

ESRC Social Care Future Directions Workshop Report

On Tuesday 12th November 2024, the Centre for Care and IMProving Adult Care Together Centre co-convened a workshop to bring together expertise from across the four UK nations related to adult social care from people with lived experience of care and support, the care sector (providers, advocacy organisations and other sector stakeholders) and academia. The Centres had been invited by the Economic and Social Research Council (ESRC) to hold the workshop on the future direction of social care research in order to:

- Explore how to diversify the range of disciplines involved in social care research including how well it is covered by health researchers;
- Identify any evidence gaps and where capacity building is required in social care research.

Thirty-four people attended and were distributed across four discussion groups to ensure an even spread of expertise in the virtual break-out rooms, with representatives from UKRI in each. ESRC will use this report to discuss future priorities with other research funders.

Discussion 1: 'Disciplines' (fields of study) and social care research

In this session, in break-out rooms participant discussed the following questions:

1. *Which disciplines or 'fields of study' engage in research on social care?*
2. *Are there disciplines that are missing? Is the balance between disciplines right?*
3. *Do – and should – health research programmes include social care research? How can this be improved?*

In discussing disciplines currently involved in social care research, foremost were those under the umbrella of '**social sciences**'. This was felt to reflect the creation of opportunities by research funders that had traditionally supported social science research in response to a general lack of research focused on social care. There were arguments made for the inclusion of other disciplines such as

- **anthropology**: to develop understandings of important concepts that underpin social care, like wellbeing and to understand the role and contribution of social care within wider social and cultural contexts.
- **economics**: to understand what is spent in and on social care versus the value generated, whilst not losing sight of the 'human level' within the data (i.e. not all costs and value can be measured in financial terms).
- **disability studies**: to shift away from an overly medicalised vision for social care and centre the experience of people who access care and support.

- **critical and interdisciplinary approaches to technology:** technology is constantly changing and becoming increasingly embedded in everyday life leading to a continual need to up-date our understanding
- **management studies:** including organisation studies, HR/industrial relations and public management to develop understanding of workforce management issues, employment relations in care work and models for financing social care.
- **law and ethics:** to ensure social care in practice operates within the law, and to understand where it does not (i.e. compliance with the 2014 Care Act). Contemporary discussions about assisted dying further emphasise the importance of this area.
- **data science:** to ensure research into social care benefits from the sophisticated analytical techniques used to explore other topics, such as health, and to undertake evaluation.
- **demography and gerontology:** to ensure research is futures-oriented in terms of population trends but also understands the experience of care and older age in the here and now.

It was also highlighted that some academic disciplines are more applied whilst others are more theoretical, and there were some funders that were more focused on the former. Some participants reflected that the real-world application and the question “what difference does this actually make?” was helpful in ensuring the research was not too abstract; others endorsed sociological research to develop an understanding of the experience of care and caring. The issue of duplication was also raised to ensure that resources were not wasted conducting research that already exists.

There were also discussions about why **interdisciplinary collaboration** was – although important – difficult in practice, and what might help. Barriers included differences in what different disciplines see as **valid knowledge** and in turn the **methodological approaches** considered to generate robust or valid data. Suggestions included relationship building through opportunities for discussion. The ambiguity and **lack of clarity around what social care is** was a barrier to engaging with a wider range of disciplines, or working across disciplines. The need to also expand the horizons of care research beyond viewing social care as solely about the care of older people was also discussed.

With regard to **the relationship between health research and social care research**, there was acknowledgement of increasing opportunities for research about social care particularly from NIHR. However, where health and social care are coupled as areas of research or in funding opportunities, it was felt that the focus then tended to be dominated by studies of health policy, practice and interventions and how the two systems interact (with a particular onus sometimes on how social care can support the NHS). There was also feedback that when health and social care research funding opportunities arise, the applications are often assessed by panels with expertise in health research who make their decisions in accordance with what are robust methodological approaches and appropriate topics in health rather than

social care research. Whilst some participants did acknowledge that funders such as NIHR were including social care within their programmes/ calls and that this was a step in the right direction.

Participants did feel the interaction between health and social care systems was an important area of research focus, but sometimes the research produced was often through a ‘health lens’, capturing health outcomes or the impact on the health system. A need was identified for research with a specific focus on social care. There were other aspects of policy and everyday life that were felt to be linked to care – or more broadly the ability to live well regardless of health, age or disability – such as **housing, employment and education**, and feedback was that these should also be the focus of research. There were also some participants who felt ‘care’ as a term was disempowering, and that by **shifting the focus on what people need to flourish and live well**, research horizons would expand beyond topics typically studied within ‘care research’.

Discussion 2: Evidence gaps

The second discussion session focused on the evidence gaps in social care research, asking participants to reflect on:

4. *What are the evidence gaps related to social care?*
 - *What questions aren't being asked?*
 - *What areas are under-explored?*
 - *Who isn't being included?*

The break-out groups had wide-ranging discussions regarding evidence and expertise-gaps, which can be broadly clustered around seven areas:

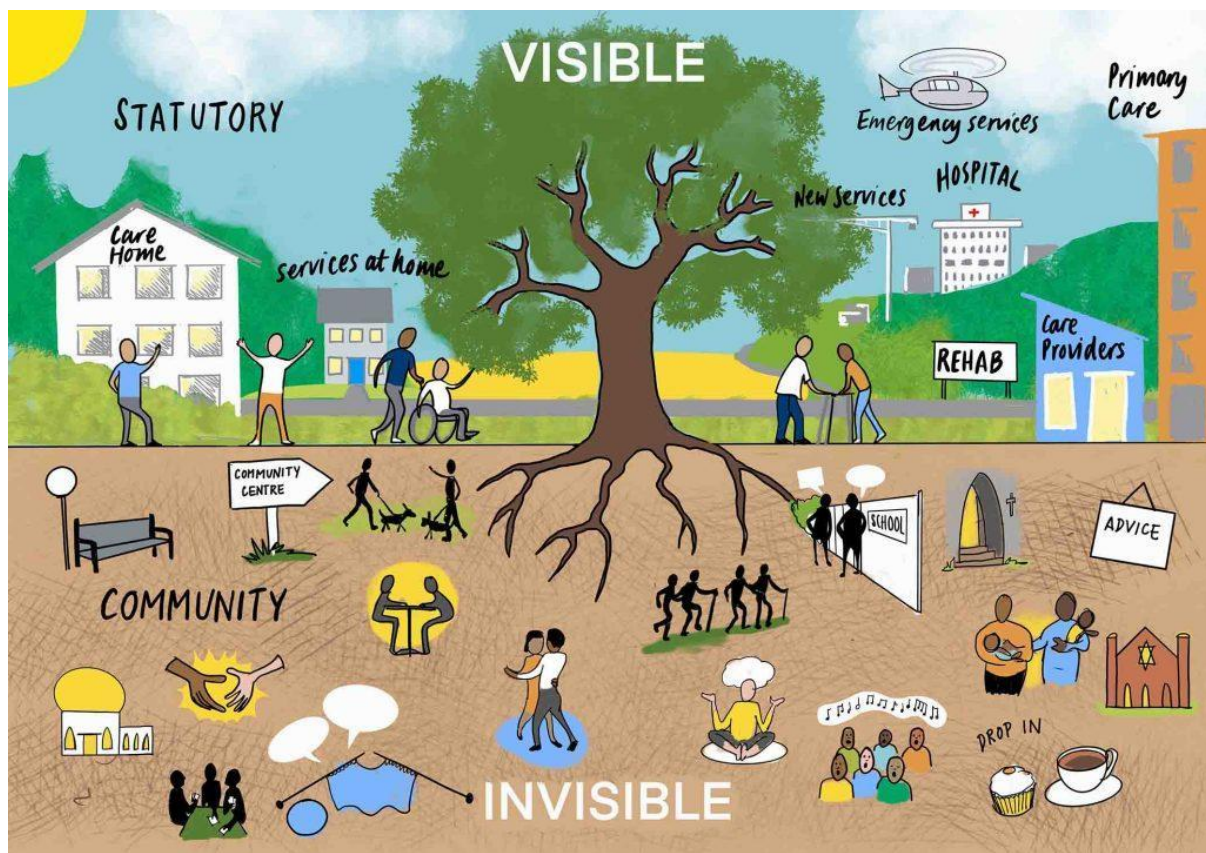
- **Data ‘gaps’ and data infrastructure:** there was a sense that there is a lot of data across care systems and services that is not being fully analysed, linked or made available for research purposes- the gaps were therefore not in terms of the data itself, but the capacity and capability to link, share and use these resources.
- **Care ‘markets’ and new models of care:** There was felt to be a gap in terms of the composition and impact of different care models and their implications for the workforce and the quality of care. Further ‘upstream’, there was the suggestion that the funding models that sit behind these models warranted investigation, in particular profit extraction by private equity firms and the implication for care and job quality and the return to ‘block contracts’ for large care companies, with the associated risk of provider collapse in the sector.
- **Social care futures:** Linked to discussions of new care models, but not limited to this solely, there were conversations about the future and the sense that often research reacts to issues as they arise. There was a suggestion that by **anticipating future**

challenges associated with **ageing populations, increasing numbers of child-less** people or the long-term effects of **climate change**, research should explore potential solutions. For example, there was an exploration in one breakout group about how often research on ‘new’ or emergent models of care is behind the curve of development, partly because of the time funding applications take to develop and achieve success. There was a call for researchers to be more ‘futures oriented’ through horizon scanning and cross-national comparison and less reactive to developments.

- **The experience of giving and receiving care and support:** With regard to the former, discussions highlighted the gap in research on unpaid carers’ experiences. There were also discussions that highlighted the fragmentation of the sector and in turn the workforce, and the diversity of roles within the care sector beyond ‘home care workers’, and their differential experiences of skills, job content, job quality and the people they support. There was also feedback as to how research funding opportunities and in turn, research projects, centre the experience of either care workforce or people receiving care as in isolation, and the interconnections should also be explored- for example, understanding the impact of the quality of care work on quality of care provided.
- **Effective use of resources:** In one group, there was an extensive discussion about the issue of ‘waste’ or resources not being used in ways that delivered on outcomes for people receiving care and were also not cost-effective – for example, annual assessments for people with health conditions that were not going to improve. There was an acknowledgement that a focus on waste could be equated with an onus on reducing costs, rather than optimising resources to deliver the best outcomes for people. There was the proposition in response that co-produced research in this space would safeguard against this ‘race to the bottom’.
- **Comparisons of policy and practice across the four UK nations:** participants discussed the differences between the policy contexts in the UK nations, and how this could offer an opportunity to look at outcomes as ‘natural experiments’, for example, into the National Care Service in Scotland.
- **Social care at the margins and the ‘fragile’, hidden aspects of the care ecosystem –** there were discussions about how to ensure research captures social care ‘at the margins’ or hidden. One group discussed this in terms of the ‘care ecosystem’, and the hidden layers of services and support that intersect with official adult social care services and are integral to their sustainability, sharing the image below as developed by Catherine Needham and Emily Burn in the Centre for Care. These invisible services were described as ‘fragile’ due to their reliance on volunteers, and piecemeal, insecure funding and were felt to be under-explored by research. This in turn was linked to ideas raised concerning people in ‘care poverty’, including those who sit at the margins of funding provision. There were felt to be gaps in relation to understanding and data on people ‘outside’ of public care provision, including those who self-fund their own

care, or whose needs are assessed as not meeting relevant thresholds. With regard to the latter, research that could provide insight into assessment processes and outcomes in terms of who is excluded from support, and how this differs across geographies and different population groups (with attention to intersectionality). In addition, research exploring experiences of mental health conditions and the provision support and the intersection with social care was felt to be a gap, and an example of an issue left ‘at the margins’.

Image: the care ecosystem



Source: Artist Laura Brodrick, from ‘Care as a Complex, Adaptive Ecosystem’ by Catherine Needham and Emily Burn (<https://centreforcure.ac.uk/topics/care-as-a-complex-adaptive-ecosystem/>).

In exploring **who is not included in care research**, there was advocacy of the **greater inclusion of people with lived experience of care and support** in designing the scope of funding opportunities, commissioning successful research programmes and projects, and co-producing the research itself. There was also a call for greater engagement with people directly providing care (including but not limited to home and residential care workers) and commissioners of services in the design of funding calls and projects.

Discussion 3: Building Capacity

5. *What kinds of capacity building are needed to support social care research?*
6. *What could help people and organisations use research to influence and change policy and practice to improve people's lives?*

With regard to capacity building in social care research, there were suggestions regarding how to develop capacity around co-production. There could be more opportunities for researchers and people across the care sector to come together to discuss priorities and research projects. However, the creation of relationships and partnerships takes time, and necessary resources to support these activities are not always available.. While the groups agreed that including people with lived experience of receiving and providing care in research was important, funding deadlines and project timescales are often too tight and financial resources insufficient to do this well. Often those who are involved then do not see the results of their participation, which adds to feelings of 'research fatigue'. Academic institutions can address some of these challenges by creating lived experience panels that include both people who receive and provide care to support applications with resources for their time. It is also important to recognise the need for capacity building to support those without a research background to engage in the design of projects. There was also a call for academic researchers to use appropriate language that is accessible, free from jargon and acronyms that are both hard to understand and feel exclusionary. In terms of research being led by organisations from the care sector, there was a sense that organisations that could work with dedicated funding application writers were at an advantage over smaller organisations, and this was where greater partnership working – including with Universities – could help.

The discussion about how research could be better used to change policy and practice to make positive change in people's lives provoked suggestions around the importance of co-producing dissemination plans with sector stakeholders to ensure they include more than academic outputs and that other outputs are appropriate in design and content for their audience. There was feedback that policy change is difficult to achieve and often beyond the timescale of research projects, but local-level policy and practice change was more attainable, and also valuable.