, is very partial or non-existent among some of the key players in major organisations (both governmental and non-governmental). In some cases, this is because research itself has a low priority for that organisation or agency. One would have to say that there is a growing awareness in pretty well all the major bodies that their research profile and activity needs to be given greater priority. There are also indications that this needs to be a collective enterprise and here some respondents saw a greater role for the Social Care Research Advisory Group SCRAG, perhaps taking on a more strategic proactive role than it currently has. Several key stakeholders expressed a wish to be more involved in the delivery of a social care research strategy that would foster partnerships between the key players and enable the setting of key priorities. However, not all parties are clear about how to take this agenda forward.

“There does not seem to be any clear way to be engaged or to influence priorities. There needs to be a mechanism to do this” (WAG/PSB 12)

There was an argument to develop role of SCRAG through allocation of further resources and in relation to the Fulfilled Lives strategy.

“we have in principle an agreement through Fulfilled Lives strategy where we might be able to get some additional resource so that we can boost the capacity of that group to do a better job of co-ordination and prioritisation of the work.” (WAG/PSB 2)

There was a strong feeling that the Fulfilled Lives agenda is a mechanism upon which a social care research strategy could be based, in particular because of its emphasis on outcomes driven services. However, for any coordination mechanism to operate successfully it would require that the national strategy is linked to many other different but relevant WAG agendas - including ‘citizen engagement’, and ‘involving people’ among others. All of this would require a coordinated approach across NAW.
4.8.2 Improving funding streams

There was widespread support for the designated funding stream for social care research:

“There is a need for focus, well-labelled, explicit and supported by resources and a clear strategy.” (AC 2)

While there was strong support for a dedicated funding stream, there was a difference of view among participants regarding whether funding should be carefully targeted towards one or more centres of excellence or whether an inclusive approach that would enable smaller institutions to play their part would be more appropriate.

“We need to be clear about our priorities and capacity. The OPAN approach is excellent. We should be developing a Centre of Excellence and it should be resourced.” (WAG/PSB 8)

A number of additional approaches to funding were mentioned, including:

- Any strategy will need to address how to bring more funding into Wales including engaging with Funding Councils.

- WAG and other bodies that fund social care research need to consider how the whole process from identifying research funding priorities to processing bids can be improved.

A scheme to forge collaborative research and training between universities and practitioners could be established as part of the social care research funding arrangements. It might be that all or some part of the funding is specifically for projects that represent joint applications by service agencies and HE institutions. In the Lottery research funding the initiative comes from the service sector and there has to be a genuine working relationship with an academic institution. It may be necessary to consider tipping the balance towards the providers in this way

(a) to encourage ‘useful’ research;
(b) to prevent too much own account research which may ignore practice priorities;
(c) to encourage a research mindedness and culture within the provider organisations; and
(d) to sow the seeds of ongoing and developing partnerships between HE and the field for future bids.

There is also a question about how social care funding applications are examined. There is an argument that the panel membership for funding bodies should be more representative of the social care sector than they currently are, and that the membership of these panels should be more transparent as is the case in many similar commissioning bodies elsewhere in the UK.
4.8.3 Improving the research infrastructure

“How could the current research infrastructure in Wales be improved? By the provision of consistency and continuity of information sharing across all areas of social care. Possibly one centre of excellence taking the lead and being a central point for coordination research / disseminating findings.” (LA 3)

“One lead network with a website of useful research links and publications” (LA 7)

Nearly all participants made some reference to how WORD could make improvements that would benefit social care research and the need to address the role of WORD in any strategy for social care research:

“So WORD could potentially be good and could challenge any negative reputation by being more accessible and looking at how it can create a public presence.” (VSO 1)

“WORD could be involved in putting the right mechanisms in place and allocation of funding but should not be WAG dominated.” (WAG/PSB 9)

There are elements of the existing infrastructure that are positive and should be developed further and be given time to prove their worth. These include some, but not all of the thematic research networks, AWARD, research groups, SCIE, SRA Cymru. Should there be a specific social care network that coordinates all activity, and interacts with all other networks, or should the social care components of existing networks be enhanced and made more of a reality than they are at present?

“I know there was the idea of having a social care network that did not succeed and I wonder if that might have been a useful thing, actually. But there are a number of important networks there that are very relevant to social care and they need to shout a bit louder and make themselves more noticeable and raise the profile, even if that means elbowing into places. ……We need to keep beating the drum and emphasise the social care aspects.” (WAG/PSB 3)

“At the policy level in Wales make use of existing networks. There is a wealth of experience with social care research in AWARD, for example, and in some of the thematic research networks.” (AC 5)

All this is of course subject to the capacity constraints we have outlined elsewhere in this report and we turn now to that issue.

4.8.4 Improving the academic research capacity in social care

- Strategy to support building of academic expertise in social care

There are, as indicated already, different views about how to take the agenda forward. There is no ‘silver bullet’ and it is likely that social care research will have to move forward on several different fronts at once. A strong view existed that, for policy related research at least, there needs to be one unit, or one linked network, that takes the lead in the delivery of social care research.

“Enormous interest among funding partners in building an academic research base in Wales, to fill UK wide gaps, which we could fill in partnership with them.
We need a discussion about having a PSSRU like unit in Wales to respond to policy research requirements.” (WAG/PSB 7)

- Foster improved collaboration between Universities

  “Capacity building requires Universities to get together for both research bidding but also research training. The WISERD bid on quantitative research methods has a large component devoted to this.” (AC 9)

  “There are small pockets of research and there are particular pockets that make a strong contribution…..But there is no critical mass and it is difficult for any single unit to claim they can cover all the issues so believe we need to be working more across the University sector, and we value existing collaborations.” (AC 2)

While there was a general willingness to work together, again there was no mechanism, other than individual collaborations and existing networks such as OPAN, through which innovative or responsive collaborations could be fostered. This is in contrast to the situation, for example, in public health, where a centre of excellence linked to collaborative networks of providers and academics was showing some promise.

- Strategy to support collection of more Wales based data on social care issues and look at how statistical evidence can be collected in ways that enable comparisons across the four nations but all can be broken down to fit needs at local level

  WISERD should help with this and social care should be a player in this initiative, as it addresses one of the fundamental problems in capacity in social care research, that of the dearth of quantitative skills.

- Further funding to support employment of Research Fellows within the thematic networks.

In addition to an enhancement of the funding stream for social care research grants, a number of respondents suggested that Fellowship schemes that are common in health (including nursing) need to be dedicated to social care research. It was suggested that WORD may be intending to take this forward, but the question of the exact mechanism remains unclear. The issue of where Fellowships in social care are best located needs to be addressed. This could be within existing thematic networks, or with a specific centre of excellence. Perhaps both are required with some prioritisation and coordination being undertaken by a separate entity such as WORD or SCRAG.
4.8.5 Improving the evidence base in and for practice in social work and social care

This was a consistent theme and one that exercised those in practice and academia. It was suggested that the focus should be on an infrastructure that will support translation of research into practice. Support should be provided to local authorities, health boards and voluntary sector organisations to develop their own research capacity - so research can be conducted in-house (see also below).

There needs to be consideration of how to support better use of existing research evidence and ensuring plans for evaluation and dissemination are built into all project bids. Although this is now a requirement of most funding bodies, there are differences in the interpretation of terms such as ‘users’ of research, and a distinction needs to be made between traditional and non-traditional means of dissemination.

Some participants suggested that the development of Research in Practice and Making Research Count type initiatives would be valuable and that there was a need to provide funding to support initiatives for academics to engage with policy and practice.

A further theme concerned the improvement of opportunities for social work professionals to engage in postgraduate research training including doctoral research:

“There is some scope to consider making opportunities for doctoral study, for example in terms of providing financial incentives and the time to undertake study.” (AC 10)

This is where the origins of the research capacity problem in social care are located. The culture of most social work and social care organisations is very different from the health service, and the need for research and evidence based practice is only being acknowledged recently. This means that there are generations of trained and untrained professionals who have not been adequately taught research methods, or more importantly how to critically appraise and use research and other evidence. This applies to generations of social work managers and educators, most of whom have no grounding in research methods either. This translates into the difficult situation for research funding panels and peer review panels, where the expertise resides in those who are not social work or social care professionals. A similar difficulty arises for service users and carers who want to play a full role in the research enterprise.

4.8.6 Improving involvement of service users

Many stakeholders identified a need to ensure social care research involves service users and a national strategy will need to demonstrate an understanding of why this is important and how it can be delivered if it is to have credibility.

“We need to move beyond the ‘professional class’ to fully engage with service users. But we need to think about how we involve the ‘unengaged’ and involve different groups.” (WAG/PSB 6)
4.8.7 Improving the research capacity (and involvement of) major social care providers

There was a particular effort to ensure that major service providers were involved in Phase One of the consultation exercise. It is important to realise that a multiplicity of providers in the private and voluntary sectors provide 80%+ of social care provision, and in this sense social care differs radically from the health service. It also means that R&D in social care faces a series of very different challenges than that faced by R&D in the NHS.

- Ensure a national strategy addresses the interests and prospects for research involvement of practitioners and service users in voluntary sector and services

"There needs to be better communication between the research community and the voluntary sector - there is too much of the approach where researchers let us know "this is what we have done" whereas we could be involved earlier- hope LDAN and other networks will help address this." (VSO 2)

This echoes the points made earlier; this is not just a problem for the voluntary providers, even major national and governmental agencies struggle with the apparent fragmentation of social care research. The need to examine the way in which results of research are reported is also an issue for the voluntary providers.

It is "not helpful where a research centre just sends out a report which may not be read. LDAN is good and there is need for more efforts to develop the foundations for voluntary organisations which often have no time to step back. So need for more communication between research bodies and voluntary sector." (VSO 3)

The voluntary providers are also exercised by the need to involve service users and front line practitioners in the research process.

"Need to look at question of how people at the grassroots are enabled to specify what they need from social care research- there must be a partnership between the voluntary organisation and the research institution to enable this involvement" (VSO 3)

Although some of the major national (and international) agencies do have some research capacity this is minimal and exercised irregularly in most cases. Like the statutory providers and higher education, the research capacity problem appears to affect them too.

"The voluntary sector does not have capacity. They could learn from academic institutions who could provide leadership and training. There is a need for collaboration and ‘linkage’" (VSO 4)
5 THE PHASE TWO CONSULTATION

5.1 Introduction

Phase Two of the consultation exercise involved consulting senior and middle managers and research officers within the social care services, and with social work educators. The consultation took the form of a questionnaire that was sent to local authority, voluntary and independent social care agencies and to Social Work Programme Directors. The content of the questionnaire was informed by the review of the literature and the Phase One responses.

5.2 Aim

The aim of this section of the consultation was to consult as widely as possible with senior and middle managers and research officers within the social care services and with social work educators in order to establish their views on:

- the present research and development expertise and capacity in social care in Wales;
- whether the current structures and mechanisms (to build capacity and infrastructure) are adequate to meet the strategic (priority) needs of social care research in Wales;
- the current priorities for social care research at the local and national levels in Wales;
- how Wales can move toward an outcome focused strategy in social care provision;
- how it might be possible to strengthen or improve capacity to better serve the evidence base needs of stakeholders in relation to policy, leadership and service development in social care.

5.3 Objectives

This phase of the consultation exercise took the form of a postal survey designed to:

- gather information about immediate and longer-term social care research priorities within local authorities, the voluntary sector and the private sector, and within researchers within social work education;
- gather information about individual and institutional research capacity;
- explore level of awareness of and use of the existing social care research infrastructure within stakeholder groups;
- gather ideas for a social care research strategy that will help address current problems - assess levels of support for different solutions.
5.4 Method

This phase of the consultation exercise involved a targeted workforce survey, which was conducted with people in the wider social care community who might have an interest in research (i.e. it was not a full workforce survey).

5.4.1 Questionnaire Design

The questionnaire consisted of a series of structured and semi structured questions. These covered the following areas: individual and organizational details; involvement in research; research priorities; research infrastructure; future strategic direction (see Appendix C for details). The content was informed by the review of the literature and the Phase One responses.

A copy of the questionnaire was sent to the Social Care Review Methodology Group for comment and approval. The initial questionnaire was amended following feedback from the Methodology Group.

5.4.2 Pilot

The questionnaire was piloted with senior managers from a local authority and research staff who were non-participants in the survey.

The questionnaire was amended as a result of the comments made from the individuals who participated in the pilot exercise.

5.4.3 Target groups

Respondents made suggestions about to whom the questionnaire should be sent i.e. to staff at the right level who could make appropriate comments. The Methodology Group were also consulted in respect of the target group for recipients of the questionnaire. The Association of Directors of Social Services were also consulted about potential recipients of the questionnaire.

Each Director of Social Services was sent a personal copy of the questionnaire to complete. A copy of the letter sent to the Directors is attached under Appendix D.

The Directors were also asked to distribute the questionnaire to the following staff groups:

- Heads of Services for Adult and Children’s Services
- Research Officers
- Policy Officers
- Training Managers
- Any other staff group that the Director assessed should be consulted.

The Directors were also asked to provide a list of the names of the staff to which the questionnaire had been passed.
A letter of invitation was also sent to voluntary and independent providers of social care services and to the Programme Directors of the eight Social Work Degree Programmes in Wales, and this is attached at Appendix E.

5.5 Results

5.5.1 Response rate

A total of 168 questionnaires were sent out to local authority, voluntary and independent sector staff and Directors of the Social Work Degree Programmes. A list of all those agencies that were sent a copy of the questionnaire to complete is attached under Appendix F.

<table>
<thead>
<tr>
<th>Staff category</th>
<th>Sent</th>
<th>Returned</th>
<th>% response</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA staff</td>
<td>132</td>
<td>29</td>
<td>22</td>
</tr>
<tr>
<td>Voluntary bodies</td>
<td>22</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>Independent sector agencies</td>
<td>4</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>Regional Social Care Partnership Coordinators</td>
<td>4</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>BASW</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social Work Programmes</td>
<td>8</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>168</td>
<td>40</td>
<td>24</td>
</tr>
</tbody>
</table>

Response rates for the statutory sector may not be accurate, because it is possible that not all of the questionnaires sent to directors were passed on. The highest proportionate response rate is from independent sector and voluntary bodies rather than the statutory sector (n=10/26; 38%). However the overall response rate is only 24%, making it hard to draw any definitive conclusions. Where the results support the evidence we already have from Phase One and the review, it is probably acceptable to suppose that these might contain less error than other findings. For instance we have already commented on the preponderance of activity in the area of work with children (and noted the same to be the case in our review of social services research in Scotland) and the responses here are similar, with 55% coming from respondents working primarily with children.

5.5.2 Current Professional Involvement in Research or Research-Related Activity

One-third of the respondents are never engaged in any research of their own, and only 10% are regularly involved in research bids and a similar figure in commissioning activity. On the other hand a substantial majority claim to make use of research in their practice (75% n=30) or in their policy related activity (80% n=32), and this did not differ by sector. This is consistent with the findings in the review.

Quite a high number of the respondents identified themselves as a member of a research network or research group (n=17, 43%). Prominent among these networks was RIP, OPAN, and Swansea University. There are two Children and Young People’s research networks, one is part of CRC Cymru and the other the SSIA. More people were aware of the former (58%) than the latter (30%). Otherwise, the highest levels of awareness were for WORD (70%) and AWARD (53%).
The level of involvement in research was hard to assess, and in some cases simply involved responding to other people’s requests (such as the present one). For instance one person reported that they:

“respond to numerous research questionnaires from CW / CSSIW / WAG / WLGA / SSIA”

Asked about barriers that might inhibit involvement in research activity respondents indicated that there were five main barriers, and these are similar to the ones identified in the review: time constraints, workload pressure, capacity issues and operational demands.

5.5.3 Endorsed improvements

Although the sample is small and possibly biased towards those with most interest in research, it is not without interest that there was almost unanimous endorsement of certain factors that might be put in place to improve research capacity in social care. These are listed in Table 2 below.

Table 2: Endorsed improvements

<table>
<thead>
<tr>
<th>Improvement</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissemination mechanism</td>
<td>39</td>
<td>98</td>
</tr>
<tr>
<td>Data base of research providers</td>
<td>36</td>
<td>90</td>
</tr>
<tr>
<td>Create a social care research network</td>
<td>33</td>
<td>83</td>
</tr>
<tr>
<td>Enhance academic research capacity</td>
<td>30</td>
<td>75</td>
</tr>
<tr>
<td>University – provider consortia</td>
<td>29</td>
<td>73</td>
</tr>
<tr>
<td>Research networks at the SCIP regional level</td>
<td>26</td>
<td>65</td>
</tr>
<tr>
<td>Enhance the social care focus of existing thematic networks</td>
<td>24</td>
<td>62</td>
</tr>
<tr>
<td>Develop centre(s) of excellence</td>
<td>23</td>
<td>59</td>
</tr>
<tr>
<td>Introduce a social care research fellowship scheme</td>
<td>14</td>
<td>35</td>
</tr>
</tbody>
</table>

5.5.4 Research priority areas

Respondents were asked to identify the three main topics for social care research in their respective practice field. These fell into four main groups and included the following categories (number of issues within each category in brackets).

- Children’s Services (27)
  Areas identified included, interventions in Child Protection and for looked after children (13), outcomes focused work (6), family support work, risk analysis & decision making and partnership working (8).

- Adult services (40)
  Service user participation (17), workforce development issues (15), partnership working (8)
• Service User involvement (6)
  Residential care and supported living (2), effective use of resources (2), user
  involvement in design/development/execution and dissemination of research
  (2).

• Workforce Development (8)
  This was an area identified by 8 respondents.

• Outcome focused work (5)

5.5.5 Other suggestions for improvement to the research infrastructure

Respondents were asked to identify any further ideas that they would like to put
forward for improving social care research in Wales. Several made specific
suggestions and these included the following proposals:

• Connect what is happening in social work academia with what is of concern to
  practitioners, e.g. information about research being undertaken
• Further develop links between academics and providers, such as
  secondments between agencies and universities
• Annual events, such a national or regional research conference
• Greater use of LA staff to teach/lecture on undergraduate/postgraduate
  courses

5.6 Discussion

The response rate is disappointing and the results of the survey are clearly biased
towards those with an interest in research; almost three-quarters who were invited to
failed to respond, which in itself says a lot about capacity and understanding. Having
said that some of these results accord with both the responses we received in the
interviews, and are consistent with the literature (bearing in mind that the literature
itself is very variable in quality). For instance, when asked about involvement in
research and barriers to involvement and use of research in practice the answers
here are entirely consistent with previous research. Similarly, respondents to this
survey, interviewees, and previous research all find it difficult to assess research
priorities in other than very general terms. This must reflect the present level of
research awareness in the field. Although there may be a body of knowledge in a
particular area it is insufficiently robust or developed for it to be clear which the next
questions are that need to be addressed. This is related to a low capability in framing
of research questions.

In terms of suggested improvements, Fellowship schemes were not endorsed to the
same extent as other improvements, and this may have been because respondents
did not know what such a scheme might entail, plus the fact that there were only two
academic respondents. Improvements to access to research predominate here,
which is interesting when taken in conjunction with the findings in relation to the
enthusiasm for the use of research and participation in it. Reported use of research is
incredibly high (see above) and 68% hope to participate in research in the future. Only 13% do not occasionally or regularly contribute to the research work of others, and 78% occasionally or regularly attend research events. All of this suggests that resources invested wisely would meet with universal support and enthusiasm. It is worth reiterating at this point that the survey results are undoubtedly biased, but at least they are consistent with the emerging findings in the literature.

While the low response rate in Phase Two is disappointing, it is at the same time an interesting finding in that it lends support to the argument that a research friendly culture needs to be developed in the field. The Phase Two result needs to be viewed in the light of the very positive response that the team received in Phase One, where nearly everybody who was invited to participate agreed to give time to an interview or to complete the schedule. So there is a huge difference in response rate and enthusiasm for this review between the two phases. It could be that the tighter timescale for Phase Two was off-putting for recipients or the means of data collection - by questionnaire rather than by personal contact/ face-to-face discussion - was less attractive, so it is possible that the low response rate is an outcome of the method (and postal surveys often have low response rates) rather than lack of interest within the workforce. This issue should be borne in mind in any future data gathering in relation to research in the social care field.
6 CONCLUSIONS

We were asked to address five issues.

- The current priorities for social care research at the local and national levels in Wales
- In terms of R&D expertise and capacity in social care, the current state of provision at the national and local level
- Whether the current structures and mechanisms (to build capacity and infrastructure) are adequate to meet the strategic (priority) needs of social care research in Wales
- How we can strengthen or improve capacity to better serve the evidence base needs of stakeholders (including governmental and non-governmental actors) in relation to policy, leadership and service development in social care?
- How can Wales move towards an outcomes focused strategy in social care provision?

We conducted three exercises, a review of the literature, and two consultations with key stakeholders and interested parties. Although these components have been reported independently in the main body of the report, we have made it clear that the results of the review resonated with the views of our respondents in Phase One, and that the questionnaire used in Phase Two was informed by the other two exercises. We have noted above the limitations of using a survey methodology in the social care field, but we also note that the results of the survey broadly accord with the results of the review and of Phase One.

Conclusions and recommendations

Conclusion 1: There was widespread agreement that there is a need for clear and effective leadership in the social care research arena, as a key component of the overall research and development strategy, and that there needs to be vision and ownership at the policy level

Recommendation 1: The Assembly should take the lead in involving stakeholders in a wide ranging partnership to build upon the existing strategies, funding arrangements and commitment to social care research

- Welsh Assembly Government policies could present opportunities for new social care research. In this regard, both the Making the Connections and Fulfilled Lives agendas were recognised by participants as potential platforms for building a research strategy especially one related to outcomes and evidence based practice.

- The main suggestions from participants from the first phase of the consultation exercise for ways of improving social care research capacity at a strategic level are discussed in the report in relation to a number of key areas: Improving funding streams; improving the research infrastructure; improving the academic research capacity in social care; improving the
research capacity (and involvement of) major social care providers; improving
the evidence base in and for practice in social work and social care. These
factors also emerged strongly in the EBP review.

**Conclusion 2:** Strong support emerged for improvement of social care research
funding, some of which could be directed at enhanced research training, and some to
enhance the collaborative arrangements between universities and other sectors.

**Recommendation 2:** WORD should continue to seek additional resources for social
care research and should continue to consult all stakeholders about the most
appropriate mechanism to put in place to enhance research capacity in HEIs and
provider agencies.

- There was a recognition that dedicated funding for social care research in the
  form of grants and studentships had been put in place but there was considerable
  support for strengthening the social care component of the existing infrastructure,
  and increasing further the funding for social care research. A strengthening of
  both academic research and partnerships between HEIs and service providers
  was also called for.

- Participants from the interview and survey phases of the consultation exercise
  perceived the current condition of social care research and social care research
  capacity to be weak and agreed it needed to be developed. The results of the
  review of evidence confirmed that this is widely appreciated, and that the quality
  of EBP research is itself not strong in the social care field.

**Conclusion 3:** There is support for the enhancement of social care research
capacity in academic and practice settings in Wales.

**Recommendation 3:** WORD, in partnership with employers, the SSIA, and the
HEIs, should examine possible mechanisms to improve research capacity and
productivity of the academic contribution, such as joint working, secondment
arrangements, Fellowships, consultant social work posts etc. The case for an
inclusive centre of excellence, with agency and HEI contributions, which could
enhance existing research networks in social care terms, should be explored.

- There is currently no mechanism for coordinating suggestions for research
  priorities in social care from any of the stakeholders, from policy makers,
  service users, academics, or practitioners.

- Both phases of the consultation and the review of evidence all indicate that
  social care practitioners find it hard to determine specific research priorities
  and also find it difficult to articulate specific research questions. This is a
  consistent finding in the literature, and supports the case for improvements in
  basic and post basic training and professional development.

- Respondents to the postal questionnaire indicated that there was a limited
  individual practitioner involvement in social care research activity. There were
however a number of areas that were identified by respondents where social care research could be developed. These can be divided into four broad categories. Children's Services, Adult services, Service User involvement and Workforce Development.

- Those individuals who responded to the postal questionnaire indicated that whilst some were aware of the social care research infrastructure others had limited or no knowledge. They also had limited awareness of the extent to which their own organisation was involved in a social care infrastructure.

**Conclusion 4:** There needs to be specific consideration of the role and function of the current supports and networks to assess their fitness for purpose. WORD's recently-completed review of CRC Cymru is highly relevant to this issue and its findings need to be taken into consideration.

**Recommendation 4:** WORD should continue to review the social care components of the current research infrastructure and where necessary seek to enhance the social care contribution. Existing networks should be further enabled to generate successful research bids with substantive social care content, on a substantial scale.

- During the consultation exercise participants identified the following sources of support: CRC Cymru Thematic Research Networks, AWARD, Research in Practice, SCIE, other local networks and consortia and individual forms of collaboration. Similar groups were identified by the respondents of the postal questionnaire in Phase Two. These areas of support are valued by participants, although certain gaps and weaknesses were also identified.

- Whilst respondents did appear to be aware of research networks or research groups, involvement in them was rather limited. Respondents were able to identify a number of research networks and research priorities and a small number were able to identify a specific staff member with responsibility for organisational research priorities.

**Conclusion 5:** Research capacity will only be improved if a research active culture is in place in both academic and practice settings. A considerable number of features of the current situation are making improvements very challenging. These need to be addressed on several fronts, including better dissemination of research findings into policy and practice, and this is especially an issue in services for adults of working age.

**Recommendation 5:** Dissemination of research findings and their translation into practice requires improved coordination and further investment. The SSIA and provider agencies should consider the possibility of developing research into practice for adult service users.

- All of the parts of the project identified general and country-specific challenges to the improvement of research capacity in social care. As well as the challenges already mentioned in relation to funding there were challenges related to; the translation of research into practice; to the social care professional culture; and to
pressures facing social care professionals. Time constraints, workload pressure, capacity issues and operational demands present particular challenges to participating in social care research activity.

- For many respondents the Research in Practice model was valuable in the dissemination of research findings, but this was in relation to children’s services only. Many identified the need for adult social care to be addressed in a similar fashion.

**Conclusion 6:** Opportunities for the involvement (of service users and carers and the agencies providing services to them) in all aspects of the research process need further development. This would include involvement in the development of research strategy, priorities, local projects, dissemination and translation of findings into practice.

**Recommendation 6:** Any research strategy should include specific elements to improve the participation of the non-statutory sectors in research and to encompass the needs of the service users and carers to participate in all aspects of the research process. Provider agencies, academic institutions and the SSIA need to develop processes that can lead to such participation.

- Improvements in the research capacity of social care providers and their staff, in both the statutory and the independent sectors is a complex matter that will not be resolved rapidly. It will require multiple approaches such as the improvement of basic and post-basic training, cultural change within organisations, and support for staff to engage in postgraduate education and professional development in research methods.

- At the same time, service user and carer involvement is at a low level of development, and also needs to be addressed. Some of the academic institutions have well-developed arrangements for working alongside service users in research projects, from inception to dissemination.

**Conclusion 7:** Participants’ understanding of the term ‘outcome focused social care provision’ revealed concerns over definition and measurement of outcomes.

**Recommendation 7:** Academic institutions, together with the SSIA, and provider organisations need to consider better ways to develop and implement outcome measures related to service users expressed needs.

- Responses reveal that understanding about how to undertake outcomes measurement and what measures to use is at a very low level. The review of evidence based practice literature confirmed that this is not an uncommon state of affairs.

- Participants were asked to identify what steps need to be taken in order to develop outcome-focused social care services in Wales. There was an agreement that any outcomes strategy should be based on Assembly policies.
There was also interest in the interrelationship between social care policies and service evaluation and research and the need for collaboration in the development of user-relevant outcome measures.
REFERENCES


Completed interviews

Twelve interviews were conducted with academics drawn from the Universities of Bangor, Cardiff, Swansea, Glamorgan and NEWI and this includes individuals involved with AWARD and with OPAN. We have also conducted interviews with a total of 16 people in the following organisations (WAG, CSSIW, CCW, SSIA, ADSS Cymru, WORD). RIP Link Officers were informed about the project and 2 group interviews were conducted within particular LAs with the Link Officer and other colleagues, one individual interview with a RIP officer, one individual interview with an LA research officer and received 3 responses from teams within one LA. Interviews with 1 private consultant and with officers in 7 voluntary sector organisations covering children, older people and learning disabilities were also conducted.

Six other organisations were also contacted up to 8 times by e-mail and by telephone. These represented academics, the voluntary sector and public sector bodies. No responses were received and they were included in the second phase of the consultation exercise.
INTERVIEW SCHEDULE

Participant Details

Name:  
Job Title:  
Organisation:

How do you and/or your organisation:

a) use research evidence relating to social care?  
b) contribute to the current research evidence base?

Social Care Research Capacity in Wales

1 How would you describe the current condition of social care research in Wales?

2 How would you describe the current capacity for social care research in Wales? (Prompt: in terms of a) commissioning; b) conduct; c) delivery; d) interpretation e) implementation?)

3 What are the main challenges and opportunities faced by those involved in social care research in Wales at (a) the national level; (b) the regional level and (c) the local level?

4 How can we strengthen research capacity to deliver better quality evidence in relation to social care:  
(Prompt:  
a) Policy?  
b) Leadership?  
c) Service developments and practice?  
d) Outcomes for service users?

Prompt: Who should be involved? What contribution could you / your organisation make?)
Research Infrastructure

1 How does the current research infrastructure
   a) support social care research activity in Wales
   b) hinder social care research activity in Wales

(Prompt: How is social care research funded? What (if any) research networks relate to social care? etc)

2 How could the current research infrastructure in Wales be improved?

Research Priorities for Social Care in Wales.

1 How do you / your organisation determine your current research priorities for social care?

2 What do you see as the main priorities for social care research in Wales at (a) the national level; (b) the regional level and (c) the local level? (Check for immediate and longer term priorities)

Outcomes Focused Social Care Services.

1 What does the term ‘outcome focused social care provision’ mean to you?
   (Prompt: What is your view of outcomes focused social care?)

2 What steps need to be taken in order to develop outcome focused social care services in Wales?
PHASE TWO CONSULTATION: QUESTIONNAIRE

SOCIAL CARE RESEARCH PRIORITIES AND CAPACITY IN WALES

PHASE 2 OF CONSULTATION EXERCISE

We invite you to contribute to the second phase of a consultation exercise that the research team at the Centre for Social Work and Social Care Research is conducting on behalf of the Wales Office of Research and Development. The aims of the exercise are to contribute to on-going debates about the future development of social care research capacity in Wales and to feed in to proposals for a social care research strategy in Wales.

This consultation exercise forms part of a wider 12 month project on social care research capacity and priorities in Wales. The first phase of the consultation was completed in April 2008 and comprised interviews with over 40 key stakeholders in the health and social care communities. We now wish to consult as widely as possible with senior and middle managers and research officers within the social care services and with academic staff and social work educators. Further information about this project is provided in the attached summary.

It is important that we consult as widely as possible across all areas of social care and within all relevant sectors and we would greatly value your participation.

All the information gathered during this exercise will be reported anonymously and no remarks will be attributable to an individual. We do intend to provide a list of all the organisations that contributed to this exercise.

Guidance on Completion

This questionnaire should be completed in relation to your current post and you are asked to answer for self only rather than your team or your organisation, except where the question makes it clear that a response relating to your team or organisation is required.

If you hold more than one post, please complete a questionnaire for each post.

For the purpose of this survey, the following activities are included in our definition of research: academic research projects; service evaluation; service user consultation; carer consultation; needs assessment and systematic reviews.

For the purpose of this survey we anticipate that most participants will complete the questionnaire and return to us by post. However, if you would prefer to complete the questionnaire by telephone please let us know and we will make appropriate arrangements.
If you need any further guidance in order to complete this questionnaire please contact us by email or telephone. The relevant contact information is provided below.

Contact Information

Centre for Social Work and Social Care Research
School of Human Sciences, Swansea University
Singleton Park, SWANSEA SA2 8PP

http://www.swan.ac.uk/applied social sciences/Centres.html

The Centre for Social Work and Social Care Research (CSWSCR) was established in 2006 and is located within the School of Human Sciences at Swansea University. The Centre generates new research knowledge about social carework and contributes to the international evidence base. It gathers and analyses social care workforce information, and provides advice and guidance for policy makers, service providers / employers and service user and carer groups. The Centre provides a unique facility within Wales and works collaboratively with other centres and agencies with a social care focus and has established links with other research centres in the UK and beyond.

Please get in touch with one of the members of the research team if you would like further information about the project.

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Peter Huxley</td>
<td>01792-602548</td>
<td><a href="mailto:p.j.huxley@swansea.ac.uk">p.j.huxley@swansea.ac.uk</a></td>
</tr>
<tr>
<td>Dr Sherrill Evans</td>
<td>01792-602605</td>
<td><a href="mailto:s.evans@swansea.ac.uk">s.evans@swansea.ac.uk</a></td>
</tr>
<tr>
<td>Dr Wendy Ball</td>
<td>01792-602651</td>
<td><a href="mailto:w.s.ball@swansea.ac.uk">w.s.ball@swansea.ac.uk</a></td>
</tr>
<tr>
<td>Tracey Maegusuku-Hewett</td>
<td>01792-602585</td>
<td><a href="mailto:t.maegusuku-hewett@swansea.ac.uk">t.maegusuku-hewett@swansea.ac.uk</a></td>
</tr>
<tr>
<td>Roy Mayo</td>
<td>01792-602651</td>
<td><a href="mailto:r.mayo@swansea.ac.uk">r.mayo@swansea.ac.uk</a></td>
</tr>
</tbody>
</table>
Section A: Personal Details

The information in this Section will be used to ensure we don’t send you reminders and to enable us to assess the characteristics of our sample.

Once your form is returned you will be allocated an unlinked code number and your name removed from the data file.

1 Individual Details

Name: ...................................................................................................................

Current Post: .....................................................................................................

2 Details of organisation

Name of organisation: ...........................................................................................

Role of organisation: ............................................................................................

Sector (please tick):
(i) local authority □
(ii) voluntary body □
(iii) private □
(iv) other □
Please specify: .....................................................................................................

Area(s) of social care in which you work: (please tick)
(i) children □
(ii) learning disability □
(iii) physical disability □
(iv) sensory impairment □
(v) mental health □
(vi) adults (18-65) □
(vii) adults (65 and over) □
(viii) other □
Please specify: .....................................................................................................
### Section B: Social Care Research Priorities

#### 3 Current Professional Involvement in Research or Research-Related Activity

3(a) Please tick the column that best applies to describe your current involvement in your professional role in each research or research-related activity outlined below:

*If possible, please provide further details*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>Occasionally</th>
<th>Regularly</th>
<th>Further Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Conduct of own research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Contribute to the research of others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Making applications for research funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Commissioning of research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Supervision of staff involved in research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Use of existing research to inform practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Use of existing research to inform plans and policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Attendance at research-related events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please continue on next page*
### 3(b) Are you a member of a research network or research group?
*If yes, please give details.*

### 3(c) Have you undertaken research training? *If yes, please give details.*

### 3(d) Are you currently involved in any research or research-related activities currently? 
*If yes, please give details.*

### 3(e) Are there any areas of research or research-related activity in which you would personally like to be involved in the future? *Please specify:*

### 3(f) Are there any specific barriers that inhibit your involvement in any areas of research or research-related activity? *Please specify.*

### 3(g) What, in your opinion, are the top three topics for social care research within your practice field or area of academic interest?
1. .........................................................
2. .........................................................
3. .........................................................

<table>
<thead>
<tr>
<th>(9) Use of research evidence in staff training</th>
<th>Not at all</th>
<th>Occasionally</th>
<th>Regularly</th>
<th>Further details</th>
</tr>
</thead>
<tbody>
<tr>
<td>(10) Other activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use of research evidence in staff training</th>
<th>Not at all</th>
<th>Occasionally</th>
<th>Regularly</th>
<th>Further details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3(b) Are you a member of a research network or research group?</th>
<th><em>If yes, please give details.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>3(c) Have you undertaken research training? <em>If yes, please give details.</em></td>
<td></td>
</tr>
<tr>
<td>3(d) Are you currently involved in any research or research-related activities currently?</td>
<td><em>If yes, please give details.</em></td>
</tr>
<tr>
<td>3(e) Are there any areas of research or research-related activity in which you would personally like to be involved in the future? <em>Please specify:</em></td>
<td></td>
</tr>
<tr>
<td>3(f) Are there any specific barriers that inhibit your involvement in any areas of research or research-related activity? <em>Please specify.</em></td>
<td></td>
</tr>
</tbody>
</table>
| 3(g) What, in your opinion, are the top three topics for social care research within your practice field or area of academic interest? | 1. .........................................................
2. .........................................................
3. ......................................................... |
### Organisational Social Care Research Priorities

#### 4(a)

*Please tick the column that best applies to describe your organisation’s current involvement in each research or research-related activity outlined below:*

*If possible please provide further details*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>Occasionally</th>
<th>Regularly</th>
<th>Further Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Conduct of in-house research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Making applications for research funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Commissioning of research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Use of existing research to inform organisational practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Use of existing research to inform organisational plans and policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Encouragement of staff attendance at research-related events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Use of research evidence in staff training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Sponsorship of staff research training (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) Other activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4(b) Is your organisation a member of a research network or research group? *If yes please provide details*

4(c) Has your organisation identified social care research priority areas in any programmes/plans? *If yes, please specify.*

4(d) Are there any specific barriers that you believe inhibit the involvement of your organisation in research or research-related activities? *If yes, please specify.*

4(e) Does your organisation employ any salaried research staff? *If yes, please provide details*

4(f) Does the organisation employ staff with a research brief as part of their job description? *If yes, please provide details*

4(g) To the best of your knowledge, what would you say are the top three research priorities for your organisation?

1. ...............................................................  
2. ...............................................................  
3. ...............................................................
Section C: The Social Care Research Infrastructure

5 Connection to social care research infrastructure

5(a) Please indicate whether you are aware of and involved in the following research support bodies:

<table>
<thead>
<tr>
<th>Research support body</th>
<th>Please tick if you have heard of this body</th>
<th>Please state if you have had any personal involvement; please specify nature of involvement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) The All Wales Alliance for Research and Development in Health and Social Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) CRC Cymru Groups. Please provide a response for each network:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Learning Disabilities and Autism (LDAN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Epilepsy Research Network Wales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mental Health Research Network Wales (MHRNC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Older People and Ageing Network (OPAN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Wales Equality and Diversity in Health and Social Care Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Children and Young People’s Research Network (based in Children in Wales)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Public Health Improvement Research Network (PHRIN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurodegenerative Diseases and Dementias (NEURODEM)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please continue on next page
<table>
<thead>
<tr>
<th>Research support body</th>
<th>Please tick if you have heard of this body</th>
<th>Please state if you have had any personal involvement; please specify nature of involvement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) Welsh Office of Research and Development (WORD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Social Care Research Advisory Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Social Care Institute for Excellence (SCIE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Research in Practice (RIP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Research in Practice for Adults (RIPfA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Making Research Count</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) Children and Young People’s Research Network (for local authority areas)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) Any other research group? <em>Please specify</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5(b) Are there any other ways in which you are personally involved in the research infrastructure for social care? *Please specify.*

5(c) Are you aware of any other ways in which your organisation is involved in the research infrastructure for social care?
Section D: Building a Social Care Strategy for the future

6 Ideas for a social care strategy for the future

6(a) Suggested Proposals

These are the suggested proposals for developing a social care research strategy in Wales that were identified in the Phase One consultation. Please indicate whether you agree, disagree or are uncertain about each suggested proposal:

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Agree</th>
<th>Uncertain/ Don’t Know</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Create a social care research network across Wales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Create social care research networks at the Social Care in Partnership regional level in Wales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Develop consortia arrangements between University research centres and providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Enhance the social care focus of existing thematic research networks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Develop Centres of Excellence with responsibility for specific research areas (e.g. policy, organisation and delivery of services)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Develop a database of all social care research providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Develop a mechanism for the dissemination of social care research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Improve the academic research capacity in social care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please continue on next page
<table>
<thead>
<tr>
<th>Proposal</th>
<th>Agree</th>
<th>Uncertain/Don’t Know</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9) Introduce a social care Research Fellowship Scheme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) Expand the role of Research in Practice in Wales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) Develop Research in Practice for Adults in Wales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) Develop the Making Research Count model in Wales</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6(b) Further Suggestions

Please identify any further ideas that you would like to put forward for improving social care research in Wales:

END OF QUESTIONNAIRE

Thank you for completing this questionnaire. If you require any further information please refer to contact details on page 2.
Dear Addressee

Social Care Research Priorities and Capacity in Wales: Phase Two of Consultation Exercise

We would like you to contribute to the second phase of a consultation exercise on social care research that the research team at the Centre for Social Work and Social Care Research at Swansea University is conducting on behalf of the Wales Office of Research and Development. This phase of the exercise forms part of a wider 12 month project on social care research capacity and priorities in Wales. The first phase of the consultation was completed in April 2008 and comprised interviews with over 40 key stakeholders in the health and social care communities.

The overall aims of the exercise are to contribute to the future development of social care research capacity in Wales and to proposals for a social care research strategy for Wales.

This phase of the consultation exercise takes the form of a questionnaire survey designed to:

- Gather information about immediate and longer-term social care research priorities within local authorities, the voluntary sector and the private sector, and within academic research centres and social work education;

- Gather information about individual and institutional research capacity;

- Explore level of awareness of and use of the existing social care research infrastructure within stakeholder groups;

- Gather ideas for a social care research strategy that will help address current problems- assess levels of support for different solutions and also gather any new ideas.

We now wish to consult as widely as possible with senior and middle managers and research officers within the social care services and with academic staff and social work educators. It is important that we consult as widely as possible across all areas of social care and within all relevant sectors.

We would greatly value your participation and support in ensuring we reach our target audience within Local Authority social care services.
We would be grateful if you would complete a copy of the enclosed questionnaires and forward the remaining questionnaire packs to relevant staff within your Local Authority. We would like to consult the following staff:

- Heads of Services for Adult and Children’s Services
- Research Officers
- Policy Officers
- Training Managers
- Any other staff group that you feel should be consulted.

We have included 5 questionnaire packs for distribution to relevant staff. We would be grateful if you would also supply us with details of who has received the questionnaire to enable us to follow up if necessary. If you need further copies of the questionnaire please do not photocopy it as we need to keep track of the sample for statistical purposes. Instead we will be happy to forward further packs where requested.

All the information gathered during this exercise will be reported anonymously and no remarks will be attributable to an individual. We do intend to provide a list of all the organisations that contributed to this exercise.

The questionnaire includes guidance notes for completion and contact details for members of the research team. Please contact a member of the research team if you would like to discuss the project.

We would be grateful if you would complete the questionnaire and return it in the pre-paid envelope by **Monday September 29th 2008**.

Yours sincerely

**Professor Peter Huxley**
on behalf of the Research Team
Dear Addressee

Social Care Research Priorities and Capacity in Wales:
Phase Two of Consultation Exercise

We would like you to contribute to the second phase of a consultation exercise on social care research that the research team at the Centre for Social Work and Social Care Research at Swansea University is conducting on behalf of the Wales Office of Research and Development. This phase of the exercise forms part of a wider 12 month project on social care research capacity and priorities in Wales. The first phase of the consultation was completed in April 2008 and comprised interviews with over 40 key stakeholders in the health and social care communities.

The overall aims of the exercise are to contribute to the future development of social care research capacity in Wales and to proposals for a social care research strategy for Wales.

We now wish to consult as widely as possible with senior and middle managers and research officers within the social care services and with academic staff and social work educators. It is important that we consult as widely as possible across all areas of social care and within all relevant sectors and we would greatly value your participation. This phase of the consultation exercise takes the form of a questionnaire survey designed to:

- Gather information about immediate and longer-term social care research priorities within local authorities, the voluntary sector and the private sector, and within academic research centres and social work education;
- Gather information about individual and institutional research capacity;
- Explore level of awareness of and use of the existing social care research infrastructure within stakeholder groups;
- Gather ideas for a social care research strategy that will help address current problems- assess levels of support for different solutions and also gather any new ideas.

All the information gathered during this exercise will be reported anonymously and no remarks will be attributable to an individual. We do intend to provide a list of all the organisations that contributed to this exercise.

We enclose a questionnaire with guidance notes for completion and contact details for members of the research team. Please contact a member of the research team if you would like to discuss the project.
We would be grateful if you would complete the questionnaire and return it in the pre-paid envelope by Monday 29th September 2008.

Yours sincerely

Professor Peter Huxley

on behalf of the Research Team
APPENDIX F

PHASE TWO CONSULTATION:
LIST OF RECIPIENTS OF QUESTIONNAIRE

Ms Deborah Borley
British Association of Social Workers
Mr Emyr Owen
British Association of Social Workers
Mr Graham Benfield
Wales Council for Voluntary Action
Mr Robert Taylor
Age Concern Cymru
Ms Lindsay Foyster
MIND Cymru
Ms Catriona Williams
Children in Wales
Ms Ros Williamson
Wales Carers' Alliance
Ms Liz Neal
MENCAP Cymru
NCH Cymru
Ms Jenny McMillan
BAAF Cymru
Mr Martyn Pengilley
Age Alliance Wales
Ms Shirley Parsley
National Autistic Society Cymru
Ms Yvonne Rogers
Barnardo's Cymru
Mr Philip Stevens
Wales Council for the Blind
Ms Freda Lewis
The Fostering Network
Mr Mike Lewis
Welsh Refugee Countil
Welsh Council on Alcohol & Other Drugs
Mr James Crowe
Learning Disability Wales
Ms Deborah Jones
Voices from Care (Cymru)
Mr Paul Leonard
British Deaf Association Wales
Miss Leoni Philp
One Parent Families / Gingerbread Wales
Mr Lee Read
Mental Health Care Head Office
Ms Helen Taubman
North East Wales Independent Foster Care providers
The Foster Care Co-operative
Mr Iolo Madoc Jones
Glyndwr University
Ms Lana Morris
University of Wales Newport
Dr Rea Maglajlic-Holicek
Swansea University
Mr Peter Fowler
University of Glamorgan
Mrs J Billingham
Open University
Mrs Delores Davey
University of Wales Cardiff
Ms Jacquie Lee
UWIC
Mr Hefin Gwilym
University of Wales Bangor
Ms Moira Jones
North Wales Regional Social Care Partnership
Ms Jane Guest  
Ceredigion County Council  

Ms Annie O’Reilly  
Neath Port Talbot County Borough Council  

Ms Penny Copner  
Social Care in Partnership (South East)  

Mr B Williams  
Isle of Anglesey County Council  

Mr Phil Hodgson  
Blaenau Gwent County Borough Council  

Ms Abigail Harris  
Bridgend County Borough Council  

Mr J Howsam  
Caerphilly County Borough Council  

Ms N Bhardwaja  
City & County of Cardiff  

Mr B McLernon  
Carmarthenshire County Council  

Mr P Davies  
Ceredigion County Council  

Ms Joanna Griffiths  
Conwy County Borough Council  

Ms S Ellis  
Denbighshire County Council  

Ms S Lewis  
Flintshire County Council  

Ms G Carrington  
Gwynedd Council  

Mr Giovanni Isingrini  
Merthyr Tydfil County Borough Council  

Mrs Moyna Wilkinson  
Monmouthshire County Council  

Mr C Preece  
Neath Port Talbot County Borough Council  

Mr M Thomas  
Newport City Council  

Mr Jon Skone  
Pembrokeshire County Council  

Mr P Robson  
Powys County Council  

Mr E Williams  
Rhondda Cynon Taff County Borough Council  

Mr Chris Maggs  
City & County of Swansea  

Mr S Greenwell  
Torfaen County Borough Council  

Mr M Wheeler  
Vale of Glamorgan Council  

Mr A Figiel  
Wrexham County Borough Council