

Response to the Cooksey Review



Background to the response

1. The Social Care Institute for Excellence (SCIE) is an independent company and charity established by central governments in England, Wales and Northern Ireland to generate evidence-based improvement in social care. SCIE has a formal partnership with the Scottish Institute for Excellence in Social Work Education (SIESWE) to achieve a UK wide perspective in key aspects of its work.
2. SCIE commissions 30-40 research and development (R&D) projects per annum with a value of c.£1.5-£1.7m. SCIE also develops key research methods in social care (such as systematic reviews) and is collaborating with the Economic and Social Research Council (ESRC) and others to review the infrastructure for social care research¹.
3. The Department of Health and the Department for Education and Skills have requested SCIE to undertake a UK-wide consultation on social care research capacity. With support from the Department of Health for Northern Ireland, from SIESWE in partnership with the Scottish Executive, from the Welsh Assembly Government and from the ESRC, the consultation was launched on 4 July 2006 (www.scie.org.uk/scrc). The consultation will close in September and report in December 2006.

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General

4. The Review appears to include social care research as a subsection of 'the full spectrum of health research', yet its terms of reference make no mention of social care research. As a matter of urgency, the Review should clarify to stakeholders in social care the extent of its remit.

¹ Shaw, I., Arksey, H., and Mullender, A. (2004) *ESRC Research, Social Work and Social Care*, London: Social Care Institute for Excellence.
Marsh, P. and Fisher, M. (2005) *Developing the evidence base for social work and social care practice*, London: Social Care Institute for Excellence.

5. SCIE's view is that there is great value in seeking closer collaboration between health and social care research, and that the Review should therefore take account of social care research. However, the Review should recognise social care research as a distinct activity in its own right, with separate structures and features.
6. It is partly because of the recognition within central government of the lack of attention to social care research in *Best Research for Best Health* that the Social Care Research Consultation was established.
7. For these reasons, the Review should find ways to take account of the Social Care Research Consultation currently underway.

Review Question 1: strengths and weaknesses of current support

Review Question 2: key scientific and organisational challenges

Review Question 3: priorities

Review Question 6: basic, translational and applied research

8. SCIE offers an integrated response to these four questions since they are closely related and of critical relevance to social care research.
9. Social care research is currently poorly supported by the MRC and NHS R&D funding streams. For example, figures are not available to demonstrate what proportion of this investment supports the development of social care research (as distinct from supporting research in which there may be a social care research component). NHS Clinical Research Training Fellowships are not available to professional researchers in social care where their work focuses exclusively on developing social care research. NHS-provided electronic access to research journals does not extend to social care professionals or researchers.
10. The involvement of people who use services is a key feature of social care research. There are two national organisations with a remit to enhance user involvement and it is anomalous that the NHS core funds *INVOLVE* but not *Shaping Our Lives* (the user-led organisation that specifically emerged from the user movement in social care).
11. Social care lacks the structures available in health to determine strategic national priorities or R&D workforce requirements. The sharing of responsibility for services between central government, local government and voluntary and private sector providers means that there is no self-evident leadership structure for social care R&D. Thus the question of priorities for social care research cannot be addressed until leadership and coordination structures have been clarified.
12. This inevitably affects investment. Research by SCIE² suggests that social care research funding amounts to 0.31% of the total social care

² Marsh, P. and Fisher, M. (2005) *Developing the evidence base for social work and social care*

budget compared with 5.36% in health. Omitting R&D spend by pharmaceutical companies, and measured in terms of the workforce, R&D spending on social care research is estimated at £25 per head, compared with £3428 per head on health research. Focusing solely on government controlled funds and on more directly comparable professionals, for every £1 spent by central government on research to support social workers, £24 is spent on research to support GPs.

13. There are many reasons for this disparity, but it is unlikely to have arisen by design. In other words, given our knowledge of the relationship between health and social factors, and of the need for inter-agency and inter-professional collaboration to achieve good health and welfare outcomes, it is inconceivable that we would explicitly arrange such an imbalance between health and social care research.
14. SCIE's view is that this disparity is likely to impair collaboration between health and social care. In terms of inter-agency planning, health and social care agencies are likely to have significantly different access to research based evidence. At the interprofessional level, the general practitioner (for example) is likely to have access to significantly better research to inform practice than colleagues in social services.
15. It is also SCIE's view that this disparity reduces the benefit of health and welfare interventions. For example, SCIE's work with NICE on children diagnosed with conduct disorder shows that 40% of parents withdraw from parent training programmes before completion, and that these parents are highly likely to have the characteristics of parents in touch with social services. Thus the evidence base risks failing to take account of the populations served by social services, resulting in intervention research that has reduced applicability to social care.
16. It follows that a key government objective for the use of MRC and NHS R&D funds should be to underpin significant greater collaboration between health and social care research
17. If this goal of government investment in health research is to be realised, there are significant implications for the social care R&D workforce. Three distinct aspects need to be addressed.
18. First, the numbers of R&D staff in social care are unlikely to be adequate to permit expansion. For example, analysis of the 2001 Research Assessment Exercise (RAE)³ shows that the two most directly relevant academic disciplines (Social Policy and Social Work) contain just 1341 research active staff (Table 1). The major, directly relevant health disciplines contain significantly greater concentrations of staff: Clinical Laboratory Sciences numbered some 1107 staff, Community based

practice, London: Social Care Institute for Excellence.

³ Fisher, M. and Marsh, P. (2003) 'Social work research and the 2001 Research Assessment Exercise: an initial overview', *Social Work Education*, vol 22, no 1, pp 71-80.

clinical subjects 1177 and Hospital based clinical subjects 2473. Other disciplines allied to medicine add 1016 and Nursing adds 575.

Table 1: Volume and quality of university-based R&D in health and social care

Unit of Assessment	No. Units		No. Staff		% 5 or 4		Average size	
	1996	2001	1996	2001	1996	2001	1996	2001
Clinical laboratory	32	25	1097	1107	53	88	34	44
Community-based clinical	35	31	1213	1177	37	77	35	38
Hospital-based clinical	34	31	2814	2473	56	81	83	80
Nursing	35	43	397	575	8	23	11	13
Other – allied to medicine	68	75	661	1016	24	37	10	14
Total	205	205	6812	6348				
Social Work	32	30	354	383	34	43	11	13
Social Policy	46	47	642	958	41	54	14	20
Total	78	77	996	1341				

19. Recent analysis by the ESRC shows that the disciplines most directly relevant to social care research show the largest proportion of staff over 50 amongst the social sciences⁴. In Social Policy, the proportion is 42%, and in Social Work, 47%.

20. Secondly, the quality of research in Social Policy and Social Work is lower than that in the major health research disciplines. Table 1 shows that between 77% and 88% of research centres in Clinical Laboratory Sciences, Community Based Clinical Subjects and Hospital Based Clinical Subjects received ratings of 4 and above in the 2001 RAE, while such ratings applied to 54% of Social Policy centres and 43% of Social Work centres.

21. Although, on this measure, research quality in Social Policy and Social Work improved significantly between the 1996 RAE and 2001, these disciplines were still less likely than their health counterparts to be producing the kind of nationally (and internationally) relevant research that could most strongly support evidence-based policy and practice in social care.

22. Evidence from health research policy shows that structural change, leadership and investment can radically change the proportion of research centres rated at 4 and above. For example, in the 1996 RAE, 31% of departments of general practice were rated 4 or above. Following the work of the National Working Group chaired by Professor David

⁴ Economic and Social Science Research Council (2006) *Demographic Review of the UK Social Sciences*, Swindon: Economic and Social Science Research Council.

Mant⁵, 88% of departments of general practice were rated 4 or above in the 2001 RAE.

23. Thirdly, social care research suffers from a structural divorce between practice and research. Engagement with university-based research normally requires disengagement from practice, and there are very few posts that integrate 'clinical' with research duties. The result is that the conduit between practice concerns and research is broken, and that practice has little influence on the research agenda.
24. In recognition of this, SCIE recently commissioned the Joint Universities Council Social Work Education Committee to develop the proposal in its 2006 *Research Strategy in Higher Education*⁶ to create 300 practitioner-researchers by 2012. The proposal would cost an average of £10.7m per annum over 6 years.

Recommendations

25. In considering what institutional arrangements should govern the single fund for health research, the Review should therefore consider:
 - what proportion of R&D expenditure should appropriately be channelled into strengthening social care research;
 - how such arrangements can be related to the distinctive needs and features of social care research, including
 - strengthening research leadership;
 - strengthening user involvement;
 - increasing the numbers of researchers;
 - improving the quality of research; and
 - ensuring a better relationship between practice and research;
 - how relevant health research may be required to demonstrate its relevance to social care and how it incorporates social science research perspectives.
26. In considering how to address these issues, SCIE recommends that the Review take account of the Social Care Research Consultation currently under way.

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⁵ Department of Health (1997) *R&D in Primary Care*, London: the Stationery Office

⁶ Joint Universities Council Social Work Education Committee (2006) *A Social Work Research Strategy for Higher Education 2006-2020*.