Building Capacity for Social Care Research—Individual-Level and Organisational Barriers Facing Practitioners

Andy Pulman 🄳 * and Lee-Ann Fenge

Faculty of Health and Social Sciences, Bournemouth University, Bournemouth BH8 8GP, UK

*Correspondence to Dr Andy Pulman, Faculty of Health and Social Science, Bournemouth University, Bournemouth Gateway Building, Lansdowne Campus, St. Pauls Lane, Bournemouth BH8 8GP, UK. E-mail: *apulman@bournemouth.ac.uk*

Abstract

To achieve a growth in practice-focused research, social care requires a solid infrastructure including a skilled research workforce, funding and a framework of national, strategic priorities. This article concerns practitioner researchers and developing the skills and support to enable practitioners to become active researchers within social care practice. It reports on findings from a study to develop a better understanding of the challenges of building capacity to undertake social care research in the South of England and the opportunities for building research engagement and capacity within local authorities (LAs) to include practitioner-led research. A qualitative approach was undertaken. Participants were practitioners working in LA social service departments. Participants completed an online questionnaire ($n = 22$), with a subsample ($n = 6$) interviewed. A semi-structured interview schedule collected positive and negative views of research experiences and of using research evidence. Individual-level and organisational research barriers were extracted as themes from the data and are described. The authors then discuss areas where practical ground level initiatives could be focused that might assist in developing a more positive research environment within social care organisations employing social workers and other practitioners.

Background

In 1994, a Department of Health strategy document on research and development in Social Services identified weak links between research in a context of evidence-based practice. Building on themes identified within this report, Marsh and Fisher (2005) highlighted the importance of more practice-based evidence, focused on providing practice improvement. This suggested the need for more ground-up and inclusive approaches to research generation and development within local authorities (LAs), including by practitioner generated research. This is important as it has been suggested that practitioners often rely on knowledge derived from colleagues, supervisors, and personal experience rather than knowledge from research or other external sources (Iversen and Heggen, 2016). Having a strong, research literate social work practitioner workforce is important in not only undertaking new social work research to improve practice, but also obtaining an understanding of and defiance to the dominant traditions of social science research (Strier, 2006). For example, by helping to champion inclusive research methods and approaches which embrace anti-oppressive practice and the value of diversity (Fenge, 2010), engaging in anti-oppressive social work research (Strier, 2006) and ensuring that oppressive practices are not embedded within any research which is undertaken (Butler and Pugh, 2004).

The Research Advisory Group for the Chief Social Worker for Adults (2023) in the UK has recently launched a charter setting out a vision for, and outlining a pathway to greater engagement with research in the social work profession. To achieve a growth in practice-focused research, social care requires a solid infrastructure including a skilled research workforce, funding and a framework of national, strategic priorities (Marsh and Fisher, 2005). Building health service research capacity in the UK is viewed as a core function planned through research and development, which supports an organisational approach to building Research Capacity Development (RCD) (Whitworth *et al.*, 2012). RCD requires the support and development of sustainable abilities and skills that will enable individuals and organisations to perform high-quality research. This suggests that a culture of research can be fostered by a strong internal organisational infrastructure, which supports individual career planning and skills development (Orme and Powell, 2008). There is currently a lack of a systematic approach to RCD across social care and a paucity

of research to illuminate best practice. Social care needs to develop its own system and research infrastructure to develop understanding of what works and why, with improved pathways to impact demonstrating the value added of good social care (Geoghegan and Fenge, 2022).

In 2020, a National Institute for Health and Care Research (NIHR) consultation identified a number of challenge areas concerning designing and conducting social care research, including limited opportunities to commission social care research, priority-setting and translating research to support practice improvement. Another recent study of social work/care staff (Wakefield *et al.*, 2021) showed a high rating on the relevance of research to professional development but a low level of involvement and low levels of confidence/knowledge across a range of research skills. It concluded that findings highlighted a gap between a current drive for social work/care to be more evidence based and its ability to enact this approach. Further work being required to understand more about barriers to engagement at an individual and organisational level and how they might be addressed.

Aims

The purpose of this explorative study was to generate deeper insights into the challenges of building capacity to undertake social care research across the sector and identify opportunities for building research engagement and capacity across Higher Education Institutes (HEIs) and the social care sector. This involved a South of England wide mapping exercise, collecting participant data from practitioners working in social care about their experiences of using research evidence in their practice and their involvement in research.

Our broad research questions concerned:
- What were the barriers and enablers to building research capacity from an individual-level and organisational (LA) perspective?
- How could enablers be encouraged?
- What could help reduce or remove barriers?

Method

This was a mixed methods study, with the research being approved by a Bournemouth University Ethics panel in February 2022 (Ref: 41416).

To promote awareness, the researchers utilised Principal Social Worker (PSW) contacts at LAs within the South of England and also recruited through a variety of online channels. These included posts about the study on the National Centre for Post-Qualifying Social Work

website, Twitter feeds and direct approaches to possible participants via LinkedIn. University channels were also utilised. We made confirmed initial contact with $n = 182$ practitioners from five different LAs. Only practitioners working in LA social service departments were recruited rather than those working within the NHS due to ethical considerations.

An online survey utilised a mixture of thirty-five quantitative and qualitative questions whilst follow-up in-depth interviews utilised qualitative techniques. Our article concentrates on the qualitative data collected and analysed with only some quantitative demographic data highlighted where applicable.

All practitioners were asked to complete an online questionnaire (denoted as P1xx) which took around 15–20 min to complete. It was designed to address areas including workplace research capacity within LAs; views on and experiences of research; training opportunities and support; access to research materials and evidence and past and future reflections on relevance and priority of research to practitioner roles.

A subsample of practitioners (denoted as *P1xx FI*) agreed to be contacted to provide additional information and all were invited for follow-up interview by telephone or online one-to-one meeting with video off. A semi-structured interview schedule was constructed to collect positive and negative views of research experiences and of using research evidence. Interviews were able to explore comments, observations and themes emerging from data collected in similar areas to the questionnaire as a starting point, before then delving into more detail. Example topics of discussion included workplace research capacity [sample mini-tour question (mtq): 'How much of your working week do you currently spend on research?']; views on and experiences of research (mtq: 'What does research mean to you?') and past and future reflections on the relevance and priority of research (mtq: 'What changes do you see occurring in the immediate future, concerning the relevance and priority of research in relation to your role?').

Consent for completing the online survey was requested before allowing participants to proceed. For interviews, consent to participate was obtained before each interview.

A generic qualitative approach to thematic analysis was used (Caelli *et al.*, 2003) with inter-researcher interpretation. Following familiarisation with the transcripts, a member of the team charted themes. Subsequently, a second researcher familiarised themselves with the transcripts and the matrix of initial themes. We developed an agreed coding scheme using an analytical framework that combined a priori issues from the original topic guide and emerging themes (Braun and Clarke, 2006). Themes and sub-themes were identified and coded and then agreed between the two researchers.

Limitations of study

This study may have been affected by respondent selection and bias. Participation was on a voluntary basis and respondents were self-selecting, on the basis that people with views they would like to communicate were more likely to participate. The study took place in one UK region, was a qualitative, explorative study and had a limited sample size, so findings may not be nationally typical and should be generalised with caution. Reasons for obtaining qualitative data from a smaller sample than originally anticipated might include apathy, survey fatigue or concerns of privacy surrounding sharing personal information concerning workplace experiences with an external researcher. In terms of publicising the surveys for this project, the research team encountered many difficulties in contacting our recruitment targets. Innovative methods of direct contact— such as connecting through LinkedIn for study recruitment—proved much more effective as a recruitment tool than other methods.

Results

Research barriers were categorised as themes which might prevent or limit a positive research environment for practitioners working in social care. For the purposes of this article, we report findings from two themes—individual-level and organisational barriers—identified from the perspective of current practitioners. Additional themes emerging from the data—concerning logistical and research skill barriers and enablers— relating to research skill gaps identified in current training pathways and qualification routes are discussed in a separate paper which focuses on ways of improving research skills for social workers (A. Pulman and L. A. Fenge, submitted for publication).

Demographics

In total, $N = 22$ practitioners working in social care completed the questionnaire and $n = 6$ were interviewed (see Table 1). The majority of study participants were social workers ($n = 19$) with ($n = 1$) apprentice social worker, mental health nurse and programme manager also participating.

Individual-level barriers

Individual-level barriers were classified as those individual level considerations and attributes which restricted a personal desire and ability to become more research active.

Table 1. Self-reported descriptives

Variable	
Sex, *n* (per cent)	
Male	6 (27.3 per cent)
Female	16 (72.7 per cent)
Age (years), mean (SD), range	39.2, (9.1), 26-59
Ethnic group or background	
White	20 (91 per cent)
Mixed/multiple ethnic groups	1 (4.5 per cent)
Prefer not to say	1 (4.5 per cent)
Job role	
Social worker	19 (86.5 per cent)
Apprentice social worker	1 (4.5 per cent)
Mental health nurse	1 (4.5 per cent)
Programme manager	1 (4.5 per cent)
Work location	
FTE (over 30 h)	21 (95.5 per cent)
Part time work (25 h)	1 (4.5 per cent)
I am interested in doing research	
No	6 (27.3 per cent)
Yes	16 (72.7 per cent)
I am confident in doing research (of those interested)	
No	9 (56.2 per cent)
Yes	7 (43.8 per cent)

The Care Crisis has been exacerbated by over ten years of government cuts to local government and social care budgets, a lack of action in responding to the Dilnot Commission (2011) on social care funding and on-going staffing pressures within the social care system (Oliver, 2022). Participants continually described job demands as affecting time and energy to engage in research-based activities. The ongoing impact of the Care Crisis, shortages of experienced staff, COVID-19 and the need to firefight affected opportunities and the time available for training or research:

> . . . when our statutory duty means we need to be you know, safeguarding and making sure that we assess and support the people in our community . . . you know, the priority is always that bit, rather than actually stepping out and completing a piece of research. Short sighted, I guess . . . very short sighted, in terms of a system. [P118 FI]

This situation was not seen as changing in the near future. Social work practitioners work in environments that they hope might become more positive towards research, but they pragmatically acknowledge this transition will be difficult, if not impossible to achieve. From a negative perspective, this might result in them feeling powerless to affect change:

> I hope that lack of capacity and resource within social care won't impact the time and space people need to complete research. [P110]

Organisational inertia towards research could negatively affect practitioners psychologically over time by gradually puncturing future plans

related to research and eroding a desire to engage in research if they foresaw only problems in trying to take research projects forward in a difficult working environment.

Aside from financial considerations, the other constraint restricting participants from a desire to develop their research skills once employed related to the demands of the job:

> ... and I know there are a couple of other people that would like to do PhD's ... but I don't think they're actually kind of progressing with that, or if they've got a specific area in mind ... [P109 FI]

Early career practitioners were initially more focused on consolidating work skills, rather than exploring further study opportunities linked to developing research skills.

Participants who expressed an interest in research ($n = 16$) were asked whether they had future plans to submit a research or career development application linked to research within the next year. Only one participant had plans. Reasons given for having no plans included: a lack of confidence in undertaking research; a lack of knowledge about the process and of research generally; a lack of available time; the absence of opportunities targeted specifically at them and other reasons related to their career (such as maternity leave). Just over a quarter of participants ($n = 6$) were not interested in undertaking research. Elements that might encourage participants to become interested in research included protected or dedicated time within the working week, a reduced caseload, staff being brought in to cover tasks they usually performed and the provision of a research mentor.

Participants were less likely to want to engage in research activities if they were considering leaving their current role and this is also indicative of current churn in the workforce. Reasons for career change varied, but included safety issues at their LA, a poorer working experience than perceived at other LAs and, in one case, a lack of research opportunities. Some were moving, had moved or had applied to other LAs within the study region, whilst others were looking at alternative sectors:

> I mean people are just tempted away easily, which is a shame because obviously they are very experienced, they have been dedicated to the council and to their job for many years but are at a certain point, they, you know, just aren't gonna put up with it anymore ... [P109 FI]

Organisational barriers

Organisational barriers were classified as organisational structures, working practices and inherent culture challenges which could restrict a person's desire and ability to become more research active.

Organisational culture

Opportunities to engage with the organisation to affect positive change were limited:

> Our team manager runs groups to improve our work life where we bring ideas and discussion. But then they aren't acted upon so it now feels pointless. [P109]

This had the effect of potentially dampening down enthusiasm to participate in surveys (including our study) and research initiatives that they might hear about or negatively influence them away from seeking opportunities available:

> I'm so disengaged with this organisation to be honest with you. Nothing like I've ever felt before. [P107 FI]

Participants noted a lack of tangible organisational policy and guidance around how and when staff could access and use research evidence. Research pathways and governance frameworks had not been developed within some LAs—highlighted by responses to the question 'Our organisation has a policy/guidance on how and when staff can access and use research evidence' where only $n = 9$ practitioners strongly agreed ($n = 5$) or agreed ($n = 4$). Unlike the culture inherent within the NHS where research is viewed as a key part of everyday practice, the research culture in LAs was less ingrained. Areas of research were often viewed as being limited to within the confines of a job role, as opposed to being able to investigate interesting topics and create new evidence:

> Because, I think there is a culture that conducting research, creating something is, is an academic role and not a local authority role. [P108 FI]

A dearth of research culture is also evidenced in the discouragement by managers of continuation of academic studies and a lack of interest from some staff who had previously managed to progress to doctoral studies within a practice role. In some LAs, where research use was encouraged, the evidence base came from geographically and demographically different locations rather than being developed locally:

> What we don't do is develop research within our communities, you know, specifically to- [LA location 1] is very different from [LA location 2] is very different from London ... [P108 FI]

Appositely, some LAs utilised local research knowledge, but did not link this in with wider national research that could inform the local picture. This lack of an embedded research culture points to a gap in knowledge concerning organisational approaches to embedding research into practice. Likert responses to 'Our organisation uses research evidence to inform policy and practice' where $n = 17$ practitioners strongly agreed ($n = 8$) or agreed ($n = 9$) suggest this situation could be improved within

some LAs. Some practitioners had noticed a recent improvement in terms of more positive organisational approaches towards research compared with a few years ago, but this was perhaps more about delivering evidenced informed practice, rather than developing local research practice:

> ... but completing our own research, is again an area of weakness for us.
> [P118 FI]

Although research policy and guidance structures are in place within some LAs, there is still much work to be done. There were continuing questions of how research could be successfully integrated into 'business as usual' work and in forward thinking ideas—such as research champions and use of the embedded Researcher in Residence model. These were both seen as good ideas, but currently underutilised in LAs within the study region. Research champions within LAs were either not known or not in place. Responses to the question 'Is there a named "champion" for research at a senior level in your organisation?' where only $n = 4$ practitioners said yes suggest that this role is currently under-developed.

Where practitioners had been able to arrange training opportunities, there were issues described with being able to take allocated study time. This had resulted in some participants having to use weekends, evenings and annual leave to ensure they could meet deadlines for hand-in dates. The research time allowable in a job role was typically below half a day within a five-day working week. The mean time allocated (not actual) across all participants being 7.9 per cent of a working week. As with a lack of study time, this had the impact of forcing research specific work, such as applications for funding opportunities, to be carried out in free time:

> So, I spent this whole bank holiday weekend writing out all my bit, that I was interested in following up ... [P107 FI]

Finding the capacity to initiate and/or support research projects was noted as being challenging due to the strategic demands of the organisation. This pressure only increased if project demands were made at short notice:

> ... and it's been really difficult to, you know, a researcher arrives, wants to engage some focus groups with a number of staff ... or co-ordinating and making that happen on top of the day job's been really challenging.
> [P118 FI]

Reference was also made by participants to a lack of confidence in the willingness of their organisation to source backfill—freeing them up to work on a research project—even if financial payment was available to cover them. Instances of LAs not supporting external funding applications were also described. One participant had not been supported in

their attempt to submit an application to an NIHR LA funding round. This had led to them feeling angry and frustrated at what they considered a missed opportunity. One practitioner fellowship application, which had not been originally submitted in time, was then unable to be resubmitted as support was subsequently withdrawn by their LA.

Finally, participants noted that journal access—outside of those subscriptions that they or their LA subscribed to—was very limited. This compared poorly with the experience of studying at HEIs where availability was considered much greater. One participant had previous experience of using NHS libraries and contrasted the poor access to research resources through their LA in comparison. Open access offered a partial solution and access had improved during the pandemic, when some journals offered free access for a limited time. However, there remains a tremendous pool of research knowledge—such as recently published embargoed articles—currently off limits.

Organisational structure

Unlike in health care settings, LA social care research-based activities and training were viewed as low priority organisationally. This results in research policy and pathways not being developed and a top-down approach which ignores research as a useful option:

> In some ways I feel we are told how to work depending on the resources we have available to us as opposed to research what might be the best way for the person to achieve their outcomes. [P108]

The biggest hurdles in being able to enact research were the ability for the organisation to visualise tangible outcomes and benefits within a short time period. Many participants felt that their LA was less positive towards research recently. A major cause was statutory service pressures, reduced resources and the impacts of COVID-19, resulting in priorities being focused on day-to-day responsibilities rather than 'extra-curricular' activities like research.

Three particular impacts of COVID-19 had been noted by participants. First, training opportunities were reduced. Second, there were many additional stresses and strains placed on staff, with priorities shifting, team structures becoming more unstable due to sickness, impacts on mental health and relentless pressure being placed upon individuals. Some of these effects resulting in staff leaving the service:

> ... I know, several people who have sort of gone: 'No thanks! I'm done. I'm gonna go and do something else' ... and so they have unfortunately—whether permanently or not—but they have sort of stepped away from the profession to do something else ... [P108 FI]

Third, the change to working from home had negatively impacted on some social work practitioners. Some staff felt more isolated and less supported in terms of being able to obtain collegiate advice and support with someone in an office environment after a difficult call. Space and privacy issues inherent with some locations used for homeworking had caused a leakage of work issues into family areas, which was problematic. Commuting opportunities to listen to research podcasts during travel time had been lost in one instance. Maintaining good mental health in this environment was noted as being particularly challenging.

The impact of austerity and pre-planned budgetary constraints on LAs was also noted:

> I think there's a financial restraint in terms of people's time to do it …
> I think there's been so much of a squeeze that they need to kind of go
> 'Is that a priority for us financially?' [P108 FI]

This included the negative financial implications of freeing up staff to work on research—such as replacement staff, set up costs, patient and public involvement, time for data analysis and unplanned budgetary expenditure—and cost concerns focused on 'business as usual' rather than research focused roles:

> [talking about role development with a research element]
> … and I know there is some national work going on in this space, but it
> requires money to be able to deliver it. [P118 FI]

Participants highlighted how reductions in LA expenditure had negatively impacted on CPD and research opportunities and had perhaps contributed to some managers discouraging some from completing a Masters CPD programme or starting on a PhD pathway. Participants suggested that when considering what training LAs will decide to fund, targeted funding constraints meant that opportunities with a research element were not always available as options for staff to request:

> … they'd support people to be funded to do an undergraduate or a post
> graduate qualification but not a PhD. [P108 FI]

In comparison to shorter, more cost-effective, work-based training:

> It's just you want people to fulfil posts. That's it. So you'll release them
> to do that sort of training, but you won't release them for anything else.
> [P107 FI]

Apprenticeships were noted as a cheaper alternative in comparison to degree courses and participants were unsure of the research elements taught within current apprenticeship training routes. Online distance learning was viewed by some LAs as a more preferable and cheaper route than face-to-face HEI options, without the difficulty of releasing staff. The online offer was in one case described unfavourably in comparison to equivalent face-to-face HEI alternatives—viewed as having

neither the same quality nor long-term impact. Opportunities for training were denied for some new starters due to concerns that they might not stay in their role for long. The effects of targeted funding are a short-term erosion of opportunities for adding research skills to an employee profile and a longer term erosion of workforce research capacity (as experienced staff with research skills leave the sector to be replaced by newer less research literate staff).

There was also a lack of a framework for encouraging the development of research skills and knowledge highlighted:

> [talking about being encouraged to develop research skills and knowledge]
> I don't think it's, it's certainly not something you know, that no, it is evident really I don't think within the organisation you know, or is offered, or supported at the moment … [P100 FI]

This is also shown in Likert responses to 'People are encouraged to develop their research skills and knowledge' where only just over half of practitioners strongly agreed ($n = 6$) or agreed ($n = 6$).

Restructures had resulted in research elements within LAs disappearing and had the knock-on effect of changing the landscape of the workforce with qualified posts being lost, adding to work-load pressure. The hierarchy of this structure, and in some cases 'Silo' mentality, made it difficult to seek out the right people to contact for application approval and to effect any changes from the bottom up.

The size and rurality of some LAs and different departmental structures resulted in differing connectivity levels across organisational hierarchies. Communication channels for research opportunities varied across LAs, with participants reporting instances of confusion including difficulties in receiving cascaded information on potential opportunities. Certain information only went to certain people sporadically and there was a dearth of identifiable research champions (see Organisational culture) available within LAs to promote and distribute information:

> … if there is research practice going on. Why hasn't anybody pointed it in my direction? Because I can't find it. I certainly can't find it. I can't find it on the website. The internal website. I can't find it on the Teams chats. [P107 FI]

These factors highlight that potential external research funding opportunities might not get through to interested social work practitioners.

Similarly, communication across organisational channels to discuss potential funding opportunities was described as difficult. This also applied to effective contact with administrative teams to progress research applications, forging and maintaining links to external contacts—including HEI staff—and problems in identifying research champions with the LA who might support applications (see Culture).

Management in LAs was identified as a barrier to being able to progress research opportunities. Some LAs experienced changing leadership over a short time period, leading to a perceived lack of cohesion and an inward looking short-term approach from the top, with a lack of commitment and sign-up to research-based activities:

> … we've had a lot of changes in senior leadership and we've got quite a lot of short, shorter term contracts or interim or consultants in. And … … I think that you get a different approach if you have that type of senior leadership team. And if you've got something a bit more consistent or permanent, then they, they look into a longer horizon. [P101 FI]

Where managers were more research positive, service pressures and organisational priorities meant that goodwill in this area might not extend to positive changes in practice. The differences in managerial approaches within separate teams within an LA also highlighted a lack of overall equality in how staff were treated.

Finally, workforce and recruitment challenges were reflected in the study. Vacancies were currently difficult to fill and there was a large churn of existing skilled staff moving on, with knock on effects concerning the capacity to allow research to take place within the wider organisation:

> But there are always, you know, some recruitment issues in social work and I think that's the difficulty. It's kind of getting, having the capacity to recruit more people so that you can enable some people to do research projects. [P101 FI]

Constant workforce churn might contribute to difficulties in reviewing career pathways to be more inclusive of research opportunities, as covering front line tasks is always the priority.

Discussion

A global vision of increasing numbers of research active social work/care practitioners supported by heightened research awareness and activity is laudable (Drisko and Grady, 2019), although seemingly difficult to achieve. Barriers to research engagement have been highlighted in this study and elsewhere. A qualitative study of social workers in New Zealand (Beddoe, 2011) expressed low confidence levels and engagement in research and a lack of time to engage, in part due to managerial context. There are fewer academic training and funding opportunities for social workers than in health care and therefore less opportunities to embed such approaches for practitioners (Wakefield *et al.*, 2021). In the last few years, literature has also highlighted the combined impacts of austerity (Oliver, 2022), Brexit (Read and Fenge, 2019) and COVID-19 (Skills

for Care, 2021), resulting in additional challenges for the recruitment and retention of the social care workforce. This in turn exerts adverse impacts on practitioners still working in the sector and their ability to influence local policy or actively pursue research opportunities.

It has previously been suggested (Gray *et al.*, 2015) that strategies and resources are needed at an organisational level to determine the appropriate mix of research/development teams and front line practitioners to best respond to the organisational skills-base and enhance evidence-based practice approaches. However, data paint a picture of practitioners who might be positive towards research facing many hurdles to help build or contribute to a research strategy, advance their research skills (A. Pulman and L. A. Fenge, submitted for publication) or embed research into practice (Goel *et al.*, 2018). Service pressures, COVID-19, the funding gap between social care and health care (in terms of research funding, access to journals and perceived research support) and a less defined career pathway inclusive of research skill acquisition from initial qualification (A. Pulman and L. A. Fenge, submitted for publication) through to on-the-job learning are just some of the obstacles. This picture is further complicated within autonomous LAs who each have different strategic approaches to research policy and the status of research when set against maintaining day-to-day services in a severely restrictive financial climate.

The need for more support has been recognised by the NIHR, which has supported the inclusion of social care with new roles and targeted funding streams. Currently, a number of NIHR-funded projects are exploring the challenge of building research capacity in social care (NIHR Funding and Awards, 2020). Alongside these initiatives, we now discuss areas where practical ground-level initiatives could be focused to help reduce individual-level and organisational barriers to research in social care. Suggestions are made acknowledging that these barriers overlap and interact with each other in many places.

Helping to change the organisational culture

Historically, LAs have not possessed a strong organisational research culture within social care (NIHR Research Design Service Blog, 2020; Wakefield *et al.*, 2021). This is also borne out in the data we have collected. Therefore, LA senior management needs encouragement to view research as an essential and integral part of the social care sector. This includes allowing time for research, promoting embedding research into practice and supporting pathways for career development. Factors that might influence an LA to allow research training opportunities include the need for tangible outcomes for services and the LA, senior leadership sign up and a strong collective voice from numbers of practitioners.

The PSW was identified as a key role in progressing research within an LA, with the caveat that this might not always be possible due to LA organisational drivers. However, to build a strong collaborative voice, it is also vital that interested parties should proactively engage at all organisational levels of the LA network.

This might include providing training and sponsoring visible research champions within LAs [e.g. NIHR Applied Research Collaboration (ARC) West Midlands, 2022] and/or sponsoring or co-funding embedded Researcher in Residence positions (Marshall *et al.*, 2014). This model places the researcher as a core member of a delivery team, actively negotiating a body of expertise different from, but complementary to, manager and practitioner expertise. It can help to engage academics and practitioners in the promotion of evidence informed service improvement. Alongside forging deeper links with and obtaining support from research active HEI staff (Buck *et al.*, 2023), utilising methods such as these for promoting existing good practice and highlighting the tangible benefits of embedding research into practice could help to improve the LA research culture.

Helping to support research positive practitioners

Research positive practitioners exist at all levels in LAs and would benefit from more support. Some might perceive themselves to be (and may be viewed by others as) isolated and unsupported (Beddoe, 2011). There are many interested in research—some currently progressing through academic study—who have innovative ideas about projects to benefit practice. They should be nurtured and supported by their organisations (McBeath and Austin, 2015).

In a busy and stressful environment, practitioners are often not in receipt of information or opportunities sent through internal email or external websites. Harnessing innovative methods of direct contact—an effective recruitment tool in this study (Stokes *et al.*, 2019)—such as directly connecting through LinkedIn or other social media platforms offers positive opportunities to form and maintain more direct channels of communication with those research positive practitioners looking for information, inspiration or support.

Practitioners interested in making funding applications would also benefit from more support before and during the process (NIHR Research Design Service Blog, 2020). Practitioners might be interested in making fellowship applications if they could connect with mentors for support (Orme and Powell, 2008), or potential supervisors, at an early opportunity. In Withington *et al.*'s (2020) study of social workers participating in a multiday training and follow-up mentoring programme, the mentoring approach appeared to be a crucial component—for engagement with

research, willingness or ability to bypass perceived and real hurdles and completion of an individual research project. Both mentor and supervisor roles could also help encourage practitioner management in LAs to support and engage in this process, explaining the tangible benefits to the organisation.

There is also an opportunity to create regular opportunities for research positive practitioners to meet up with potential mentors or supervisors for research applications and/or researchers and other research positive social work practitioners in an online or face-to-face environment—such as a forum or action learning group. For example, it may be possible to embrace novel ways for practitioners to build confidence in their writing and critically reflective skills as a step towards engaging in more formal research studies. This could be achieved by perhaps encouraging more autoethnographic approaches to capturing practice experience and transformation based on individual narratives (Gant *et al.*, 2019). This could be supported by action learning groups which focused on building practitioner confidence in critically reflecting upon their practice.

Investigating, workforce burnout, recruitment and retention

As of March 2021, turnover rate within social worker roles was estimated at 12.8 per cent as opposed to 8.8 per cent within registered nurses and health visitors in the NHS (Skills for Care, 2021). An individual-level barrier to building social care research capacity highlighted in our study was changing career. What was surprising was the number of social work practitioners who mentioned changing career—some were moving or had moved or applied to join other LAs within the study region, whilst others were looking at moving to alternative sectors. This was also reflected within organisational barriers under recruitment challenges. It was noted that vacancies were difficult to fill and there was currently a large churn of existing skilled staff moving on, with subsequent knock-on effects on the capacity to allow research to take place within the wider organisation.

Research on social worker burnout in 2015 found high levels of emotional exhaustion even amongst those social workers with under twenty cases. Of $n = 2,032$ social workers surveyed in 2016, 80 per cent noted they had experienced emotional distress during the day, whilst 42 per cent had been verbally abused (Community Care and Unison, 2017). Qualitative results from a study on UK social worker well-being (Ravalier *et al.*, 2021) highlighted that work-load, lack of managerial support and service user/family abuse were distinct demands associated with the role, whereas contrasting positive resources were the social work role, peer support and positive managerial support.

Post pandemic, Skills for Care had received feedback from sector employers regarding staff and managers experiencing burnout due to the pressures of the pandemic and that there was a risk of social work practitioners leaving the profession as a result (Skills for Care, 2021), also evidenced in our study. For social workers, high caseloads are cited in several studies as a cause for attrition, and other factors include stress, poor supervision, insufficient administrative support, and dissonance between social work values and practice (Edwards *et al.*, 2022). For social care, well-known systemic issues, such as poor pay and working hours, feature in many studies as significant barriers to attraction and retention (Edwards *et al.*, 2022).

Building on these aspects of the regional scoping work for practitioners and considering recent literature in this area, we have initiated exploratory discussions with Adult Social Care Services from two LAs within the study region. The aim being, to produce an outline for a collaboratively agreed future project exploring challenges around recruitment and retention in adult social care, effects these might have on building research capacity and looking at practical solutions to address some of these issues.

Conclusion

This article has reported findings from a study to develop a better understanding of the challenges of building capacity to undertake social care research and the opportunities for building research engagement and capacity within LAs to include practitioner-led research. From the perspective of social work practitioners working in the South of England, a number of individual-level and organisational barriers currently exert a strong grip on the ability of LAs within the study region and their staff to assist in building research capacity within the social care sector.

Helping to stimulate small positive changes within LA organisational research culture; focusing on building and supporting better networks of research positive practitioners and looking at the wider impacts of burnout, recruitment and retention and their impacts on ability to research are all initiatives that might assist in enabling a more positive research environment within social care organisations employing social workers and other practitioners.

Author contributions

L.-A.F. and A.P. conceived and designed the study and conducted data analysis. A.P. managed the creation of the survey and data collection

and led the preparation of the manuscript. All authors critically reviewed and revised the manuscript and participated in the final approval.

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References

Beddoe, L. (2011) 'Investing in the future: Social workers talk about research', *British Journal of Social Work*, **41**(3), pp. 557–75.

Butler, I. and Pugh, R. (2004) 'The politics of social work research' in Lovelock, R., Lyons, K. and Powell, J. (eds), *Reflecting on social work – discipline and profession*, London, Routledge.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, **3**(2), pp. 77–101.

Buck, G., Whiteside, N., Newman, A., Jones, H., Stanley, S., Feather, J. and Millard, W. (2023) 'Promoting practitioner research through a social work teaching partnership', *Practice*, **35**(1), pp. 57–73. https://doi.org/10.1080/09503153.2022.2128324

Caelli, K., Ray, L. and Mill, J. (2003) '"Clear as mud": toward greater clarity in generic qualitative research', *International Journal of Qualitative Methods*, **2**(2), pp. 1–13.

Community Care and Unison. (2017) 'A day in the life of social work'. Unison, available online at: https://www.unison.org.uk/content/uploads/2017/03/CC-SocialWorkWatch_report_web.pdf (accessed April 4, 2023).

Department of Health. (1994) 'A wider strategy for research and development relating to personal social services: Report to the Director of Research and Development, Department of Health, by an Independent Review Group', *The Gilbert Report*, London, Department of Health.

Dilnot Commission. (2011) *'Fairer care funding: The report of the commission on funding of care and support'*, HMSO.

Drisko, J. W. and Grady, M. D. (2019) *Evidence-Based Practice in Clinical Social Work*, New York, Springer.

Edwards, D., Trigg, L., Carrier, J., Cooper, A., Csontos, J., Day, J., Gillen, E., Lewis, R. and Edwards, A. (2022) 'A rapid review of innovations for attraction, recruitment and retention of social care workers, and exploration of factors influencing turnover within the UK context', *Journal of Long Term Care*, **2022**(1), pp. 205–21.

Fenge, L. A. (2010) 'Striving towards inclusive research: An example of participatory action research with older lesbians and gay men', *British Journal of Social Work*, **40**(3), pp. 878–94. https://doi.org/10.1093/bjsw/bcn144

Gant, V., Cheatham, L., Di Vito, H., Offei, E., Williams, G. and Yatosenge, N. (2019) 'Social work through collaborative autoethnography', *Social Work Education*, **38**(6), pp. 707–20.

Geoghegan, L. and Fenge, L. A. (2022) 'What social care research is and why it is important: Podcast', available online at: https://www.emeraldgrouppublishing.com/podcast-what-social-care-research-and-why-it-important (accessed April 4, 2023).

Goel, K., Hudson, C. and Cowie, J. (2018) 'Building research capacity for social work practitioners: A regional perspective', *Social Work Education*, **37**(8), pp. 1028–43.

Gray, M., Joy, E., Plath, D. and Webb, S. A. (2015) 'What supports and impedes evidence-based practice implementation? A survey of Australian social workers', *British Journal of Social Work*, **45**(2), pp. 667–84.

Iversen, A. C. and Heggen, K. (2016) 'Child welfare workers use of knowledge in their daily work', *European Journal of Social Work*, **19**(2), pp. 187–203.

Marsh, P. and Fisher, M. (2005) *Developing the Evidence Base for Social Work and Social Care Practice*, London, Social Care Institute for Excellence.

Marshall, M., Pagel, C., French, C., Utley, M., Allwood, D., Fulop, N., Pope, C., Banks, V. and Goldmann, A. (2014) 'Moving improvement research closer to practice: The researcher-in-residence model', *BMJ Quality & Safety*, **23**(10), pp. 801–5.

McBeath, B. and Austin, M. J. (2015) 'The organizational context of research-minded practitioners: Challenges and opportunities', *Research on Social Work Practice*, **25**(4), pp. 446–59.

NIHR Applied Research Collaboration (ARC) West Midlands. (2022) 'Developing a research culture in adult social care in the West Midlands', available online at: https://warwick.ac.uk/fac/sci/med/about/centres/arc-wm/news-events/latest-news/?newsItem=8a1785d87e9c033b017ed3d4ca3a2631 (accessed April 4, 2023).

NIHR Funding and Awards. (2020) 'HS&DR adult social care funding committee public minutes October 2020', NIHR, available online at: https://www.nihr.ac.uk/documents/hsanddr-adult-social-care-funding-committee-public-minutes-october-2020/26283 (accessed April 4, 2023).

NIHR Research Design Service Blog. (2020) 'The RDS model of support for social care research', available online at: https://www.rdsblog.org.uk/the-rds-model-of-support-for-social-care-research (accessed April 4, 2023).

Oliver, D. (2022) 'The social care white paper provides few solutions to an urgent crisis', *BMJ*, **376**, pp. 107. https://doi.org/10.1136/bmj.o107

Orme, J. and Powell, J. (2008) 'Building research capacity in social work: Process and issues', *British Journal of Social Work*, **38**(5), pp. 988–1008.

Ravalier, J. M., McFadden, P., Boichat, C., Clabburn, O. and Moriarty, J. (2021) 'Social worker well-being: A large mixed-methods study', *The British Journal of Social Work*, **51**(1), pp. 297–317. https://doi.org/10.1093/bjsw/bcaa078

Read, R. and Fenge, L. A. (2019) 'What does Brexit mean for the UK social care workforce? Perspectives from the recruitment and retention frontline', *Health & Social Care in the Community*, **27**(3), pp. 676–82.

Research Advisory Group for the Chief Social Worker for Adults. (2023) *A Charter for Social Work Research in Adult Social Care*, Birmingham, BASW, available online at: https://www.basw.co.uk/resources/charter-social-work-research-adult-social-care (accessed April 4, 2023).

Skills for Care. (2021) 'The state of the adult social care sector and workforce in England', Skills for Care, available online at: https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-

adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf (accessed April 4, 2023).

Stokes, Y., Vandyk, A., Squires, J., Jacob, J. D. and Gifford, W. (2019) 'Using Facebook and LinkedIn to recruit nurses for an online survey', *Western Journal of Nursing Research*, **41**(1), pp. 96–110.

Strier, R. (2006) 'Anti-oppressive research in social work: A preliminary definition', *British Journal of Social Work*, **37**(5), pp. 857–71. https://doi.org/10.1093/bjsw/bcl062

Wakefield, J., Lavender, S., Nixon, K., Hornby, S., Dobel-Ober, D., Lambley-Burke, R., Spolander, G., Bonner, P., Mallen, C. and Campbel, P. (2021) 'Social work and social care: Mapping workforce engagement, relevance, experience and interest in research', *The British Journal of Social Work*, **52**(4), pp. 2291–311.

Whitworth, A., Haining, S. and Stringer, H. (2012) 'Enhancing research capacity across healthcare and higher education sectors: Development and evaluation of an integrated model', *BMC Health Services Research*, **12**(1), pp. 1–10.

Withington, T., Alcorn, N., Maybery, D. and Goodyear, M. (2020) 'Building research capacity in clinical practice for social workers: A training and mentorship approach', *Advances in Mental Health*, **18**(1), pp. 73–90. https://doi.org/10.1080/18387357.2020.1726194