

## RESPONSE TO COOKSEY CONSULTATION

### Social science, social research and social care – implications for NIHR

Delivering health care is a social activity. We cannot advance our understanding of health care without research into the social context within which it happens. This is why social science, social research and social care are all fundamental to the NHS. It is important to make the differences between them clear:

1. social science is a body of theory located within in a range of disciplines;
2. social research is a repertoire of skills, often but not exclusively practised by social scientists; and
3. social care activities and users of social care can be the object of research;

There are good arguments for considering all three as integral parts of health research within the NIHR.

1. Social science: Even the most technological medical interventions rely on individual human judgement and relationships to be successful. Take for example one of the ‘building blocks’ of health care, the GP consultation. This is a one to one interaction influenced by expectations and prejudices on both sides. Since so much treatment is multidisciplinary, the judgements and relationships become even more complex, as teams or other groups determine the quality of what is provided; its timeliness, appropriateness and reliability. The interpersonal and social dimension of health care provision clearly affects manner in which it takes place, and whether it is perceived as brusque or friendly, kind or uncaring by individual patients.

Moving from the individual level to the societal level, while health care impacts on disease, it also has implications for the tax burden, for families and for communities. For instance, the care that the state does not provide mostly falls to families. They in return affect the demands placed on the NHS, through their willingness and availability to care for their sick and disabled, the risks they take and the resources they have. Health care also affects communities – the NHS is a massive employer, hospitals are a source of local pride and prosperity. Conversely, changes in society affect health care – geographical, environmental and industrial features influence the health needs of a given populace, but so do family structures, social capital and expectations of the health service.

Social science holds a rich body of theory which can be brought to bear on our understanding of the process of health care, the professionals and the organisations which deliver it. The complexity of health care processes and the interaction between health and society make it necessary to bring many disciplinary perspectives to bear on health research. Not least among these perspectives are the ‘social’ sciences, including anthropology, economics, ethics and law, geography, sociology and social policy. The NIHR should ensure that these areas are not merely represented tokenistically in health research but that they play a part in setting the research agenda.

2. Social research: This describes almost any applied research methods used outside a laboratory, so they are entirely relevant to health care. These include qualitative and quantitative approaches which can be adapted to address a wide range of policy and practice

related questions. They are particularly effective for deriving new knowledge in unprecedented settings, where too little is known even to build a hypothesis for testing. They are also used to good effect in complex areas, where multi-modal approaches are required; to understand, for example, the behaviour as well as the opinions of users, carers and staff in the face of organisational change. Yet the rate of innovation in social research methodology is slow in proportion to its usefulness, which reflects a lack of investment in this area.

3. Social care: Given the shift of health care towards communities, informal carers and self-care, there is in practice no clear separation between social care and health care as the focus of research. Certainly, their users seldom differentiate between them. Recall the nonsense of trying to distinguish, for funding purposes, between ‘social baths’ and ‘health baths’. The public health priorities reflected in the White Paper *Choosing Health: Making Healthy Choices Easier* are fundamentally social ones, as John Reid implies, in his preface to the document:

*“We have set ambitious targets for health. By working together across society we should achieve them. The success of the strategy will be measured first in the increased number of healthy choices that individuals make, and then in the lives saved, lengthened and improved in quality.”*

In this light, my responses to the first three review questions are as follows.

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?

They are too narrow, too prescriptive and too few. In particular, specifications are often so tight that, even for an applied research design, they leave little room for methodological creativity or theoretical innovation. This is a disincentive to academic researchers. Budgets are fixed, and the amount of information which is demanded for the money is often so great that it induces bidders to make unfeasible proposals in their eagerness to win tenders. Reviewers seeking value for money are unlikely to reject a proposal as too ambitious if it meets the tender’s specifications.

2. What do you believe are the key scientific and organisational 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?

Since social care is clearly part of the wider public health agenda, the government should give due funding to research which is directed at social care activities and users of social care. This funding should foster the contribution of the social sciences and social research methodologies.

2. 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?

Given the shift of health care towards communities, informal carers and self-care, there is in practice no clear separation between social care and health care as the focus of research. In this regard, social care does not yet receive a proportionate share of government funding.

Justine Schneider  
Professor of mental health and social care  
University of Nottingham and Nottinghamshire Healthcare Trust  
School of Sociology & Social Policy  
University Park  
Nottingham  
NG7 2RD