



Kent Academic Repository

Toma, Madalina, Keemink, Jolie R. and Forder, Julien E. (2021) *Developing consensus about the implementation priorities for Adult Social care and Social Work*. Project report. Applied Research Collaboration Kent Surrey Sussex

Downloaded from

<https://kar.kent.ac.uk/99034/> The University of Kent's Academic Repository KAR

The version of record is available from

This document version

UNSPECIFIED

DOI for this version

Licence for this version

UNSPECIFIED

Additional information

Versions of research works

Versions of Record

If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in *Title of Journal*, Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries

If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our [Take Down policy](https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies) (available from <https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies>).

Developing consensus about the implementation priorities for Adult Social care and Social Work

National Priorities Programme for
Adult Social Care and Social Work



Madalina Toma, Jolie Keemink and Julien Forder
October 2021

Acknowledgments

This report was funded by the National Institute for Health Research (NIHR) Applied Research Collaboration Kent, Surrey, Sussex. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

We would like to thank all public and professional stakeholders, as well as our ARC partners for their time and willingness to share their views and experience which helped the prioritisation process. We would also like to thank our colleagues from ARC KSS and ARC WM for their comments and feedback on the several drafts of this report, and their invaluable administrative support in arranging the consultation meetings and facilitating ongoing communication between our public and professional advisors.



Table of Contents

1	Overview	3
2	Our approach to prioritisation	3
2.1	Scoping a long-list	4
2.2	Advisory Panels to inform decision-making	6
2.2.1	Professional Panel	6
2.2.2	Public Panel.....	6
2.3	Bringing the feedback together	7
2.3.1	Discussions during the meetings.....	8
3	Results	8
3.1	Views about the long-list of topics.....	8
3.1.1	Topic 1 - Outcomes and need indicator tools for care planning & risk assessment	8
3.1.2	Topic 2 - Digital technologies and social care	9
3.1.3	Topic 3 - Integrated health and social care: discharge-to-assess and reablement.....	9
3.1.4	Topic 4 - Integration and partnership working: shared care records.....	10
3.1.5	Topic 5 - Quality improvement through peer challenge	10
3.1.6	Topic 6 - Integration: families experiencing intimate partner violence and abuse.....	11
3.1.7	Topic 7 - Welfare rights advice services in social care.....	11
3.1.8	Topic 8- Co-occurring deprivation during Covid-19	12
3.1.9	Topic 9 - Using community resources to improve wellbeing (strength-based approaches)	12
3.1.10	Topic 10 - Care markets supporting care delivery.....	13
3.2	Prioritisation activity outcomes	13
4	Discussion.....	14
5	Appendix - Adult Social care and Social Work selected four priority topic areas	15



1 Overview

The National Institute for Health Research (NIHR) has funded 15 Applied Research Collaborations (ARCs) to support applied health and care research that responds to, and meets, the needs of local populations and local health and care systems. The ARCs are working together on a number of national priority areas and the Kent, Surrey and Sussex ARC (ARC KSS) is leading the national priorities collaboration on social care and social work.

The National Priorities Programme for Adult Social Care and Social Work is formed as a collaboration between nine ARC partners from across England.

The aim of the programme is to support and stimulate the implementation of evidence-based (evaluated) service change at national and/or supra-regional level in adult social care and social work, as identified by care users and carers, practitioners, professionals, researchers, and the wider public.

The programme is delivered in three parts, the first of which is to identify topics of importance for implementation support – the prioritisation phase. The second component of the programme concerns implementation support where we develop evaluability and implementation projects for the prioritised topics. The third part aims to contribute to the evidence base using the outputs of the implementation projects (part 2) and also to promote research capacity and infrastructure to support future implementation-focused and applied ASCSW research.

National Priorities Programme for Adult Social Care and Social Work

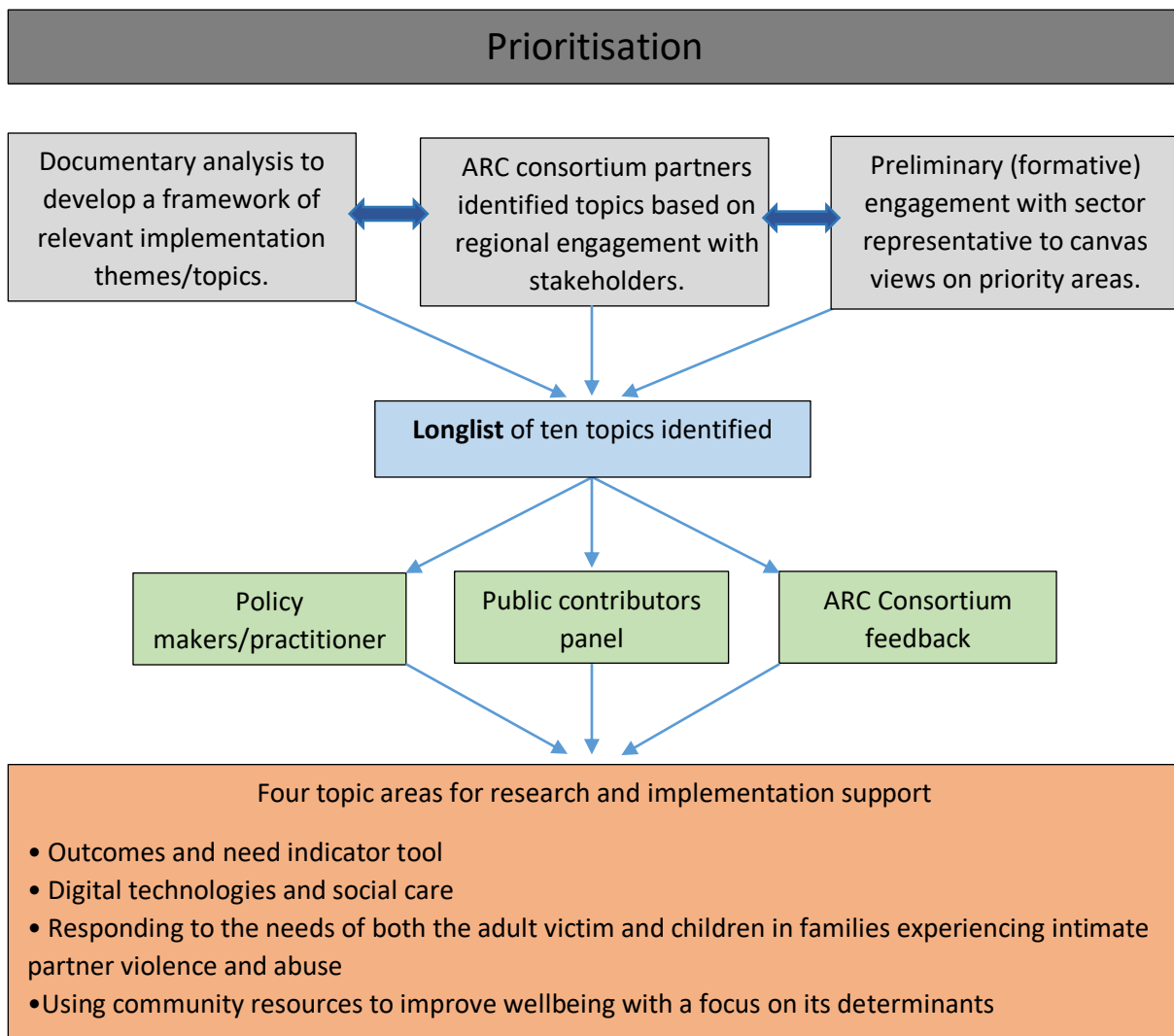
ARC Kent, Surrey and Sussex
ARC Oxford and Thames Valley
ARC East of England
ARC West
ARC West Midlands
ARC North East and Cumbria
ARC North Thames
ARC South London
ARC North West Coast

2 Our approach to prioritisation

There are many potential topics in social care that we could identify as a focus of the work of the programme. We approached a selection of topics in two phases. First, we developed a 'long-list' of potential topic areas and second, we conducted a prioritisation exercise to select a set of four topics to take forward.

Figure 1 summarises this process.

Figure 1. Implementation Topic Areas Prioritisation Process



2.1 Scoping a long-list

Our strategy for identification of the long-list has three components. We started with a documentary analysis to develop a framework of themes/topics relating to implementation in adult social care and social work. This focused on the duties/responsibilities of the care sector as legislated in the 2014 Care Act (see Figure 2 below). Existing ‘priority’ studies/statements were also relevant e.g. [Research priorities in adult social care](#) (Cyhlarova and Clark, 2019, SSCR); [Innovations in community-centred support](#) (Think Local Act Personal); [the Social Care Innovation Network](#) (Social Care Institute for Excellence); ADASS (regional) priorities (e.g. <https://southeastadass.org.uk/>). Second, ARC consortium partners identified topics based on regional engagement with stakeholders. Third, we undertook preliminary (formative) engagement with sector representative to canvas views on priority areas.

The long-list of topics identified are listed in Table 1.

Figure 2. Examples of areas for innovation in adult social care and social work

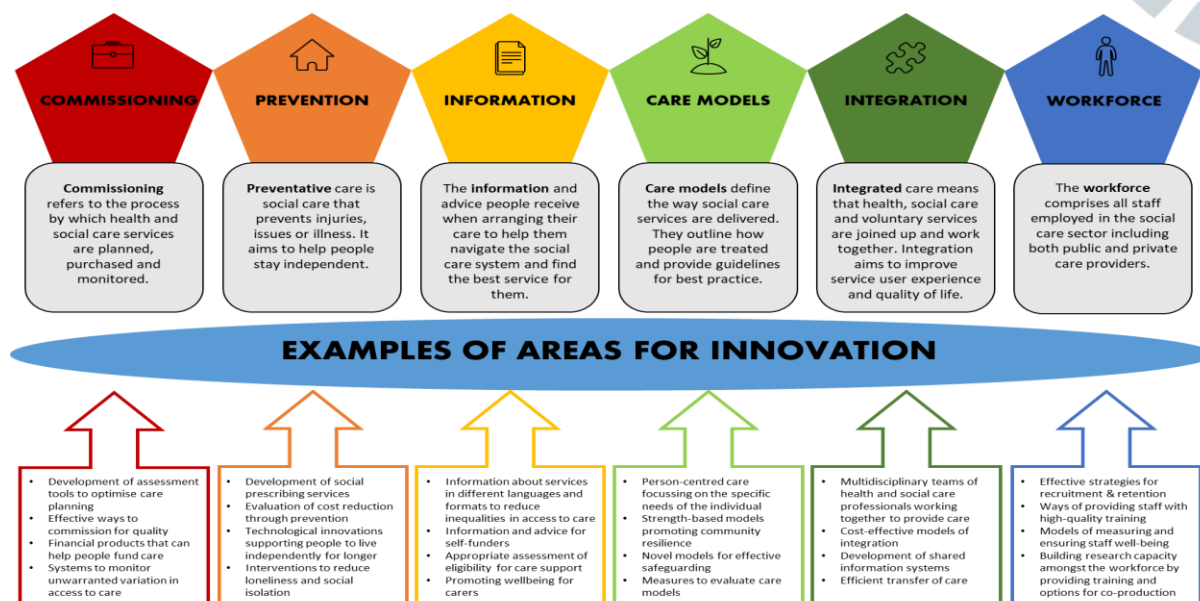
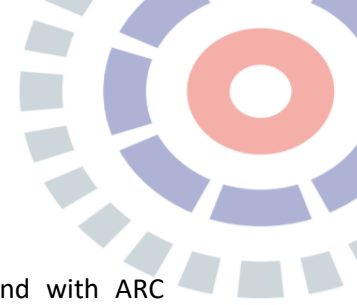


Table 1. Longlist of priority topics in adult social care and social work

No	Theme/project	Change mechanism	Affected social care activity
1	Outcomes and need indicator tools for care planning and risk assessment (in care homes)	Quality and risk indicators	Care planning and delivery
2	Digital and assistive technology for social care (for prevention)	Use of assistive and digital technology	Prevention
3	Integrated health and social care - discharge-to-assess, reablement	Change in care pathway	Intermediate care
4	Integration – partnership working between health and social care (integrated data)	Tech - shared records	Integration
5	Quality improvement through peer challenge processes for councils	External review and advice	Commissioning
6	Integrating Adult and Children’s Social Care Responding to the needs of both the adult victim and children in families experiencing intimate partner violence and abuse	Change in organisational process	Safeguarding
7	Use of welfare rights advice services in social care	External review and advice	Assessment and planning & reviews
8	Practice responses that emerged during Covid-19 to combat co-occurring deprivation	Change in care pathway	Care planning and delivery
9	Using community resources to improve wellbeing (strength-based approaches)	Levering community resources, changing care pathways	Prevention and wellbeing services
10	Care markets – supporting good quality and sustainable delivery of care from the independent sector	Regulation/market management & incentives	Commissioning and markets



2.2 Advisory Panels to inform decision-making

The prioritisation exercise involved consultation with external advisory groups and with ARC consortium leads. Two advisory groups were set up, one comprising policy makers/practitioners and the other with public contributors, comprising people with experience and knowledge of the care system. The aim of these consultations was to provide insights, views and express preferences regarding the topics to support the project team to make informed decisions about which topics to take forward.

The panels took part in in-depth discussion meetings around the topics and undertook a simple scoring exercise seeking to give each topic a priority/importance rating, based on two criteria: (i) *To what extent social care activity within the topic area will be beneficial in achieving the goals of the care system;* (ii) *The feasibility of implementing the activity more widely across the care system.* For each of the projects/topic areas, participants were asked to choose from the following options: low priority (being less beneficial and implementable), medium priority and high priority (being more beneficial and implementable). For the ARC Leads panel, the criteria was extended to include a consideration of the feasibility and the potential value-added of research in that area. The options were: low priority (low importance and/or difficult topic for research within the ARC), medium priority and high priority (high importance and/or good topic for research within the ARC)

Panel discussions then took place –over the virtual platform Zoom in June 2021, and were facilitated by members of the ARC team. Advisory group meetings were recorded to ensure that key elements of the discussions were captured. Prior to the meetings, all contributors were sent a lay summary of the ten topic areas and information about the format of the discussion. The two advisory groups discussed topic areas independently.

2.2.1 Professional Panel

The first panel (the professional panel) consisted of 13 members including adult social care commissioners, providers, representatives from user and carer organisations, research groups, other representative bodies (i.e. the Department of Health and Social Care, Social Care Institute for Excellence, Carers UK, Association of Directors of Adult Social Services, Royal College of Occupational Therapists and Research in Practice).

2.2.2 Public Panel

For the public panel, an ‘Opportunity for Involvement’ to be involved in the Research Prioritisation Panel was sent to Public Involvement/Engagement Leads from the 9 ARCs for circulation in their networks. The aim was to recruit a panel (8-12 members) of people with knowledge and experience of the social care system to provide insight and perspective on topics most relevant to them and their communities. People interested in the opportunity were invited to send an expression of interest and to complete a short application form. The aim was to recruit a panel with diverse backgrounds/experiences. Applications were reviewed independently by two members from ARC West Midlands (WM) and two members of ARC Kent, Surrey and Sussex (KSS). Fourteen contributors were invited to attend the panel.

2.3 Bringing the feedback together

In line with our overall aim, the work of the prioritisation part of the programme sought to identify priority topics on the basis that (a) social care interventions and activities within those topics are likely to make the greatest difference (to service users and families) and (b) that research could help guide implementation of those social care interventions and activities to realise this benefit. The panels were undertaken to give insight into the *potential* benefits of innovations in these 10 topic areas. We anticipated that panel members would draw on their experience and understanding of the care system to give informed views and estimations as to how well social care innovations in each topic area could work. Box 1 gives more details about our approach in this regard.

Box 1. Prioritisation activity outcomes

In making our selection of priority topics we proceed on two main premises. The first is that policy makers in social care will prioritise support (and funding) for those social care innovations that (a) have the high(est) benefits for each service user and (b) are used (implemented) most widely, affecting the most potential service users. In combination, these criteria would give the total benefit of the care innovation to be maximised by policy.

The second premise is that there is initially some uncertainty as to the *actual* total benefits of new innovations. Social care policy makers face this uncertainty in making their decisions. Accordingly, research and evaluation can help.

The panels give insight into the *potential* total benefits of innovations in these 10 topic areas. Panel members will draw on their experience and understanding of the care system to give informed views and estimations as to how well social care innovations in each topic area could work.

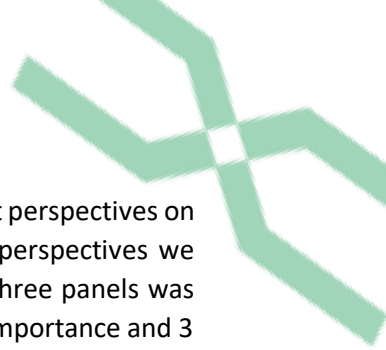
Research on the benefits and breadth of implementation can help to clarify the actual total benefits, reducing this uncertainty. However, we can only focus on a subset of the 10 topics. In our prioritisation we aim to use research to maximise the realisation of actual total benefits. We therefore seek to focus our research resources on topics with the highest expected total benefits, and we use the panels' view of the *potential* total benefits as an estimate of this.¹

There is a further variable to consider: the potential for research to provide a better estimate of the actual total benefit of the intervention. In some topics we think this is more likely than in others; research is easier for some of the topics and more difficult for others.

Overall, to help achieve our aim for the National Priority Programme for Adult Social Care and Social Work, we selected topics where the expected total benefits are highest and the potential for research to reveal the actual total benefit is greatest.²

¹ We cannot accurately predict benefits in advance and it may turn out that the benefits are actually lower than expected. Actual benefits are only revealed after the research is done, so cannot directly factor in questions about prioritisation.

² An analogy might help clarify this somewhat technical discussion. Suppose in a quiz show that contestants are asked to choose to open one of two boxes with differing but unknown amounts of a cash prize. If the host then hints that box A *might* have more cash than box B, it makes sense for the contestant to open box A – doing research is analogous to opening a box, and insights from the panels are the host's direction.



We sought feedback from two panels and the consortium and therefore had different perspectives on the potential benefits of innovations in these 10 topic areas. To consolidate these perspectives we used the following steps. First, the rankings of each topic by each member of the three panels was scored. Scores were given on a scale from 1 to 3, where 1 represents a low priority/importance and 3 a high priority/importance topic area (two rounds of scoring were carried out during the professional advisory group meeting and the second round score was used). The average score for each topic was calculated for each of the three panels – we used an unweighted average of the score given by each member of the group for each topic.

The second step was to use these average topic scores to make the final selection. To reflect their potentially different views, we choose the top-rated topic by each of the three panels and the fourth topic as the one with the (next) highest average score (averaging the scores equalling over the three panels).

The results section below reports a summary of the views of members and the average scores for each topic.

2.3.1 Discussions during the meetings

Some topics generated more lively discussion than others and most comments were general observations about the broad area rather than specific comments in favour or against the particular topic. The intention was not to gather detailed comments on all topics but rather to capture key insights. Facilitators did not probe further as the panel discussions were designed to provide broad feedback from a range of contributors rather than an exploration of each topic.

3 Results

3.1 Views about the long-list of topics

Key points of the discussions from the public and professional stakeholder panels are given below. In the main, there was considerable overlap from these two panels. Because of the similarities, we have generally not distinguished comments raised by each group.

3.1.1 Topic 1 - Outcomes and need indicator tools for care planning & risk assessment

Averages Score Professional Panel	Average score Public Panel	Average score ARC panel
1.92	2.23	2.44

The discussions identified a range of potential benefits of these activities in social care. Several panellists believed that outcomes and need indicator tools for care planning and risk assessment can be used to target and overcome health inequalities as well as having many preventative benefits, as shown by current research evidence.

There was some concern that the field is rather overcrowded by similar measures, care planning approaches and assessments. Similarly, the topic covered ASCOT, ICECAP and RESTORE 2 tools, which for some had varying degrees of utility and created difficulties in making a collective judgement about their potential benefits. Although there was general agreement that the use of valid and reliable measures can provide data needed to identify gaps and target areas for improvement, panellists

believed that some important changes might be needed to move towards a true, person-centred whole system approach to care assessment (i.e. considering the perspectives of family members/ carers involved in the assessment process).

3.1.2 Topic 2 - Digital technologies and social care

Average score Professional Panel	Average score Public Panel	Average score ARC panel
2.84	2.08	2.22

Almost all panellists expressed the view that the positives of digital technologies will continue to outweigh the negatives. The topic was perceived as highly relevant and cross-cutting, with the potential for the national priority programme to contribute to the evidence base and support implementation. At present, many technological innovations, particularly those that have been born out of the COVID-19 pandemic, are seen as accelerating the change in working practices. Several examples were given including the NHSX national digital platform, diagnosis-type apps, digital surveillance tools or wearable devices to monitor and improve health and wellbeing.

However, in addition to the potential benefits of digital technology advances, panellists highlighted some less favourable aspects. Several panellists shared concerns that technology causes more problems than it solves. Some commented on rising problems with a loss of community bonding and the need for more organic, in-person, human-to-human connection and the potential negative impact of digital distancing. Others noted that the accelerating technological change of the digital age makes it difficult for humans to keep up and respond to emerging challenges, particularly when IT skills, resources and adequate investment are lacking.

The panels identified a potential overlap with Topic 4

3.1.3 Topic 3 - Integrated health and social care: discharge-to-assess and reablement

Average score Professional Panel	Average score Public Panel	Average score ARC panel
2.69	2.46	1.78

Overall, this topic was perceived as being highly important and relevant, particularly when engagement with service users and carers enabled a range of views to be gathered that could inform future service development. Discussions signalled the importance of several issues to explore, including service users' lived experiences and feeling in control of the services received, and being able to express whether or not those services met expectations, needs and preferences.

The discussion noted how Covid-19 has brought rapid and sometimes controversial change in hospital discharge processes. Panellists echoed the need for a more interdisciplinary approach to continuity of care and an effective re-evaluation of the discharge pathway from a social care perspective.

3.1.4 Topic 4 - Integration and partnership working: shared care records

Average score Professional Panel	Average score Public Panel	Average score ARC panel
2.07	2.54	2.11

The perceived potential benefits of an integrated digital care record varied in the panel discussions. Most panellists believed that integrated health records can play an essential role in providing better co-ordinated and safer holistic care, supporting service redesign and continuous improvement. Participants also discussed several possible reasons why social care data are not always shared, including the available funding streams being directed at healthcare services and not social care services, lack of understanding of how the health and social care systems work together or a lack of resources and support to help care providers and frontline staff use the actual digital records effectively and address any concerns about the integration process. Furthermore, operational barriers to sharing information were also highlighted. There were concerns about data quality and integrity within systems, so time needs to be taken to consider initial teething problems and lack of trust around security of information before a full roll-out of integrated records. Despite several initiatives trying to achieve integration of records nationally, some panellists characterised the topic as high need but with a low potential in terms of the (widespread) implementation in practice. Reflecting the discussions noted above, this was in part because the information and technology challenges raised by integration of health and social care services are "huge" but "have not been given the priority they need". Integrating health and social care records was seen as an overly complex task and one that varied between places - mainly because of the different ways that health and social care services currently record patient/user information and the fact that resistance to change remains a significant barrier.

The panels identified a potential overlap with Topic 1.

3.1.5 Topic 5 - Quality improvement through peer challenge

Average score Professional Panel	Average score Public Panel	Average score ARC panel
2.00	1.85	1.89

Peer challenge was seen as a central plank of a local government, sector-led improvement approach to performance assessment. The use of peer challenge is intended to provide a structured and consistent approach to drive continuous improvement, and has the potential to be effective, especially when it places service user voices at its heart. Panellists also identified a high need for research and evaluation in this area as there is little empirical evidence regarding the effectiveness of peer challenge in supporting organisations to improve.

Several panellists, however, questioned whether peer challenge alone is sufficient to maintain high standards, improve services and improve public confidence. Panellists questioned whether the benefits of peer challenge outweigh its costs and potential issues around mutual trust, ineffective communication and lack of transparency were raised. All these issues have the potential to hinder the effectiveness of local government leadership and need to be addressed in order to facilitate the open and accountable independent scrutiny that modern services need. Panellists identified a potential overlap with Topic 10.

3.1.6 Topic 6 - Integration: families experiencing intimate partner violence and abuse

Average score Professional Panel	Average score Public Panel	Average score ARC panel
2.30	2.54	2.22

Although a growing field, most panellists agreed that we have a lot to learn about how different clinical and social care services might improve outcomes for adult victims of intimate partner violence and children who are exposed to it. Also, as services have different roles, collaboration should occur at multiple levels within and across organisations. This was seen as particularly important since addressing the needs of families impacted by domestic violence cannot be accomplished by a single system or programme.

The panellists also reflected that the importance of addressing the safeguarding of adults and children who are experiencing domestic abuse has also increased during the COVID-19 crisis, which curtailed much access to support services for survivors, particularly in health and social care arenas. Panellists suggested that a more holistic approach was required when addressing the needs of families experiencing abuse. This approach would require a multi-agency plan aimed at the whole family, integrating individual recovery work in a more structured and constructive way than was currently available. There were, however, some concerns about the actual dual focus of this topic. Some panellists suggested that issues around integrating adult and children’s social care services and issues addressing intimate partner violence and abuse should be treated separately to avoid any confusion.

3.1.7 Topic 7 - Welfare rights advice services in social care

Average score Professional Panel	Average score Public Panel	Average score ARC panel
1.63	2.23	2

There was a general agreement that in theory, welfare rights advice services can provide a multitude of support, advice and advocacy benefits to a wide demographic, covering people with multiple and varied needs, attitudes, behaviour and eligibility for services and assistance. Locating advice services in settings such as general practices was perceived as particularly effective for reaching older people and people with learning disabilities and/or mental health problems. On the other hand, the types of individuals wanting to access advice services, and the nature of advice sought, have changed as a result of COVID-19. The future remains uncertain and further changes are almost inevitable. For instance, there is now a growing interest in how technology can help to deliver advice, but panellists acknowledged that many social welfare advice service clients are digitally excluded. The increasing digitisation of welfare systems has also required changes, with many agencies now having to spend longer with clients to support them with online systems, while the skills and knowledge of staff delivering services are still underdeveloped. In practice, the interactions between welfare advice, environment, socio-economic status, health and quality of life were perceived as overly complex and multifaceted. Social care and welfare support are difficult to link from an implementation perspective while pathways to informing practice remain unclear. Some panellists also had difficulties in understanding the actual focus of research in this area. They posed questions as to whether projects covered in this topic will focus on the more traditional view of welfare services to tackle poverty and offer advice about the extent to which people are entitled to certain benefits, or whether the scope is much broader including issues around the navigation of the social care system itself. The panels identified a potential overlap with Topic 2.

3.1.8 Topic 8- Co-occurring deprivation during Covid-19

Average score Professional Panel	Average score Public Panel	Average score ARC panel
2.08	2.77	1.67

Several panellists characterised this topic as being positive, creative, constructive and doable. They commented on how the COVID-19 pandemic is now a ‘watershed moment’ for health inequalities and catalyst for change and positive transformation of social care services. The majority felt that the burden of illness and death due to COVID-19 was closely linked to existing distributions of deprivation in the population. For instance, people facing the greatest deprivation are experiencing a higher risk of exposure to COVID-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. In this regard, panels discussed structural disadvantage and discrimination faced by parts of the Black, Asian and Minority Ethnic communities. People living in more socio-economically disadvantaged neighbourhoods and minority ethnic groups have higher rates of almost all of the known underlying clinical risk factors that increase the severity and mortality of COVID-19.

There was a view, nonetheless, that this is an issue relevant to the full range of public services, from health to wellbeing and justice systems, and not just social care services. So, whilst it was considered to be an issue of high importance, social care would only be part of the response. In addition, several panellists noted that many research projects in this topic area are already underway, and the broad nature of this topic might not represent the best use of ARC resources at the moment.

There was a view that this topic had potential overlap with other topics, especially Topics 2, 7 and 9.

3.1.9 Topic 9 - Using community resources to improve wellbeing (strength-based approaches)

Average score Professional Panel	Average score Public Panel	Average score ARC panel
2.41	2.77	2.22

Most panellists perceived this topic as highly significant and timely. Most of the discussion focused on the importance of strength-based approaches as a paradigm shift from the traditional expert, deficits-focused service delivery models, which often emphasises impairments and failures. This approach implies a reframing of the way in which care services are delivered, with a specific focus on person-centeredness based on local needs and individual preferences. There were also several suggestions for specific projects in this topic area, including exploring the context of the identified strengths, understanding lived experience from the carers’ perspective, mapping the role of different health and social care professionals in the process and reviewing current innovations based on new emerging digital technologies. Some panellists noted that there is on-going research into strength-based approaches to social work and social care. Research in this area would need to be clear about its further contribution.

Panels identified a potential overlap with Topics 2, 7 and 8.

3.1.10 Topic 10 - Care markets supporting care delivery

Average score Professional Panel	Average score Public Panel	Average score ARC panel
2.66	1.69	2

This topic garnered the most divergent views from the panels. On the one hand, the professional panel believed that this topic is an important one, and the lessons from the development and operation of markets in social care are clearly important and have direct implications, which at the very least calls for more research and evaluation. Project suggestions included understanding the strategic decisions to market shaping, investment dynamics, competition between providers within the market and the role of self-funders and direct payment holders as co-commissioners of care. Several panellists described the need to rebalance the domiciliary care market, which must be considered in the context of wider fragility, instability and workforce challenges faced by the sector. Furthermore, the peer challenge approach was seen as a tool for supporting a dynamic process of continuous improvement and, through self-assessment, to challenge commissioners and their partners, to strengthen and innovate the market.

On the other hand, some public panellists raised questions about whether the range and type of services that the market provides effectively meet the principles of personalisation and wellbeing. They commented that the complexity of local care markets makes market shaping a challenging and fractured activity with uncertain potential, and potentially difficult to research and effectively evaluate. Policy in this area is also developing (e.g. in March 2021, the Department of Health & Social Care published a report which examined the current care market and the Department's role in overseeing the market now and in the future, with the aim of offering insights and recommendations ahead of future social care reforms).

The panels identified a potential overlap with Topic 1

3.2 Prioritisation activity outcomes

Using the above scoring and selection process, the final **four topic areas** (see Appendix 1) are as follows:

Panel	Professional advisory group	Public advisory group	ARC Consortium	Highest group-average rating
Topic area	<i>Topic 2 Digital technologies and social care</i>	<i>Topic 9 Using community resources to improve wellbeing</i>	<i>Topic 1 Outcomes and need indicator tools</i>	<i>Topic 6 Integration: families experiencing intimate partner violence and abuse</i>
Average score	2.84	2.77	2.44	2.35

4 Discussion

This paper reports on the prioritisation activity undertaken in the national priority programme on adult social care and social work. This priority area is a broad one. Moreover, in working from a relatively under-developed evidence-base in social care, there is substantial opportunity for ARC programme contributions to be made in many areas. Accordingly, given the need to be selective, it was important to find a sufficiently comprehensive way to identify topics from this wide range of possibilities.

We proceeded by identifying a long-list of potential topics to explore. This process involved an initial documentary analysis to develop a framework of themes/topics relating to implementation in adult social care and social work. The framework was based around the duties/responsibilities of the care sector as legislated in the 2014 Care Act. ARC consortium partners also identified potential topics based on regional engagement with stakeholders. In addition, we undertook preliminary (formative) engagement with sector representatives to canvas views on priority areas.

The next stage was to move from the long-list to a set of (four) topic areas for which projects could be delivered with the resources available to the programme. This prioritisation process involved capturing the views of two advisory group panels and from the consortium. The two advisory panels comprised, respectively, a group of policy makers/practitioners and a group of public contributors (people with experience and knowledge of the care system). Each panel was asked to discuss and then rank/score each topic, and average scores were calculated. These average topic scores were used to make the final selection of four topics, as follows. We choose the top-rated topic by each of the three panels and the fourth topic as the one with the (next) highest average score (averaging the scores equalling over the three panels). The discussion points made by members of the panel were captured and they are summarised above, along with the average scores.

There were some differences in views between the panels, presumably reflecting the three panels' different perspectives, and, for the ARC team, the added consideration relating to the feasibility and contribution of research. We did not set out to use a formal, preference elicitation exercise. Rather the more pragmatic approach outlined above gave us some important insights as to priorities. Nonetheless, it was also clear that the panels regarded all the long-list areas as important, even if the emphasis between the panels did vary somewhat. We are confident, overall, that selected topics – and indeed any of the long-list – are important ones to explore in the next stage of the programme.

5 Appendix - Adult Social care and Social Work selected four priority topic areas

Topic 1 - Outcomes and need indicator tools for care planning and risk assessment (in care homes)

1. Context and issues of concern

Care planning and review, and risk assessment are important components of process for supporting people with care needs. Local authorities are responsible for working with individuals and others to produce a care plan. For provider organisations, care planning and review is central to ensuring that the ongoing care they provide meets the person's needs. Recently, a number of new tools and methods have become available to support these processes. There is a focus on measuring how well care improves the wellbeing and independence of people with care needs – that is, measuring the *outcomes* of care that are important to people using that care (so called *outcomes-focused* approaches), rather than measuring the amount or type of care people are using, for example.

2. Aims of the work in this topic area

Projects in this topic area would consider the feasibility, implementation and some insights into the effectiveness of using these tools. Examples include:

- Outcomes-focused care planning approach for social care users. With the recent development of good measures of care outcomes, including the ICEpop CAPability measure for older people (ICECAP-O) and the Adult Social Care Outcomes Toolkit (ASCOT), care planning and review processes can incorporate these measures. Projects would aim to assess the potential benefits of the outcomes-focused care planning approaches and what helps or hinders getting them into routine operation.
- Risk assessments tools (e.g. RESTORE2) that measure indications of physical deterioration and poor health of care home residents that might lead to hospitalisation or risk of death. Again, projects might consider the benefits and the implementation into practice of these tools.

3. How and who might research in this topic area help

The value of an outcomes-based approach is that it places people (service users and carers) and their wellbeing at the centre of the planning and delivery of social care support. Evidence on tools and methods that help improve care planning and review would be relevant to the people and organisations that do that planning, for example, local authority social care and the NHS, care provider organisations (care homes) and practitioners, and people and families considering care options.

4. What type of evidence already exists in this topic area

There is growing evidence about how to measure outcomes in social care, but less about how to use this information in practice, in making everyday decisions about care, which is the focus of this topic.

Topic 2 - Digital technologies and social care - the use of remote technologies to support the care of residents and their families in care

1. Context and issues of concern

Digital communication technologies have the potential to help with both the planning/organisation and the delivery of health and social care for people in care homes and those receiving care in their own homes.

The COVID-19 pandemic has had a significant impact on the delivery of care. Some local authorities are carrying out care needs assessments remotely using communication technologies (phone and video). Adaptations by the NHS in the delivery of care during COVID has led to an increased interest in the use of videoconferencing and remote consultation telemedicine to provide health care for residents in care homes.

Evidence is limited but does suggest that videoconferencing and telemedicine for health care provision for older adults living in care homes is cost-effective and feasible; less is known about the use of videoconferencing by social care staff. A recently completed ARC-led rapid review and evaluation of online consultations during the pandemic highlighted issues with access and controls ('governance'), and the wide variety of digital platforms used. This work is now focusing on the experience of care staff in setting up and facilitating online consultations and how this helps their ability to care.

2. Aims of the work in this topic area

Projects in this topic area would aim to consider the feasibility of using these technologies in different care settings. As regards support for care home residents, two important areas of enquiry are: 1) end of life care, and 2) the involvement of family and friends in decision making. The following questions are relevant:

- What are the challenges of using digital technology for staff, residents and their representatives and supporters?
- How might digital technologies work in tandem with the provision of face to face care?
- What range of communication software and videoconferencing platforms are used and why, and what are the implications for data protection and security?

3. How and who might research in this topic area help

Research would help care providers – e.g. working with the cross-ARC care home network (led by the ARC East of England) – and with councils and the NHS (e.g. for particular service areas such as the ARC Palliative and End of Life care national network). It would help efforts to improve – via these technologies – better and more equal access to health and care services.

4. What type of evidence already exists in this topic area

There is some evidence on the use of online consultations and assistive technologies but little specifically related to care delivered in care home settings or for use in social care more generally. A particular gap is in understanding the impact on staff workload and care and whether in addition to access to health care and reducing use of hospital services other benefits can accrue.

Topic 6 - Integrating Adult and Children's Social Care: Responding to the needs of both the adult victim and children in families experiencing intimate partner violence and abuse

1. Context and issues of concern

Intimate partner violence and abuse (IPVA) is a prevalent and substantial social issue, with significant harms to the adult victim. When IPVA occurs within the context of parenting, there are also significant harms to the exposed child. Due to these harms, IPVA accounts for a considerable amount of safeguarding in vulnerable adults' work and is also the most frequently identified risk factor in Child in Need Assessments. As such, IPVA is a priority issue that spans both adult and children social care. A series of guidance reports and reviews have stressed the importance of multi-agency working to protect vulnerable adults and children from harm, and respond to IPVA. However, there remains much variation between Adult and Children's Social Care in their understanding and approach to IPVA. Competing priorities may result in the needs of both the adult victim and of children going unmet. Many Local Authority areas have sought to create a 'cultural' shift away from a 'failure to protect' view wherein the role of the adult victim as a parent is emphasised, towards an approach which integrates more fully with Adult Social Care and recognises the adult as a victim of abuse and responds to their and their children's support needs.

2. Aims of the work in this topic area

This project aims to evaluate integrated practice between Adult and Children's Social Care to identify examples of effective, whole system work. We will examine the shared and diverging professional practices as they relate to adult and child victims, identifying barriers and facilitators to effective integrated working.

3. How and who might research in this topic area help

This research will identify the current organisational, cultural and individual level barriers and facilitators to achieving an integrated response to IPVA and as such will be important to both Adult's and Children's Social Care services within the statutory and community and voluntary sector. Whilst an effective integrated response will benefit both adult and child victims, improving the response to adult victims who are parents is the central focus of the project.

4. What type of evidence already exists in this topic area

There is a large body of research showing that adult victims of IPVA who have dependent age children experience social care provision to be victim-blaming, and that this response is a substantial barrier to care. Less is known about models of effective practice and how these can be best implemented within real world, complex contexts.

Topic 9 - Using community resources to improve wellbeing with a focus on its determinants (e.g. loneliness and poor mental health)

1. Context and issues of concern

Moving the care system towards a more preventative approach (as opposed to a crisis-focused system) can involve (a) identifying the determinants of potential future need, including physical, psychological and social determinants, and (b) resources, services and other forms of support that might mitigate the drivers of future need. The argument is that preventative measures could not only reduce the onset of greater need later, but also improve the wellbeing of people using those services now. *Strength-based approaches* in social care are those that draw on the experiences, skills and resources around a person to promote their wellbeing and independence. Social networks and community activities are important resources for this purpose, particularly regarding prevention.

2. Aims of the work in this topic area

Projects in this topic would focus on social isolation and mental health determinants of future need, reviewing the approaches that are being used locally and considering the scope (and evidence) for their wider implementation. An examples is: *The Life Rooms*, a service coordinated by GP practices aimed to mitigate social determinants of poor mental health by providing support and access to resources in a local community setting. Another example is: *Community Connectors*, which are services that help to link people with a range of community organisation and activities that can help improve their quality of life, e.g. befriending services, bereavement groups etc.

3. How and who might research in this topic area help

Life Rooms and Community Connectors are examples of services that help broker meaningful engagement with community activities, potentially reducing the burden of mental illness and helping both younger and older adults to feel less lonely and more socially connected. The research would help these services identify which of their activities is working well and which not so well. It could help with setting up these kinds of services in other areas, providing insight in what worked and what was more problematic in getting these services into operation.

4. What type of evidence already exists in this topic area

Strength-based approaches and prevention approaches are receiving significant attention but the evidence-base for their effectiveness is limited. A number of studies have been commissioned to look at these issues. There is some preliminary evaluation of The Life Rooms and Community Connectors, and this work would build on that. The focus would be on the lessons for getting these services set up in the best way.