

Joint University Council Social Work Education (JUCSWEC) Research Committee

Response to the Cooksey Review of UK Health Research

Thank you for the opportunity to comment on the Cooksey Review of UK Health Research. The following represents the formal response of the JUCSWEC Research sub committee. This committee represents the social work research interests of member universities. Members of this committee also hold positions within the ESRC Virtual College, and have provided expert consultation on the development of social work research as an independently recognised discipline with ESRC. The following has been produced subsequent to a national call for comments amongst the member university social work departments in the UK who make up JUCSWEC.

Although principally regarded as a fund to support ‘health research’ the remit of this new funding structure clearly encompasses, to some extent, social care research. Social work is the core discipline within social care research and therefore we are particularly pleased to have this opportunity to respond and raise issues pertinent to social care. We broadly welcome the recognition and inclusion of social care within the spectrum of applied research as defined in the document, but have concerns that it is not given enough prominence in the initiative. It appears to be subsumed under the category of health research at a time when an increasing number of policy initiatives are working towards an integrated vision of ‘health and social care’ as reflected in recent legislation for both children’s and adult services. Nonetheless the inclusion of social care within this newly structured funding stream will potentially provide a further means to fund social care research as both an aspect of and a fundamental driver in the application of health technologies and in the evaluation of integrated service provision. Our principal caveat in making this statement, however, is that social care should receive greater prominence in how this initiative is taken forward and publicly promoted.

Sir David has sought comments on twelve questions. We have focused our response on the first six questions:

1. What are the strengths and weaknesses of the MRC and NHS R&D programmes at present? How do each of these support the research and training needs of the NHS, social care, industry and academia? Does more need to be done?

From a social care perspective a key difficulty with these programmes can be the challenge of making social work and social care concerns ‘fit’. This is not a question of focus, it is also in many respects a question of theoretical model and approach. The MRC remains strongly biomedical and the NHS strongly focused on evidence based effectiveness. This is not necessarily a criticism *per se*, both aspects are vital contributors to research for health and well being. However, the concerns of social care are strongly rooted in issues of social inequality, marginalization and discrimination and begin from within social model paradigms that understand well-being on different terms than many medical model approaches do. Therefore applications for research funding to both current programme are usually problematic. If social care is meaningfully to come within the applied research remit of this new

funding stream then careful consideration should be given to the implications of the terms of that rather than assuming that social care is simply another category of interest to be met.

2. What do you believe are the key scientific and organizational challenges facing health research, and underpinning training, in the UK over the next decade? How might the UK Government best help address those challenges? What do you believe should be the Government's objectives for health research, and why?

From a social work/social care perspective, many practitioners do not enter the research workforce and undertake research training until at a mid or late stage in their career. Whilst this is true of some of our health professional colleagues, there are many more opportunities geared to providing research training opportunities for those entering from medical and allied health professional backgrounds, largely because health has a strong tradition of practitioners who are researchers. Also research training has a central place in senior career development in many allied health professions. Social work does not have a comparable tradition within standard professional development and far less funding has hitherto been allocated to such (Marsh and Fisher, 2005). There are also significant financial barriers faced by social work professionals wishing to leave practice and begin a PhD at a later stage in their career. Developments such as the professional doctorate in social work, currently under discussion, may be one way to address these difficulties. It would be helpful if clear consideration was given to a training strategy that encompassed the needs of social care professionals in their own right, rather than one that would effectively force them to subsume professional identities to fit with 'health research training' – something that many would never dream of identifying with.

In terms of organizational challenges, social scientists within health care research find some of the assumptions and paradigms operating within ethical procedures inappropriate to their research. These procedures could be simplified further for research not based on bio-medical models and not involving clinical procedure. In a large national study the time spent on such clearances is rarely recouped by the organization responsible for the research.

3. What should be the Government's priorities for health research? Is there anything it should stop doing or funding? What is it not doing or funding that it should do, and, in the absence of further sources of support, what can it lower in order to release the necessary funds?

From a social work/social care perspective, it would be important to priorities research that addressed the causes and processes of differential health outcome and life chances. Also a widening of perspective to include social understandings of health and well being as well as the place of participatory and emancipatory research design in addressing health related research questions would be important.

4. How should decisions be taken on the balance between the long-term economic and social benefits of a high quality biomedical research base; and the needs for research to improve healthcare and other public services? What is the appropriate balance between public funding for investigator-led and priorities led research? How do we balance funding for basic science, translational science

and applied science? Is this something that should vary over time? What mechanisms should be used to make judgments about this balance?

5. In your experience, how have the results of publicly-funded health research in the UK been used, both in the development of new treatments and to influence / change wider policy and healthcare practices? What lessons can usefully be learned to improve the uptake of advances in science and medicine?

There are lessons that can also be learnt from social science research in terms of what is effective from the service users/professionals' point of view. This kind of research is often longer term, intensive and involves looking at processes of health care as well as outcomes.

6. How might better links be forged between 'basic', translational and applied researchers, working across the whole field of health research, from the laboratory bench to the front line of the NHS? How might better links be forged across disciplines, e.g. with engineers, physicists, and social scientists?

The funding agency needs to be made up of researchers from across the disciplines and paradigms and not just one 'qualitative' researcher.

Reference

Marsh, p. and Fisher, M. (2005) *Developing the Evidence Base for Social Work and Social Care Practice*. London: Social Care institute for Excellence.

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