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**Barriers to engagement in research and readiness to undertake research in Adult Social Care: summary report**

#  Introduction

* 1. This paper describes the work undertaken for this research study. It includes the insights from previous research undertaken, the methodology used for the research study, the headline findings emerging from the survey undertaken and the focus groups, and reflections from the research champions and project team.

#  Insights from previous research undertaken

* 1. A systematic review of the existing knowledge was completed as a preliminary exercise and is a standalone piece which can be accessed from the WM-ADASS website (See https://www.wm-adass.org.uk/improvement/research/). The review included 19 studies spread amongst the expected Western locations, with most being from Australia, United Kingdom and other European countries.
	2. The findings confirm that social work is often disengaged from research. Despite this, the workforce wants to become more research minded and work in ways underpinned by knowledge and evidence. The research training received on qualifying courses does not support them to understand and engage with research, and it is unsurprising that adult social care staff also lack confidence and skills about applying research to their practice. Structural and organisational barriers also prevent the development of a research culture and capacity, which has a detrimental impact on professional identity, further compounding the effects of a low research culture.

#  Methodology used for the research study

* 1. The research was approved by University of Birmingham ethics panel in March 2023 (ERN\_0683). There were two stages of data collection; survey data collection followed by qualitative data collection through focus group discussions. The first phase consisted of online surveys hosted on Microsoft Teams. There were individual surveys targeting two participant groups: adult social care professionals and people who use adult social care services and carers.
	2. **Survey for adult social care professionals** - the survey gathered demographic data including local authority area, job role, as well as data about respondent attitudes to and experience of research. The survey design was purposefully brief in recognition of the challenging times in adult social care causing time pressures and to encourage participation, and following feedback from practitioners in a pilot exercise. The Principal Social Workers network was engaged in promoting the survey with a recruitment email sent to the 14 Principal Social Workers representing each local authority within the West Midlands. The importance of dissemination was reiterated during the Principal Social Workers network bi monthly meetings.
	3. Events were organised by WM ADASS to promote the use of research within adult social care. Invitations were extended to the adult social care workforce across the West Midlands. The event was used as a platform to launch the professional survey. Subsequent events were then delivered for each individual local authority and this created opportunity to promote completion of the survey.
	4. In addition, key stakeholders were approached, including the West Midlands Social Work Teaching Partnership for their support to publicise the survey, via their Twitter (now X) accounts and electronic newsletter. A professional Twitter (now X) account was created to share the research journey of the Research Champions and to support recruitment for the survey. The survey also integrated the recruitment strategy for phase two by allowing professionals to leave their details if they wished to participate in focus groups.
	5. **Survey for people with lived experience and carers -** to devise the survey questions and the supporting information, the Research Champions approached the WM ADASS Co-Production Advisory Network for consultation. Members of the network met with the Research Champions via Microsoft teams and provided valuable feedback regarding the proposed questions and language. Amendments were made accordingly to the participant information sheet, consent form and survey questions.
	6. The survey was divided into three sub sections for analysis purposes (attitudes towards research, involvement in research and adult social care assessment). Participants were encouraged to use support from carers to complete the survey, however, to ensure that views were representative from their own perspective.
	7. The survey was publicised via the Research Champions Twitter (now X) account and WM ADASS linked in accounts. Recruitment information was cascaded through a network of key individuals and groups that the Research Champions have connected with during the project. Recruitment also targeted local authority and regional co-production groups. In addition, service user groups supporting local universities were also approached for support. Voluntary organisations and carer networks were also contacted across the region. Posters were created using a QR code to scan and a link to the survey. These were sent to known community groups for display and approaches made to colleagues to take these out to facilitated groups.
	8. **Focus Groups** – there were two arms of focus groups undertaken, one with practitioners and a second with people with lived experience and carers. These focus groups provided data to further explore the emerging themes from the survey. Participants were selected to provide as diverse sample as possible, and organising sought to support participation which, as a result, included some online sessions.
	9. **Adult social care practitioners** – three focus groups were delivered online via Microsoft Teams due to the geography of the area and logistical considerations. Volunteers to participate were sampled to provide as diverse range of participants as possible around particular characteristics, including job role and local authority area.
	10. **People with lived experience and carers** – two focus groups were undertaken, one in-person session in a local authority area where the Research Champions were able to utilise accessible office space. The final focus group was provided via Microsoft Teams to encourage participation across the region.

#  Headline findings from the survey

* 1. The survey was sent to the 14 local authorities in the West Midlands region, and 583 responses were received. Table 1 presents the respondent’s self-described job roles. Almost half (47.1 %) of the respondents described themselves as Social Workers. The second largest group of respondents were Social Care Practitioners, 9.2% of the total. The smallest group of respondents were Nurses, with only four (comprising 1%) completing the survey.

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| --- | --- |
| Job Role | N (%) |
| Qualified Social Workers | 281 (47.1%) |
| Social Work Apprentice | 24 (4.0%) |
| Occupational Therapist | 44 (7.4%) |
| Nurse | 4 (0.7%) |
| Social Care Practitioner | 55 (9.2 %) |
| Commissioners and Workforce Development | 46 (7.7%) |
| Principal Social Worker | 13 (2.2%) |
| Community Development | 8 (1.3%) |
| Other | 108 (18.1%) |
| Total | **583 (100%)** |

* 1. There were 37 responses received to the survey from adults who access adult social care.
	2. **Summary of professional survey findings**

The majority, 80.3% (n=468) of respondents, felt that research skills should be part of their professional development. About the relevance of research, almost half, 48.4% (n=282) respondents believed that the research was relevant to their current field of practice, with much smaller proportions suggesting moderate relevance, 15.6% (n=91), and only 6.7% (n=39) considered research to be slightly relevant to their current field of practice. Over half, 54% (n=314.8) of adult social care workers reported they had no opportunities to be involved in research.

* 1. In relation to barriers, the majority 82.7% (n=482.1) of respondents stated direct practice takes priority, with the demands of practice leaving little room to undertake research. Over half, 54.5% (n=317.7) of respondents, agreed that they do not have funds to undertake research and 50.8% (n=296.2) agreed that there was a lack of suitable backfill.
	2. There was a near-even split between types of research methods and confidence, with 38.3% (n=223.3) of practitioners stating they felt comfortable undertaking qualitative research, while 32% (n=186.6) were comfortable with quantitative research.
	3. **Summary of findings of people who access adult social care**

There were 37 responses received to the survey from adults who access adult social care. The vast majority of respondents >97% (n=36) believed research was important for providing good adult social care services.

* 1. When respondents were asked about the value of adult social care workers researching issues that may impact their care and support, 91.9% (n=34) felt this was important, while 8% (n=3) answered that it was not. The vast majority thought it was important that an adult social care worker was up to date with research knowledge.
	2. A minority, 16.2% (n=6) of respondents, reported that their social care worker discussed research during a social care assessment.
	3. A substantial majority 89%, would like to have better knowledge about what research influences service changes. Over a quarter, 27% of respondents, had been involved in adult social care research and described feeling empowered through participating.

#  Headline findings from the focus groups

# Professional Focus Group Findings - in total, three focus group discussions took place between December 2023 and January 2024. The majority of study participants were Social Workers (n=9), with (n=1) a Student Social Worker, and a Service Improvement Officer and adult front door worker also participating.

# Time – was frequently mentioned as the main barrier to research-mindedness. The impact of time manifested in different ways. Most commonly, practitioners felt they did not have the time to undertake research or consume research. Notably, social work practitioners felt that the nature of their job role impeded on availability of time as one participant articulated:

“The time taken to research what you are looking for, then to read it, then sort of reflect on it and work out how it might impact and then include it, and if I’m being brutally honest, I don’t think, for instance, frontline social workers have that sort of time in their working week to do that.” (**Participant 12**)

# Participants also consistently mentioned dedicated time for research activity as an enabler of research-mindedness.

# Leadership - endorsement was consistently discussed as a barrier and enabler to research-mindedness. Leadership endorsement can be described as the support and expressed permission to undertake research activities that promote research-mindedness, and one participant commented:

“It's kind of left up to individual managers like, you know, if they have a….if they really value research and they feel it's a priority, because you know there's so many time pressures, then they'll try and make the time for it.” (**Participant 6)**

* 1. **Individual interest** - concerns practitioners who independently practice research-mindedness outside of their local authority role, or create capacity within their role where it is typically absent. This is usually due to their own personal interest. Individual interest featured as an enabler to research-mindedness across all three focus group discussions. One participant commented:

“One of my staff I manage, he's doing research you know…spending you know… in his own time…. and it's part-time…. he’s doing, …… he's funding himself not funded through the local authority.” (**Participant 7**)

* 1. **Organisational infrastructure -** can be described as the policies, protocols, and employees that support the organisation’s functions. Lack of supportive infrastructure was identified as a barrier to implementing research-mindedness within adult social care. One participant commented:

“I think that's the other issue is that, you know, as a local authority we don't really have any sort of policy or anything around research. And what do you do if somebody wants to carry it out?” (**Participant 12**)

* 1. **Organisational Culture -** describes organisational attitudes and values towards research. Participants described a lack of research culture within their organisation. One participant commented:

“There isn't any focus on research within the team at all. It's not anything that's valued or even discussed a lot of the time. So, I’d say that, yeah, that there's, yeah, there's not really a culture of research in the team.” (**Participant 10**).

* 1. **People who use services focus groups -** In total, two focus group discussions were facilitated. The first took place in December 2023, taking place in person and facilitated in one of the local authority areas. The second was held online in January 2024. In total 7 people who use services and carers attended the focus groups.
	2. For the purpose of this branch report, three key emerging themes from the two focus groups with people who use services and carers will be discussed, time, value of research and safe space.
	3. **Time** - was an emerging theme across both the professional and people who use adult social care focus groups. Comparatively, time was the most frequently cited barrier to research mindedness identified in the systematic review.
	4. Participants presented a reality of workers not having the time to sit and discuss research. Whilst the participants acknowledged that time as a pressure was not voiced by workers, they shared the non-verbal communication that created the feeling of imposition and consequently being undervalued in their roles as experts in their own lives. Participants commented:

“It’s almost like you can feel that a social worker, almost, like not physically looking at their watch, but you almost know.”

“That you feel as a user or as a client, that you feel undervalued because it’s like, I’m such a time pressure, you are aware of time pressures, as well as, you could speak to Joe Bloggs on the street, who’s not on the receiving end, because the news covers it all, the news covers the shortage of workers and all the rest of it, that everyone is just generally aware that there is a shortage of social workers, even if you’re not in the system.”

* 1. Participants discussed the notable decrease in workers time over the last decade, contributing to the absence of research discussion through the assessment process. Participants commented:

“When I started [using adult social care], my workers seemed that they had a lot more time, I don’t want to say to get educated, but that they had that more time to get more knowledgeable and learn about my condition.”

“They don't get enough time. Consequently, we're put in boxes and that's what's wrong, and that's where the research can hopefully help.”

* 1. The lack of time was also considered an impact upon the professionalism and expertise of workers. Participants were aware that some of adult social care staff are expected to complete continued professional development to retain their registrations, however, acknowledged that workers often have to increase their knowledge base outside their working hours. One participant commented:

“Yes, in my view, if you’ve not got time to do the basics, you can’t expect… if someone wants to do it, they near enough, in my view, going to have to do it in their own time.”

* 1. **Value of research -** research was viewed as a catalyst to relationship building between workers and people who use services. Knowledge and awareness of the latest research developments supported to instil confidence and trust. One participant commented:

“I'd like them sometimes to talk about research they're reading, and for me to have some input into that and to say, yeah, that's really interesting or no, I have a different view than that.”

* 1. Participants felt that other professions were more attuned to research and valued the importance of research to their practice, in particular healthcare clinicians who are supported by NHS structures and perceived to hold more autonomy. One participant commented:

“A lot of changes within social care is legislation changes, a lot of changes within medical side of things isn’t legislation changes, its more trial based and that side of things, and it’s down to a consultant to make a decision about whether they are going to make that change or not, based on the trials and things like that, where as social care, this is the change we are going to do.”

* 1. Research was considered a tool for embedding strengths-based and person-centred approaches in adult social care, through empowerment of individuals. One participant commented:

“That’s what person centred care is, you know we are all using the term person centred care, but actually what is person-centred care? A worker knowing that research can also enable the user when making them more independent, more knowledgeable about their own condition, which is also a huge part as well.”

* 1. As co-production between social care and people who use services gathers momentum and becomes embedded in all policy making and new ways of working, participatory research can also inform the way that we work and solidify co productive relationships. Participants commented:

“You care about my views to help influence the future and influence your work and that you value me beyond the person in front of you for what I’m needing support with.”

* 1. To fully realise this shared aim requires the communication of the evidence base of adult social care with the people who use the services. When posed to the group to provide one word that would describe the use of research in adult social care, the consistent reply was “unaware”. One participant commented:

“I would say if they did [use research in their work], I wasn’t aware of it.”

* 1. **Safe Spaces -** A perspective shared by participants was in regard to the creation of ‘safe spaces’. Participants expressed a reluctance to challenge a worker regarding their knowledge and evidence base, in fear of a repercussion and potential impact upon their support. Participants commented:

“If I was to challenge my worker and say ‘why are you doing this?’ I think, it would it would possibly get my worker’s back up and wrong as it is, I would be scared to get my workers back up.”

“You are scared to challenge another worker because, if I challenge you, it’s going to affect the decisions you do and you know, if I actually get you onside, you are going to put more passion behind it.”

* 1. Participants discussed motivations and preferences for participating in research. One participant shared that they felt more comfortable talking to researchers that are not employed by their local authority, commenting:

“It’s making it clear it’s a separate body, it makes a huge difference because then you know, whatever you say, you know if you don’t understand how things work, you know that oh ok I can be open to them and it will not have affect, that I can turn around and be like, ‘my local authority is the worst local authority going’ and you know that it definitely won’t have an effect on my care, because the two don’t get joined together.”

* 1. This perception was not shared universally, in contrast, another participant valued the existing relationship established with their worker to enable honest contributions to qualitative research, commenting:

“Knowing and trusting the practitioner doing the research, that they are fair, they are moral, they have the client’s best interests at heart, and that they genuinely want to understand and genuinely empathise and help them, the flip side is having that rapport, working relationship, might actually allow you to be more open.”

* 1. A notable reflection considered the value of all perspectives to research, therefore, considerations for the space and environment to enable this collaboration. One participant commented:

“In my opinion, each of these groups have something of value to contribute to it, you know academics will have one viewpoint, that’s not necessarily right or wrong, they will just come at it from one perspective, service users will come at it from another perspective, practitioners will come at it from another perspective, in my opinion, all of those perspectives are valid and need to be included and kind of conjoined together, so it’s back to your previous point of ‘why include us?’ because everyone has a perspective that is valid.”

#  Next steps

**9.1** As part of the continuing WM ADASS programme *Developing a sustainable research culture and infrastructure for adult social care in across the West Midlands*, WM ADASS will be:

* Recruiting for a Research Engagement Lead post (1 year) working within WM ADASS

to continue to raise awareness of research, develop communities of practice, and encourage and support practitioners and people with lived experience to engage in and undertake research.

* Recruiting a jointly appointed post with the University of Birmingham for an

Embedded Research Fellow to work across the university and within WM ADASS. The process for the next round of ARCs (seven-year funding from April 2026) will soon

be underway and WM ADASS will engage with this and other research

opportunities to continue its programme

* Continuing to support a principal social worker to work part-time for WM ADASS as

a research associate.

* Recruiting two Research Champions, one for Occupational Therapy to develop a change demonstrator strategic project and one for the Voluntary Sector to work with Black and Minority communities. Both posts to be for a 12-month period
* Engaging in the process for the next round of ARCs (seven-year funding from April 2026) and other research opportunities

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