



Draft UK Policy Framework for Health and Social Care Research

This response is from the Scottish Social Services Council (SSSC). The SSSC is a Non Departmental Public Body (NDPB) and was established by the Regulation of Care (Scotland) Act 2001. We are responsible for registering people who work in social services, regulating their education and training and the collation and publication of data on the size and nature of the sector's workforce. We are also the Scottish partner in Skills for Care and Development, the Sector Skills Councils for the care sector in the UK.

Our work increases the protection of people who use services by ensuring that the workforce is properly trained, appropriately qualified and effectively regulated. We aim to protect people who use services, raise standards of practice, strengthen and support the professionalism of the workforce and improve the outcomes and experience of people who use social services. The social service workforce provides care and support for some of the most vulnerable people in Scottish society. The sector employs more than 189,000 people¹ in Scotland (Scottish Social Services Council, 2014). These workers often deal with complex care needs and make a real difference to individuals' lives.

Our vision is that our work means the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce. Our purpose is to raise standards and protect the public through regulation, innovation and continuous improvement in workforce planning and development for the social service workforce.

The SSSC welcomes the draft document's attempt to provide an overarching UK-wide approach to research into social care and health services. The outlining of the legislation and rules that operate across the UK is a useful aspect of the document. We are encouraged to see reference to the fostering of a research culture amongst undergraduates (section 8.13). Notwithstanding these points, we have some reservations about the content and form of the approach as set out in the draft consultation.

¹ There are a number of groups of workers not captured by this data. These include childminding assistants and personal assistants employed by individuals in receipt of a direct payment (Scottish Social Services Council, 2014).

Social care and health research

The draft UK Health and Social Care (HSC) research framework is described as a replacement for four separate existing frameworks, one each within the four nations of the UK. The document identifies the relevant framework in Scotland as being the Research Governance Framework (RGF) for Health and Community Care (Scottish Executive Health Department, 2006). However, the RGF makes clear that it applies only to health and that it has reservations about an approach that attempts to cover both health and social care. The RGF states that:

“Important differences between health and community care research mean that the precise mechanisms by which relevant standards and requirements are achieved will differ. Compared with much research in the NHS, research in community care differs in nature, scale, volume and funding as well as in the mix of stakeholders, the organisational context and the range of academic disciplines. This framework focuses on requirements and standards, delivery mechanisms, and arrangements to monitor quality for health research. It is expected that organisations involved in community care research will develop their own mechanisms for the delivery, monitoring and assessment of research which reflect the principles set out in this framework, are proportionate to the risk involved and have regard to existing codes of good practice.”

(Scottish Executive Health Department, 2006)

A key point in the above quotation is that it was not thought appropriate to create one RGF due to the differences between the types of research carried out in social care and health. The issue that arises from this is the extent to which a Health RGF can be proportionate when dealing with social care research. We note this concern and have similar misgivings regarding the draft UK-wide framework. We feel that this concern is reflected in the definition of research used within this framework, namely:

“For the purpose of this policy framework, research is defined as the attempt to derive generalisable and/or transferrable new knowledge by addressing clearly defined questions with systematic, rigorous and repeatable methods. This excludes audits of practice, service evaluations and market research. It includes activities that are carried out before and after any change to care that gets made for the purpose of the research (i.e. the interventional part of the research), such as screening potential participants for eligibility, obtaining participants’ consent and publishing results. It also includes projects that aim to generate hypotheses (e.g. pilot studies) and projects whose primary purpose is educational to the researcher, either in acquiring research skills or in obtaining an educational qualification. Projects that are not research according to this definition should not be presented within health and social care providers as research and should not be conducted or managed in accordance with this framework.” (Section 2.2, p.3)

(Health Research Authority, 2015)

This definition does not appear to have been written with social science methods particularly in mind. For example the reference to, "derive generalisable or transferable new knowledge....with systematic and repeatable methods" might be seen as favouring a more classic scientific research methodology rather than a social scientific method of research. This approach seems to favour medical rather than social care research methods and principles. Social science is not as readily replicable and scalable and this has to be considered in proposals. If there is to be a single framework then it needs to be one which allows the development of proposals that are scientifically and social scientifically sound.

The SSSC regularly commissions research as part of its role. Following discussion with HEI partners we believe that the draft framework (if it was already in operation) would have prevented us from commissioning some of the research we have undertaken in recent years.

Action research

One form of research that the SSSC and other stakeholders have encouraged practitioners in the sector to engage in is action research. We believe that this approach is more common in social care but less so in health care. Such research does not seem to sit easily within the definition of research referred to earlier in this response. In addition section 7.13 of the UK draft framework states that:

"Provision must be made for insurance or indemnity to cover any liability which may arise in relation to the design, management or conduct of the research project."

(Health Research Authority, 2015)

We believe that this provision would rule out small scale action research.

We are clear that all researchers must comply with strict ethical guidance. However, we do not want to discourage sound practitioner research with an evidence informed focus. This is often an area that receives no direct funding. Any framework should acknowledge the validity and worth of such an approach for funding purposes. The SSSC actively encourages action research and it is entirely possible that this may be led by individuals who are novice. We are therefore concerned that section 8.2 would appear to rule this out. The Framework states that:

"The chief investigator is the overall lead researcher for a research project. Chief investigators have overall responsibility for ...ensuring that they and the research team they lead are qualified by education, training and experience to discharge their roles in the study"

(Health Research Authority, 2015)

Codes of Practice for Social Service Workers and Employers

The additional principles (section 7.16) make no reference to the Codes of Practice for Social Service Workers and Social Service Employers which are UK-wide (Scottish Social Services Council , 2009). This is a significant omission given the Codes' relevance to guiding and governing workers and services in engaging with people who use services.

Defining social care

The definition of social care being used is a partial one. The framework explicitly excludes children's social care research (in both Scotland and England) and makes no reference to criminal justice social work. This may create an impression that the framework's focus is health research and is interested in social care only in so far as there is an overlap. This raises questions about how research should be governed in the areas of the social services sector not covered by the draft framework and suggests a need for more than one framework for the sector in the future. The SSSC would prefer to see one framework for the whole of the social services sector.

Carers

We note that there is no reference within the Framework to carers. A recent report by the Scottish Government contains the following estimates for carers in Scotland:

- 759,000 carers aged 16+
- 29,000 young carers

(Scottish Government, 2015)

We believe that a relevant research framework needs to include informal carers in its coverage.

Partnership bodies

The roles of sponsors, funders, employers and others are covered in section eight. However, there does not seem to be reference to the role of partnership bodies such as the Integrated Joint Boards. In order to ensure the smooth running of research and be clear where responsibilities lie between various bodies we think there needs to be consideration of the roles of partnership bodies involved in the delivery of social care and health services.

Conclusion

The SSSC welcomes the intention behind the draft framework of creating clear governance structures to facilitate UK-wide research into social and health services. However, there are a number of significant concerns that we have with respect to the proposed model. The key issue for us is around proportionality. This issue was highlighted in the quote from the Scottish RGF and challenges the advisability of creating one framework for health and social care research. We are of a similar view and think the draft framework will hinder more than it will facilitate research. We believe that this framework (if implemented in its current form) would prevent us from commissioning types of research in the sector that are of the most help in developing and supporting best practice through using a range of research methods and approaches.

The framework's description as covering both health and social care is misleading. The failure to make this clear or consider the possible need for a framework across social care is also of concern. Social care appears to have been defined simply in terms of those social services overlapping with health services. In some instances the framework specifically excludes certain areas of activity in the social services sector. Any research framework for social care in Scotland must consider all areas of the sector including children's social care and work with adult offenders. It should also consider the role of carers.

We, and others engaged in social services research in Scotland, would be happy to enter into further discussions about how the parameters of this framework could be extended or adapted in order that the full range of research activity relevant to the social service sector are included.

**Scottish Social Services Council
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