





National Institute for
Health Research


Perspectives on Applying for NIHR funding for social care research

Presentation to the NIHR Research Design
Service, South Central

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Three (overlapping) parts

1. About the NIHR School for Social Care Research
2. About (adult) social care in England
3. About adult social care research and the NIHR

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About SSCR



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

Funded by the National Institute for Health Research

Phase 1

- 2009-14; budget of £15m;
- LSE, KCL, Universities of Kent, Manchester & York
- 70 primary research projects; 28 Methods & Scoping Reviews

Phase 2

- 2014-19; further budget of £15m
- LSE, Universities of Bristol, Kent, Manchester & York
- c.45 primary research projects

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Research commissioning



Two modes of commissioning research

Internal to SSCR

- Core member universities have budget to spend on research approved by SSCR Executive Group and subject to peer review
- Collaborative budget for projects across member universities

External to SSCR

- Open calls for research applications from researchers outside SSCR; all peer-reviewed; commissioning panel
- No further calls expected to 2019
- 1 call completed on building research capacity awards; no more expected before 2019

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SSCR research examples (1)

Phase 1 (2009-14) examples of research:

- Client groups & needs – e.g. mental health, learning disabilities, physical disabilities, ethnicity, gender & sexuality
Men who live with Duchenne muscular dystrophy
- Care settings – e.g. care homes, communities, people's homes, alternative models of accommodation; third/statutory/private sectors
Connecting people – mental health and social connections
- Practice and policy-into-practice themes e.g. personal budgets, safeguarding, working with communities
Personal budgets and support for older people

SSCR research examples (2)

Phase 2 (2014-19) – continuing themes e.g.s:

Carers	Overcoming barriers: unpaid care and employment in England (Longitudinal) Utilising carer-related research and knowledge
Mental illness	Intervention to increase community connections & reduce loneliness for people with complex anxiety or depression (pilot trial) Socially oriented approaches to recovery for African and Caribbean men with mental health problems
Learning disabilities	Fathers with learning disabilities and their experiences of adult social care services Forced marriage of adults with learning disabilities

SSCR research examples (3)

Phase 2 – new themes & future challenges:

- *Prevention* - Developing a local prevention evaluation framework
- *Offenders* - Social care in prisons: needs assessment & service requirements
- *New workforce* - Exploring the role of workplace personal assistants for physically disabled people
- *Self-funders* - Meeting the information needs of self-funders
- *Future demands* - Investigating “optimal time”: Multiple perspectives on the timing of moving people with dementia in to a care home.
- Predicting future unmet social care need and examining links with well-being
- *Future challenges & opportunities* – collaborative programme examining future of adult social care & responses to challenges

SSCR methods papers (1)

Seeking to expand the methodological repertoire in social care research:

- Bowling - **Quality of life: measures & meanings in social care research**
- Woods & Russell - **Randomisation and Chance-Based Designs in Social Care Research**
- Tinelli - **Applying Discrete Choice Experiments in social care research**
- McKelvie - **Modelling social care complexity: the potential of System Dynamics**
- Evans et al. - **MRC Guidance Developing and Evaluating Complex Interventions; application to research on palliative & end-of-life care**
- Walmsley & Johnson – **Inclusive research in learning disabilities**
- Luff et al. - **Care Homes Methods Review**

SSCR methods papers (2)

Seeking to expand the methodological repertoire in social care research:

- Rutter – **Systematic reviews in social care & social work research**
- Hussein - **Use of 'Large Scale Datasets' in UK Social Care Research**
- Vickers et al. - **Research with Black and Minority Ethnic People using Social Care Services**
- Goodman et al. – **End of life care**
- Young & Hunt - **Research with d/Deaf people**
- King & Wittenberg – **Data on adult social care**
- Netten - **Overview of outcome measurement for adults using social care services and support**
- Squires & Tappenden - **Mathematical modelling and its application to social care**
- Mansell - **Structured observational research in services for people with learning disabilities**

Other SSCR activities

- Annual Conference (12th April 2017)
- Other workshops and events
- Launching Journal of Long-Term Care
- Capacity Development Awards
- Work with policy colleagues e.g. the Chief Social Worker
- Continuing discussions with NIHR about supporting the development of adult social care research

Adult social care in England

- **Social Care** – hard to define; many fuzzy boundaries; not synonymous with Social Work
- **SSCR covers Adult Social Care** – reflecting a split of responsibilities between Departments of Health (adult) & Education (Children and Young People)
- – an administrative issue less relevant for the NHS and other NIHR funding streams, but may have implications for your research project

Adult social care in England

Adult Social Care – SSCR uses a *broad and inclusive description, encompassing the wide range of care and support that is needed by adults; the diversity of services and service providers of adult social care; and care and support provided through informal care, self-care and self-funded care, and links in to communities.*

Obviously, this overlaps with health care in many ways and areas of people's lives, but it is also a sector in its own right.

Adult social care in England

- **Diverse needs** of people supported by social care, including people living with dementia, other age-related needs, mental illness, learning disabilities, physical disabilities, sensory impairments ... *plus* their family and other unpaid carers
- **Not a universal service**: mix of means-tested state-funded services self-funded support (LTC funding 'cap' agreed but postponed)
- Range of **care settings/types**: care homes, people's own homes, day services, community-based teams, communities
- 152 potentially **different social care systems** in England
- c.1.5 million **social care jobs**; most are not professionally qualified; turnover rate in care homes c19%, homecare c25%

Adult social care in England

- **Size**: sector capacity in 2010 of c474,400 beds (the average daily number of available overnight beds in English NHS hospitals was around 137,000)
- **Demographic & social changes**: e.g. ageing population; more young people with disabilities living in to adulthood; loneliness & isolation
- **State funding**: gross spending by local authorities on social care for older people fell 9% in real terms 2009/10 to 2014/15. Central government funding to local government falling by 37% in real terms between 2010/11 and 2015/16
- **Viability**: growing concern about the viability of the sector; squeeze on fees to care homes; since 2010 26% fewer older people receive state-funded social care

Policy trends (long-term)

- Mixed economy of provision – e.g. managing markets
- Personalisation, choice & control – e.g. personal budgets
- Home care and supporting independence
- Changing (tightening) eligibility - targeting on high need
- Safeguarding
- Better measurement of outcomes & quality
- Support for carers
- Rise in self-funders

Policy trends (other)

- Care Act 2014, included:
 - Prevention
 - Duty to promote wellbeing
 - Reforms to payment systems (postponed)
- Interfaces with health and complex issues
- Integration/coordination with health
- Devolution
- Austerity

Some implications for research

Diverse sector - work across many organisations (and types of), often with little history of connection or commitment to research

Often large impact of policy changes – changes can mean more marked changes in the practice environment than is usually the case in the NHS; including austerity

Lack of support and intervention costs – no NHS support costs for social care research, but there is some encouragement that modest payments can be a big incentive; challenge to find intervention costs

History of user, carer and practitioner (PPI) involvement – researchers largely understand it, but with longer and stronger history in some areas (e.g. mental health) than others (e.g. older people); no 'clinical academic' roles

Other implications for research

Routine data – much less investment in this than in the NHS

Large-scale surveys – often researchers have liked to survey all local authorities, but we tend to discourage (burden, poor response rate, not sure it tells us anything new)

Variability in concepts/models/services (i) – social care localities may talk about the same thing but with varying real details of operation e.g. reablement

Variability in concepts/models/services (ii) – can also vary between social care and the NHS; especially as social care is coming to terms with new ones e.g. community, prevention

Research ethics & governance – ethics is NHS aligned (HRA); Governance is confusing

More implications for research

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Gaps between research and practice – e.g. no ‘clinical academics’; different culture and expectations around evidence

HEIs – often academics in small teams; not such strong infrastructure for research as e.g. Medical Schools; no as widespread experience of thinking in terms of large, interdisciplinary, multi-HEI projects

Research funding– not many major funders; few charities

Overlapping areas with health research may be helpful in building capacity – e.g. care homes, dementia, mental health But there are different views of the world.

Challenges for impact – huge diversity of the sector and hard to know who to engage to make a difference - but that is a large topic for another day!

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Some research-practice issues

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- How effective are current ones? How are new responsibilities (e.g. wellbeing) and new areas (e.g. self-funders) being addressed? What are the new social care models?
- How to innovate in times of austerity?
- How to rapidly provide a useful evidence base to help organisations adapt? Especially in times of austerity – little flexibility, coping.
- Challenging environment for research – e.g. resources, ethos
- Need to develop research capacity
- No widely established practitioner academic model of working

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Adult Social Care Research



Some excellent research – e.g. long history of critique, use of theory, and concern with rights, diversity, citizenship . . .

Methodological repertoire – diversity not as strong as in health; less intervention research or evaluating models; do case studies sway practice too easily?

Some experience of other research methods – e.g. IBSEN trial of personal budgets (2008); Whole System Demonstrator (2011)

Some experience of developing programmes of research – e.g. SSCR funded work on social capital in mental health

Capacity for doing research – not as strong as in health

Scale of projects – ‘typical’ application to SSCR c£250k, but rising

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NIHR & social care interests (1)



How well have NIHR and social care research interests aligned in the past?

1. *Social care & NIHR health research interests:*

- *overlaps between the two e.g. Delayed Transfers of Care*
- *shared interests with public health*
- *integration*
- *perhaps social care was put off by the ‘health’ in NIHR to develop opportunities and hasn’t always been an equal partner*

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NIHR & social care interests (2)



2. Social care in its own right

- has been in some NIHR calls but not high visibility nor consistency;
- *but, now rising interest in social care in NIHR*
- developing more understanding of and commissioning infrastructure to support social care research – *become reviewers and panel members!*
- *need to make sure social care research is ready to make the most of the opportunities!*

3. Capacity development in social care research

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NIHR has supported (1)



NIHR has funded:

a) research relevant to social care interests e.g.s

- *Cognitive stimulation therapy*
- *SHIELD programme shows that psychosocial interventions can improve quality of life for people with dementia*
- *balance of care in old age mental health services*
- *medical care and care homes*
- *life story work and dementia care*

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NIHR has supported (2)



NIHR has funded:

b) infrastructure to support social care research e.g.

- ENRICH and care homes (<http://enrich.nihr.ac.uk/>)
- Join Dementia Research (<https://www.joindementiaresearch.nihr.ac.uk/>)
- Involve (<http://www.invo.org.uk/>)
- Research Design Services (<https://www.rds.nihr.ac.uk/>)

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NIHR has supported (3)



NIHR has funded:

c) Fellowships in social care research e.g.s

- **Phillip Whitehead**, Nottingham, *occupational therapy in homecare reablement services*
- **Mark Wilberforce**, Manchester, *care quality measure for community mental health and social care services in later life.*
- **Madeleine Stevens**, LSE - *children at high risk of later antisocial and criminal behaviour*
- **Lisa Trigg**, LSE - *comparing international approaches to improving quality in long-term care*

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