



University of Sheffield

Department of Sociological Studies

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## EXECUTIVE SUMMARY

# Developing Research at the Social Services and Health Interface in Primary Care: A Study for the Trent Focus Group

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### STUDY AIMS

To assess the scope for the Trent Focus primary care research network to involve social services staff in joint R&D training and development initiatives.

- Who are the key groups of social services staff already involved in 'interface' work with primary care?
- Which research skills and topics do these staff groups (and their managers) see as appropriate for development through joint work with primary care networks?
- What characterises current, successful models of research collaboration between social services and primary care?
- What are the perceived barriers to this kind of collaboration?

### STUDY DESIGN

- Telephone interviews with senior managers in social services departments (10 of 14) and health authorities in Trent (6 of 11, predominantly in Public Health).
- Telephone interviews with social services representatives on PGC/T boards (19 – covering 25 PCG/Ts).
- Telephone interviews with operational managers in social services (6 Departments, covering Metropolitan, Unitary and County – 19 interviews)
- Focus groups with social services staff who undertake joint work with primary care (3 covering mental health, child care and elderly people).
- Analysis of relevant documentation, including:
  - Literature review
  - Social Services Structure Plans
  - Social Services Policy Documents
  - Project Outlines



## **INTERFACE WORKING OF SOCIAL SERVICES IN PRIMARY CARE**

Three main functions are seen as particularly relevant to the interface of health and social care:

- Assessment for social care
- Co-ordination of social care
- Provision of social care

At three levels of the social services' workforce:

- Practitioners
- Operational Managers
- Strategic and Policy Staff

Five main areas are seen as the most important ones for this work:

- Working in multi-disciplinary teams
- Undertaking multi-disciplinary assessment of need
- Co-ordinating packages of care which comprise both health and social care
- Providing social care within a package of joint care
- Strategic planning for health and social care

## **THE STRUCTURE OF THE DEPARTMENTS IN THE STUDY**

- Fourteen Social Services, six Unitaries, four Counties, and four Metropolitan authorities.
- Almost no element of uniformity in structure, speciality, nomenclature or policy. Variety is the most noticeable factor.
- A summary description is in the report, which may be useful for health services staff.

## **THE RESEARCH UNDER WAY**

Internally funded and sponsored 'research' covered five areas; none of the work was generalisable research.

- Needs analysis, mapping exercises
- User/carer surveys
- Exploratory studies
- Action research linked to service development
- Evaluation of a project/service development

This research is generally local and opportunistic.

Hosted research is also happening, but this is difficult to find, as it is not logged centrally and is based in a wide variety of University Departments.

## RESEARCH COLLABORATION

Research collaboration discussions took place in a variety of planning and policy meetings; there was no example of a specific research forum:

- Joint planning forums
- Mental Health, NSF implementation groups
- Joint Commissioning Teams

It all took place as a result of external approaches:

- Informal, personal based links
- Approaches from Universities
- Approaches from major charities (e.g. Mental Health Foundation)

## FUNDING SOURCES

*There is no funding!* Small sums of a few thousand do come from three main areas:

- Underspends from mainstream funding or specific grants
- Specific grants or programmes with small sums built in (e.g. Mental Health Grant, Quality Protects)
- Multi-agency initiatives, such as Health Action Zone evaluation work, Health Improvement Plans, Single Regeneration Budget projects

## CURRENT LEVELS OF RESEARCH AND EXPERIENCE

The very limited research training going on is individually based and nearly all results from Masters programmes or other external training. There is very little research experience of any sort. Where there are some forms of 'research section', the focus is on management information and reporting to the Department of Health.

## RESEARCH INTEREST AND PRIORITIES

- A strong emphasis on user/carers involvement
- Research linked to strong personal commitments, seen as locally relevant
- Research that addressed the Quality Protects programme in children's services

A range of interesting proposals for research were made by focus group members.

## BARRIERS TO RESEARCH

The predominant barrier to research appears to be cultural: research is not part of the current job, despite some pockets of strong personal interest and an awareness by senior managers and policy staff that it is of increasing importance.

Discussions about research development between social services and health will sometimes raise problems of the value of different methodologies, when a predominantly evaluative tradition meets a predominantly generalisable one.

Many staff see themselves as fully occupied, with no time to do research.

The main barriers identified by staff are the following, with the most important listed first:

**Culture** (including intrinsic reward issues) **and Reward systems** (extrinsic):

- Praise from colleagues lacking (NB need to understand research work, in order to praise)
- Not seen as 'part of job'; not built into everyday understanding of what the job is
- Not a significant part of qualifications
- Not a significant factor in promotion

**Supervisor attitudes:**

- Not a priority and cannot make it a priority without reducing service unacceptably
- Lack of skills to support it
- May be threatened by new skills, knowledge and attitudes

**Personal skills needing development:**

- Research formulation (researchable questions)
- Research design
- Research techniques, especially qualitative interviews and small scale statistics work
- Research management (handling day to day work: access, ethics, timing, etc)

**Personal attitudes:**

- Research is something that others do
- Research should be something that others do (outside the agency) as it makes it more valid
- Questions we need to answer are very big, holistic, cannot partialise
- Cannot measure and quantify the work we do, measures are not appropriate

**Support staff and materials:**

- Secretarial (for calls, admin, tape transcription etc)
- Information and Communication Technology (for word processing, internet, calculation)
- Statistical consultancy

**Services are changing:**

- The fluid and changing nature of services at present makes it difficult to focus research

## RECOMMENDATIONS

**Bearing in mind the early stages of research development, the widely varied nature of social services, the commitment of some pioneers, and the current policy and practice concerns of the services.**

### STRATEGY

- Build initial contacts with the currently interested individuals, and develop an ad hoc network of interested parties.
- Offer opportunities in tune with practice and operational priorities in the service, at a suitable preliminary level.

### POTENTIAL CONTACTS, LINKS, COLLABORATORS

- Staff who have specifically expressed an interest in research, and, where they exist, their supervisors, and others named by them as interested
- PCG/T representatives, and those named by them as interested
- Research and Development Alliances, where they exist

### PRIORITY FOCUS

- **Training and other work should pay attention to four key interface areas (there is a danger of all work in social services being defined as 'interface'):**
  - Social care staff who handle referrals from health care workers
  - Social care staff who do initial assessments which directly involve health information
  - Social care staff who co-ordinate complex packages of care that directly involve health services
  - Planning and policy staff who are directly engaged in developing policy in interface areas and/or incorporating research into policy in areas such as Best Value reviews or joint inspections from Audit Commission and the Social Services Inspectorate
- **Key areas for training include:**
  - Literature search and critical appraisal skills
  - Using existing data: improving, checking, analysing and presenting it
  - Focusing multi-agency evaluations: providing 'researchable questions'
  - The possibility of developing research from needs assessment work

### TRAINING PROCESS

- Training should involve at least some health services staff alongside social services staff.
- Supervisors of practitioners who go on training should be offered some information about the training content (at a minimum, some literature to read; at most, some period of joint training with their staff).
- Mentoring, as one of the models of training, should be considered.
- 'Signpost' help, directing people to opportunities and sources of help, would be welcomed.
- All training should carefully include the perspective of users and carers.

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## FUTURE DEVELOPMENT

- Government programmes are key drivers in social services. Trent Focus could try to develop specific links to the objectives in Quality Protects, Best Value and other programmes.
  - An eye should be kept on the new Quality proposals for the social services: <http://www.doh.gov.uk/scg/qualitystrategy/index.html>
  - The Association of Directors of Social Services' research committee may be a useful future partner.
  - Academic partners in R&D Alliances could provide a source of good research models, and be encouraged to develop better links with services.
  - Building links with the programmes within the social work post-qualifying training framework may be sensible.
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**The Trent Focus is funded by NHS Executive Trent to promote research and development in primary care. It is a consortium of De Montfort, Leicester, Nottingham and Sheffield Universities.**

<http://www.Trentfocus.org.uk>



**The Department of Sociological Studies at the University of Sheffield is an international centre for policy-related research. Its work within sociology, social policy and social work can be seen at**

<http://www.shef.ac.uk/uni/academic/R-Z/socst/research.html>

**Ms Hilary Smith:** Freelance researcher and a qualified social worker

**Dr Jenny Owen:** Lecturer in Health and Human Sciences

**Professor Peter Marsh:** Professor of Child and Family Welfare

**Ms Jo Cooke:** Associate Director of Research in Practice (an Association of Directors of Social Services initiative promoting evidence based practice in child welfare)

**The executive summary and further copies of the whole report (ISBN: 0-9534954-1-8) are obtainable from:**

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