# Filling the gaps – can research play a more innovative role in adult social care?

*The interface between research and the contexts in which it is used are often taken as a given. Discussing findings from a study into research use in adult social care,* **Annette Boaz, Juliette Malley** *and* **Raphael Wittenberg** *suggest that in areas where research use is low, researchers would benefit from developing target organisations' ability to use research findings and linking their work into existing innovation and evidence use practices.*

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As population needs change and service providers face increasingly complex challenges, there is demand for new approaches and ways of working in adult social care, or in other words innovation. Innovation is fundamentally a process of learning, adaptation and change, as such research of all kinds plays an important role. Therefore when we embarked on the SASCI study (an ESRC-funded research project exploring innovation in adult social care in England) we expected to see research playing an active role in innovation.

Our case studies revealed some thriving processes of change drawing on a range of sources of information and intelligence, but limited use of research evidence. In contrast, we found innovative practices were in fact drawing on a wider range of sources of information and intelligence, including experiential knowledge, feedback from people drawing on services, internal data and inspirational leader narratives. We had to dig deep to find evidence of research playing a role at any stage in these innovation processes. Large-scale national evaluations of the innovations we focused on were notably absent. This has multiple implications. For example, it may explain why few innovations spread through the social care system and why those that *do* spread may not be the most effective, affordable or equitable.

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We did find examples of research use in the SASCI case studies. For instance, throughout the pandemic the London Association of Directors of Adult Social Services (ADASS) worked in partnership with LSE to design a data collection system, data analysis and writing up reports. The reports were used by councils for monitoring and responding to the impact of COVID-19 on the social care system). We also saw key reports (in the case of Shared Lives Plus, an influential, if small, economic analysis) being used to leverage resources to support innovation spread. A provider organisation has commissioned its own impact evaluation of Shared Lives to highlight positive outcomes for individuals and cost savings for local authorities. Equal Care Co-op, the UK's first home care digital co-operative, is also about to evaluate its new model and social impact to date. The care home group WCS Care (a registered charity) is funding, and has started, a PhD study with Oxford University (and another care provider with an interest in the innovation) to better evidence the impact of circadian lighting in care homes.

What we didn't find was widespread, systematic use of research in adult social care innovation. Why might this be so? A few factors were immediately apparent, some of which are common to research use in other sectors, while others are more specific to social care. For example, the timelines of research and innovation are often out of step with each other. Innovative interventions typically aim to work fast and nimbly and this isn't usually the case with research. Other types of evidence (such as service user feedback, routine data and experiential knowledge) can often provide a better fit with the innovation timescales and processes.

A second factor seemed to be the lack of incentives to use research evidence in social care innovation. For example, local authority commissioning processes don't always require evaluative evidence to support funding decisions. Where commissioners show an interest in evidence, they don't tend to have particular quality standards in mind for that evidence.

Social care is also under-researched and research isn't a strong component of the culture in social care: staff are therefore generally not fully equipped to make best use of research evidence (where it exists). In turn, the sector's lack of 'absorptive capacity' to learn from research could be a barrier to the spread of good innovations.

While we weren't particularly surprised to see so little formal monitoring and evaluation of innovative practices. The use of routine data was prevalent. For example, the care home provider Springfield Healthcare talked about the value of keeping routine detailed process records on care-led changes, however small. These were important both as evidence for CQC inspections and for regarding such developments as innovations to be shared across other homes in the Group.  There is often a strong commitment to implementing innovations such that capturing formal evidence of impact may feel unnecessary. Currently, a lack of evidence on the impact of innovations may be linked to their limited wider adoption and spread. This seems a 'chicken and egg situation': you need a critical mass of spread to have a well-designed evaluation, but wider spread might depend on a critical mass of evidence.

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Established relationships between researchers and innovating organisations hint at interesting future developments. In two of our case studies we found strong partnerships between organisations trying to innovate and researchers, with researchers undertaking projects to support innovation. While neither example demonstrated transformative, system-wide use of research, both offered examples of researchers and teams working together to identify research priorities and generating useful research to address organisational challenges and support innovative practices.

These were often small in scale, but might be the building blocks for a more research-orientated culture. For example, in one case study (WCS) the project team used data points that they already collected to demonstrate the impact from the implementation of a digital innovation. The NICHE partnership between the University of Leeds and two care home providers (including Springfield Healthcare) involves staff and researchers collaborating to identify priorities for care improvement and gathering evidence for insight to develop new approaches, techniques and innovations. In other case studies where innovators had experience of using research, they were positive about using it again.

So, what is the challenge? A first challenge is to our expectations as researchers. There is a tendency to see research as the starting point and anticipate a linear journey from research into practice. Instead, our innovation case studies highlight a need to start with the service context and to engage in active dialogue about research needs, while supporting capacity-building to make use of research. Building absorptive capacity in innovative organisations may be the key to research playing a more supportive role. There is also scope for more debate about what counts as good quality research evidence and how different types of information can be integrated. We aren’t putting research on a pedestal, but given the growing investment in social care research, we want it to be useful and used.

Research evidence use is undoubtedly varied and context-dependent, with different people making different decisions about what research is needed or having different approaches to risk. This being said, researchers in particular might benefit from supporting innovating organisations in developing capacity to use research findings and

from linking their work into existing practices in use of evidence for innovation. In terms of spreading innovations through national programmes, there seems to be a long way to go before evaluation of the impacts of innovations becomes a core activity in adult social care, with implications for scale and spread, effectiveness, affordability and equity.

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