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research article

'Shooting in the dark': implications of the research–practice gap for enhancing research use in adult social care

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Background: Despite calls for greater use of research and an appetite to do so within adult social care, a gap persists between research and practice.

Aims and objectives: To explore views of adult social care staff about research and its application to everyday practice. To understand how these might impact upon research use capacity-building initiatives within adult social care organisations.

Methods: Thematic analysis of semi-structured qualitative interviews with 25 staff members working within the adult social care departments of three English local authorities.

Findings: Participants characterised research as feeling separate from practice. They reflected on their use of it in relation to pressures affecting adult social care and identified a lack of relevant research. Research benefiting service users, supporting individual practice or informing organisational decision-making was considered useful. However, research could also be viewed as a luxury where its findings were felt to represent an 'ideal' rather than real world of practice or did not accord with practice knowledge or local experience.

Discussion and conclusions: While participants feel positively towards research, there remains a gap between these perceptions and its use in practice. There remains a need to improve research relevance and accessibility and to clarify its role in decision-making in social care, including where there is no evidence, where evidence challenges existing practice, or where the evidence base

is growing. Collaborative partnerships between adult social care organisations, researchers and service users could help to narrow the research–practice gap and support the routine translation of research to practice.

Keywords adult social care • research use • local authorities • research–practice gap

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Background

Historically, social care has been a poor relation to health when judged in terms of volume of and financial commitment to research about and for it (Macdonald, 2008; Fisher, 2013). This is exemplified in the relatively small number of high-quality UK studies that examine the effectiveness of adult social care interventions when compared with those for health. A 2017 meta-review looking at gaps in the evidence on improving social care outcomes concluded that, overall, 'a more relevant, comprehensive and robust evidence base is required to support improvement of outcomes for recipients of adult social care' (Dickson et al, 2017: 1287). Further, Cyhlarova and Clarke (2019) noted that there have been few structured attempts to identify research priorities in adult social care, citing the exercise undertaken by the James Lind Alliance (JLA) Priority Setting Partnership as one notable exception. This identified ten priorities for adult social work through a consensus process that foregrounded the potential end users of the research (Department of Health and Social Care, 2018). Investigating the impact of the JLA report in 2022, Waterman and Manthorpe (2022) found that while researchers had engaged with the priorities it outlined, many identified practical questions about how to ensure that the impact from research was long-term and resulted in meaningful change. Founded in 2001, the Social Care Institute of Excellence (SCIE) invested considerable resources in seeking to address the difficulties resulting from the delays between research and practice development or implementation, and the limitations of research that does not directly address practice concerns (Fisher, 2016). However, over 20 years later, most would agree that a gap between research and practice in social care remains stubbornly persistent.

There are signs of change: on 6 April 2023, the National Institute for Health Research (NIHR) amended its name to the 'National Institute for Health and Care Research', retaining the original acronym on the grounds of brand recognition. This change reflects a growing government commitment to, and investment in, building the evidence base to improve social care practice in England. It also aligns with the NIHR's operational priorities – announced in 2021 – that building capacity and capability in preventative, public health and social care research were important areas of strategic focus as the world emerged from the COVID-19 pandemic (NIHR, 2021a). In recent years the NIHR has invested heavily in research activity specifically designed to build the capacity of organisations

and individuals to use and contribute to the development of applied social care research and its integration with practice. In the UK, engagement with research is a requirement for the continued professional registration of occupational therapists and social workers (Social Work England, 2020; RCOT, 2021). In 2023 the British Association of Social Workers (BASW) issued *A Charter for Social Work Research in Adult Social Care* (BASW, 2023). This explicitly encourages the development of partnerships that support the changes in culture required to enable organisations to engage more fully with research and evidence. As Boaz and Nutley (2019) illustrate, a rich diversity of initiatives to increase evidence now exist across a range of fields, including social care.

One way in which the NIHR is seeking to bridge the research–practice gap is through the funding of six research practice partnership projects across England (NIHR, 2021b). One of these – the ConnectED (Connecting Evidence with Decision-making) project – comprises a partnership between three local authority adult social care departments, two service providers, university researchers, and experts by experience (Macdonald et al, 2022). The project aims to facilitate evidence-based decision-making in social care by embedding access to, and routine use of, research in the decisions of those who plan, commission and deliver social care. To achieve this, Research Practice Partnerships have been established in four partner agencies, each comprising a Researcher in Residence, an Evidence Champion (a practitioner seconded to the project with protected time), and service user and carer advisors.

Previous research has identified several factors that might be contributing to the research–practice gap. These include the absence of a strong, embedded research culture along with the frameworks and the infrastructure needed to support and build research capacity within adult social care organisations (Wakefield et al, 2022); a tendency for social care practitioners to value professional or direct practice experience over other kinds of knowledge (Gray et al, 2014; Iversen and Heggen, 2016); the ‘invisibility’ of practitioner research (Hardwick and Worsley, 2011); and a lack of confidence and skills among practitioners who may also feel insufficiently prepared by their professional qualifications to use research (Booth et al, 2003; Teater and Chonody, 2018). The history of social work education may have also contributed to making it difficult for those teaching on university social work courses to engage routinely in research (Orme and Powell, 2007). Correspondingly, few incentives for academics to engage in the translation of social work research into social work practice (Teater, 2017) and a limited capacity – both among researchers and in social care practice – to undertake adult social care research have also been noted (Dickson et al, 2017; Pulman and Fenge, 2024). Studies involving social care staff have found there is often widespread appreciation of the importance of research to practice and professional development, but little actual use of it (Gray et al, 2014; Wakefield et al, 2022). This may be because staff will make judgements about what is ‘good enough’, in the face of scarce resources and time, even when aware of what represents an ideal for practice. In the context of policy making, this attitude towards research has been described as the application of ‘bounded rationality’ (Cairney, 2019).

In this paper, we examine the implications of the gap between social care research and practice as revealed through interviews with practitioners and managers working in the three local authority adult social care departments involved in the ConnectED

project. We examine staff perspectives and beliefs about research, its perceived relevance and utility, and identify how these might impact upon initiatives designed to build capacity for research use within social care organisations.

Methods

Study design and sampling

As part of data collection to establish a baseline for assessing the impact of the ConnectED project, we conducted 25 semi-structured qualitative interviews with key stakeholders between June and September 2022. These were accompanied by a survey distributed to all adult social care staff in the partner agencies and documentary analysis. In this paper we report only on the qualitative interviews. Ethical approval for the study was given by the School for Policy Studies Research Ethics Committee, University of Bristol (UK).

Interview participants were recruited from the adult social care departments of three neighbouring local authorities in the South-West of England. Local Authority A is predominantly rural and coastal, with some pockets of deprivation. Local Authority B serves a mixed urban and rural population. Local Authority C serves a large urban centre with both very affluent and very deprived neighbourhoods.

Sampling was purposive. Participants were identified by consulting staff lists and in discussion with the project's practice lead within each local authority and selected to ensure inclusion of the different professional roles and to achieve a spread across all levels of seniority. The sample included staff with a degree level professional qualification in social work or occupational therapy and those described as 'non-professionally qualified' but working in social worker or occupational therapy-related roles, for example, as adult social care workers within multi-professional locality teams. Service and team managers were drawn from a range of practitioner role types and functions, as outlined in [Table 1](#). Some job roles have been merged into categories to avoid identification of individual participants in unique roles.

Data collection

Participants were invited to take part via email by the researcher in residence at their organisation (KG, LD, LS) with information about the project sent at this time. Interviews were conducted by KG, LD and LS, all of whom are experienced qualitative researchers. Participants were not known to the researchers prior to the interview. A digitally signed consent form was obtained before each interview and interviewers confirmed consent and that the participant had read the information leaflet before the interview commenced.

The interview schedule (see 'Supplemental data') explored participants' understanding of the role that research played for them as individuals and within their organisation. Questions probed participants' attitudes towards research and their use of it in day-to-day work (how they access it, whether and how they use it in decision-making, what deters them from using it and what sort of research they find useful). Participants were also asked about their team's use of research and their perceptions of how research use might be better supported organisationally.

Table 1: Study participants and role characteristics

Participant roles	Organisation			Total	Range of years in practice or role
	A	B	C		
Non-professionally qualified	1	1	1	3	13–14*
Occupational therapist	1	1	1	3	2–18
Social worker	1	1	1	3	1–12
Senior practitioner (social work)	1	1	1	3	7–22
Service or team manager	2	3	3	8	12–20**
Senior leader	1	1	1	3	20–37
Elected member	1	0	1	2	5–21
Total	8	8	9	25	

Notes: *Not known for one participant; ** Not known for two participants.

Two participants chose to be interviewed in person and the other 23 interviews were held online. All interviews were digitally recorded. They were transcribed by a professional transcription service and checked for accuracy by the interviewer. Interviews lasted between 21 and 57 minutes with an average of 40 minutes. The difference in length of interviews related to the relevance of interview topics to the individual participant.

Analysis

Transcripts were analysed by six members of the project team: the lead author and the two other researchers in residence (KG, LD and LS) along with three of the project co-investigators (CC, AC and GM). The process was iterative and informed by principles of thematic analysis (Braun and Clarke, 2022), moving from familiarisation with the dataset, through coding to generating, developing, reviewing, defining and ultimately naming themes. NVivo (Release 1.7) was used to store, record and share the coding process. Initially, each researcher in residence familiarised themselves with their own interview transcripts and three other team members read a small sample. The team met, first to generate initial themes and develop central organising concepts, and then to refine, define and name themes within the coded data. This coding framework was refined and extended collaboratively over several meetings, until it was agreed that no further changes were required. Details of the full thematic framework derived are provided through Figshare (see ‘Supplemental data’).

Findings

Participants in this study reflected on what research is and how they felt about it, along with their beliefs about what research is *for* in the context of adult social care practice. They considered their use of research and evidence in relation to how the pressures affecting adult social care may result in research being seen as a luxury. These themes are summarised below.

Reflections on what research is: 'ivory tower' versus 'tools to choose from'

Participants used the word 'research' both as a verb and a noun: they saw it both as the act of reading and engaging with research outputs as well as the outputs themselves. Their use of language, such as an 'intellectual written report' or a 'statistical bit of research', suggests a view of the production (and interpretation) of research outputs as requiring specialist knowledge or skills. However, practitioners also described their own, ad hoc, information hunting and gathering activities as research; in particular, retrieving information from external sources through online searching or 'Googling'. Rather than evidence-seeking, this information-seeking activity was often specific to working with and addressing the needs of an individual service user; finding out about a person's health condition, culture, or the details of resources that might meet their needs, for example. Several participants also described examples of information-seeking about case law to inform decisions in complex cases involving mental capacity and 'best interests' assessment.

Affective responses to the concept of research varied. Some found it exciting and motivating. When people expressed positive feelings about research, this was often directly related to whether they felt it had relevance for their practice or reflected the lived experiences of people using social care services. While they might voice support for the idea of research, many participants also identified less positive aspects, and referred to barriers to the uptake of research in relation to their everyday practice.

Research was characterised variously as scary, daunting or 'a bit boring'. Negative feelings of this kind were frequently linked to its inaccessibility. Several degree qualified practitioners expressed a sense that links between academia and practice had been weakened or lost following qualification. Inaccessibility could be intellectual (the language and content of research leaving a person feeling 'out of their depth') or practical (time in short supply, research behind paywalls or otherwise difficult to find).

[I]t is quite a scary, unwelcome environment in some ways, 'cause it's easy to feel out of your depth and academia is quite ... it's got its own style and it's not always the most kind of accessible and approachable in terms of the language and things like that. So, yes, I think that can be quite off-putting to people. (C003 Occupational Therapist)

Many participants linked research directly to the academic world: 'I suppose my first thought is when people mention research, I think academic, university, that sort of thing' (A004 Social Worker). Research activity and its outputs were therefore often characterised as removed from the realities of practice:

And again, I think that can often come back to the academic – I don't know what to describe it as, but sort of the traditions, the language, all that kind of. ... You know you have kind of academia over here and you have practice here and I think people view academics in their ivory towers and not really knowing what's going on in practice and not really appreciating the realities of [the] constraints people are under. (C003 Occupational Therapist)

There were hints as to how participants felt about other staff referencing research directly in their practice. Certain individuals within an organisation were described as more 'academic' than others, and therefore more inclined to be associated with

research. Some managers and senior leaders valued this characteristic, seeking out its associated skills to support their decision-making:

I know that I've got one social worker that is just so academic, she just thrives on research, everything is research evidenced. Every email she writes to me, she's just fantastic. She just makes my job so easy when it comes to decision-making, so I know that, for her, she lives and breathes research. (A003 Team Manager)

Engaging with research (*qua* intellectual activity) and engaging in practice (*qua* helping people) were sometimes held up as conceptually 'mutually exclusive'. One non-professionally qualified staff member suggested that Care Act assessments shouldn't reference generalised external knowledge from research because their focus should be solely on the needs and circumstances of the individual service user. However, while recognising that colleagues might feel this way, an occupational therapist noted how research evidence provided tools for making choices about support that is 'right for the person'.

I think people worry that especially in social care ... [that] if we're doing what the research tells you, then you're not necessarily doing what the person needs and what's right for the person. But I don't think the two are mutually exclusive at all. I really, really don't. I think research isn't about telling you what to do, it's about giving you tools to choose from. (C003 Occupational Therapist)

Beliefs about what research is for

From reflections on what research is, and how participants feel about it, we now turn to participants' consideration of how research might inform their practice and the development of services.

It was commonly believed that few practitioners would have a great interest in research, but participants gave insights into what might encourage them, personally, to engage. Some expressed professional or personal curiosity, for example, 'I'd like to listen. I'd like to read; I'd like to know. I'd like to understand' (C007 Non-professionally qualified). Others suggested that a research-active workplace might bring benefits for the working environment, energising it, creating a 'little bit of a buzz', or helping promote innovation.

When questioned about the potential uses that research might play within their organisations, participants identified several kinds. Being necessary to 'improve what we do for the people we work with' was seen as being of primary importance across all role types and organisational levels. As one practitioner put it: '[A]t the end of the day, that's what it's all about isn't it?' (A001 Occupational Therapist). The role that research might play in supporting the practice of individual staff, including as a tool to help 'fight their corner' when decisions had to be made or justified, was recognised. Research was also welcomed as having the potential to support strategic or organisational decision-making.

To 'improve what we do for the people we work with'

Participants expressed an aspiration that research would enable the perspectives of people drawing on care and support to inform interventions or practice, and thus help secure better outcomes for them. Several expressed a particular motivation to access research informed by service users' lived experience: '[I]t's got more strength if it is supported by individuals that have actually lived that experience' (B003 Service Manager). There was an interest in understanding what outcomes those in receipt of care valued, with such understanding potentially making it easier to identify appropriate measures of success when planning, delivering or making changes to services.

[W]hat I see as the ultimate goal is to improve what we do for the people we work with. It would be a bit pointless if we didn't involve them in it, to say what areas are important to them. Also if you are looking at measuring outcomes, I think the outcomes need to come from those people. (B007 Social Worker)

Further, several practitioners reflected on how information, including research evidence, summarised and communicated by a social care professional during the assessment process might empower and enable service users:

If they've got that knowledge, it helps them have more control over their life as well. I mean, yes, I'll find bits and bobs and précis for them, rather than let them plod through pages and pages ... it's just about empowering them, helping them have more control over their life really. (A002 Non-professionally qualified)

To support the individual practice of adult social care staff: 'You want to do it'

Attention to research evidence was generally recognised as a principle underlying good practice. One service manager described feeling motivated to engage with research because it gave them a secure basis for decision-making.

Even for me, I almost feel obliged, and obliged is the wrong word because I want to do it, and it's not that you are obliged to do it. You want to do it because you want to feel that you are working from the best, most informed place really, so anything we can do to enhance that, we should all be doing all of the time I think really. (B003 Service Manager)

Participants described instances of research and evidence-informed guidance helping them to determine appropriate support for individual service users and increasing their confidence in those decisions. They provided examples demonstrating that evidence-informed guidance was highly valued where cases were complex, where risk was involved, where there were legal or capacity issues, or where specialist expertise was required. For example: '[W]e've got young people coming through that are suffering the effects of trauma and we're not specialists in that field. We've got to take guidance from wherever we can' (A003 Team Manager). At senior levels, participants reflected on how evidence of 'what works' might help to support changes to established practice:

'[I]f [practitioners] can see evidence of what works they're more inclined to shift their ways of thinking' (A005 Senior Leadership).

One senior leader distinguished between an approach to working with people based around finding ways to make their lives 'a bit better', and a more theoretically informed approach that might involve an understanding of underlying factors. They suggested that increased use of, and access to, research might encourage the latter:

Sometimes some practitioners just take what's presented in front of them and try and find a way to make it a bit better. I think [increased research use] could lead to more professional curiosity, inquisitiveness, that kind of thing. I'd like to see more of that – and I think to see that one needs to have a bit of a research theoretical basis of what you practice. (B002 Senior Leadership)

However, several social workers and occupational therapists also told us that their practice might not be greatly impacted through increased use of research. One linked this directly to their perception of a lack of research in the field, including research that could help identify cost savings:

I think we all kind of intuitively know that what we do does have positive outcomes and does make a difference, and you know on an individual level for the people that we're working with, but also on a kind of service level in terms of saving money and benefits for the kind of wider council. ... I think there are benefits, but I think it's often not evidenced and that's through lack of research. (C003 Occupational Therapist)

To 'fight their corner'

Some participants suggested research in adult social care was most often used to support decisions already made: 'I find in social care, sometimes it feels like people will go looking for the research that supports what they wanna do anyway and then like, oh look, I've found all of these things, therefore I'm just gonna crack on and do it' (C002 Manager). One social worker described how research could help to strengthen a case for a care package or validate a decision not to fund, given scarce resources:

[T]here's such a financial strain on resources. If we had research to back us up when we were trying to get those packages of care ... I think it would be really useful for practitioners to be able to strengthen their cases with research that might support them. But also, for heads of service to use the research to show 'we're saying no, but this is why we're saying no'. (C009 Social Worker)

Non-professionally qualified practitioners expressed similar views, with one describing research as being useful for social care practitioners to 'fight their corner and the client's corner and try and win an argument' (A001 Non-professionally qualified). Another explained that research might be useful for them in cases where service users, or other qualified professionals, disagreed.

'Disagreements' included litigation and official complaints, and participants gave examples of both. Several social workers held roles that required them to understand

legal precedent and case law, others mentioned reflecting on Local Government Ombudsman findings. One of these, a service manager, described consulting with an expert from a health condition-specific organisation in a difficult case involving litigation: 'We spent a bit of time with [the expert] and sought his advice and his research that he had done because a lot of what he had done actually came from the direct working with individuals. That definitely informed how I moved forward in that case decision-making' (B003 Service Manager). Another expressed a hope that research use would encourage greater organisational transparency and consistency, both internally and externally:

I think we would then be more consistent in our approach as well. I think at a provider level it could help with consistency and transparency as to why we're making these decisions. When I'm working with care agencies or care homes, if I go in and say I'm a social worker, work for the Council, straightaway people's backs are up. But if we had something to show why we're making these decisions, I'm sure you'd still get people annoyed at us, but at least we could be transparent in that, rather than just coming in and making these decisions? (C009 Social Worker)

To inform organisational decision-making: moving between real and 'ideal worlds'

Aside from it being the basis of good practice, leaders and managers talked about research use as allowing devolved responsibility for strategic choices:

[O]ne head cannot make all of those decisions. (A003 Team Manager)

So, rather than 'Well, [named Senior Leader]'s had a really good idea on how we can arrange the community teams', it's 'Well, actually, how have others approached it and what hasn't worked?' (B002 Senior Leadership)

However, while some suggested that research and evidence might help identify the services or courses of action that might best meet service users' needs, one participant caveated this as 'ideal world' thinking: 'I'm going to need to move myself into an ideal world, aren't I? Because if we had an abundance of services to meet need, then research would certainly support us in identifying how peoples' needs can best be met and what kind of services would best meet their needs' (A003 Team Manager).

Pressures can make research seem an 'absolute luxury'

The pressures experienced by managers and practitioners trying to deliver statutory services were described as a major barrier to their use of research: this is the point at which participants described the ideal world of research colliding with the 'real world'. Although many of those interviewed felt the principle of research-informed decision-making was supported at senior levels within their organisations, most agreed that the use of research was nevertheless not well-embedded. Other priorities, including political 'mood music', local or government directives, and economic conditions, were thought more likely to drive strategic change than research evidence.

Regardless of role, most participants viewed research as peripheral to their day job. As one participant noted, the reality was that most staff are not ‘tuned into research generally’ (B008 Occupational Therapist). Some attributed this to a lack of research whose findings might be easily applied to either strategic or day-to-day decision-making. At a strategic level, this had left one elected member suggesting, that ‘other than sharing intelligence across other councils, we are shooting in the dark a bit because there isn’t evidence and there isn’t research’ (A008 Elected Member).

In addition, the need to fulfil statutory responsibilities, termed by a senior level participant as the ‘hamster wheel of meeting the need for assessment’ (A005 Senior Leadership), was widely considered to be limiting the capacity of frontline staff to engage with research. This had impacts regardless of level of seniority. One service manager noted: ‘We don’t necessarily sit back, plan our response and then come to the table fully armed with all of our tools really’ (B003 Service Manager).

Already difficult working conditions were described as having been exacerbated by COVID-19. The combined pressures had had knock-on impacts: several participants told us that learning initiatives started before the pandemic that might have served to increase research use had been put on hold. More generally: an elected member reflected that ‘We’re operationally under pressure today, now day by day, hour by hour’ (B008 Elected Member). In such an environment it is unsurprising to find that research and evidence use was sometimes described as ‘an absolute luxury ... because we’re not even meeting the basic needs of our service at the moment’ (A001 Occupational Therapist).

Senior leaders described an environment more ‘reactive’ than evidence based: one in which decisions had to be made at speed and with limited resources. One recognised the potential for research to support better outcomes, but expressed an anxiety that the space and time for this was unavailable because of crisis conditions: ‘[M]y worry is that we’re just being fairly reactive due to our current circumstances and that we aren’t drawing on that wealth of information, so we aren’t as effective, efficient, we don’t get as good an outcome as we could’ (C006 Head of Service).

Against this backdrop, for change in attitudes to happen, participants at all levels agreed that practitioners must be able to see timely and meaningful returns from engaging with and using research: ‘[I]f there isn’t going to be some sort of positive thing from it in terms of like either me and how I do my job, or for the service users, you know, it comes with the service users, then I haven’t really got time for it to be honest’ (A001 Occupational Therapist). And as one service lead reflected: ‘[I]t has to be meaningful to distil back down, it has to be really tangible I think’ (C006 Head of Service).

Discussion

Some 17 years ago, Orme and Powell suggested that, as well as developing social work as a research-based discipline within higher education, academic social work departments needed to help facilitate cultural changes within practice agencies, arguing for the development of learning communities as a means of bringing about change (2007: 1000). While broader than social work, the importance of developing organisational cultures within adult social care that facilitate closer relationships between research and practice is a common goal. The ConnectED project is designed to foster just such a culture of learning and bridge the research–practice divide. Its

primary aim is to build capacity among social care practitioners to use research when making decisions – from frontline practitioners through to senior managers and cabinet members. It also aims to develop a pipeline of research that answers questions of direct relevance to decision-makers in adult social care.

Our findings suggest that, in general, practitioners, managers and leaders working in adult social care now have a positive orientation towards the use of research to inform practice and decision-making, and this is a good basis on which to build. However, the research–practice gap remains evident in the ways in which participants talked about research and point to some of the barriers that need to be addressed if those positive attitudes are to be translated into the uptake and application of research within the participant local authorities.

Although some staff were said to be enthusiasts for research, these appeared to be in a minority. Many were generally positive, but typically experienced research as either inaccessible or lacking in direct relevance, or both. They characterised it as something that belonged to the (idealised) academic world, and that did not speak to the realities of social care. Nonetheless, they recognised its *potential* to help improve outcomes for people drawing on care, to support their own decisions, particularly when advocating for scarce resources, as well as to help effect changes within their organisations. So, what explains this second ‘research–practice gap’ – that between participants’ perception that research *could* be useful to them, and its limited use in their practice (at both the individual and organisational levels)? And how might that gap be bridged? Our findings have implications for researchers as well as for practitioners, and those interested in what needs to happen to facilitate the translation of knowledge into practice. In keeping with the aims of the project, we restrict this discussion to the use of empirical research, although the issues are relevant to other forms of knowledge.

Improving the relevance and accessibility of research

For the most part, research reports are not the most lively of reads. Even when relevant studies have been identified, they can be heavy-going for a busy academic, let alone a time-pressed practitioner. It has been long recognised that academics generally write for other academics, rather than practitioner audiences, and some reports are dauntingly long. While organisations such as SCIE and Research in Practice have for some time produced research and research summaries that are directed at practitioners, the penetration into mainstream practice remains patchy, and one of SCIE’s key resources (SCIE Online) will not be maintained in the future. There is much that researchers could and should do to make their work more accessible to busy practitioners, such as producing short, plain language summaries, or podcasts, and in the UK, the NIHR regards this as non-negotiable (NIHR, 2021a). In improving relevance and accessibility, it will be useful to consider how practitioners use research in ways that may not strictly be rational (Nutley and Webb, 2000). Andrews et al (2020), for example, describe a model for a more conceptual and relational use of knowledge, enabled through dialogue and the collective interweaving of stories reflecting diverse practitioner and service user voices with research-derived knowledge. There are indications from our research, including some interviewees’ preference for research involving and focusing on people drawing on care and support, that such a model would be welcomed by social care practitioners. However, dialogic approaches to

research utilisation also require significant time and organisational permission (not always forthcoming) for the spending of that time.

Ensuring that research is designed, delivered or overseen in collaboration with key stakeholders, would also help to nudge researchers in the direction of enhancing not only the accessibility of research, but its relevance. In 2023, the enhanced role of NIHR as a key funder of social care research within the UK may help in this regard, as it places a considerable premium on stakeholder involvement throughout the research process, particularly that of service users and carers. One of the objectives of the ConnectED project is to provide a discursive space for consideration of how and whether questions raised by all kinds of stakeholders might be answered through research.

Clarifying the role of research in decision-making

Our interviews also suggest a tension between various perceptions of research and research use. Many participants talked about research primarily as something that might inform individual practice decisions, particularly with a view to what would most improve outcomes for individual service users. Others talked about research that might drive people's understanding of the situations facing practitioners ('more professional curiosity') and consequently developing an overarching approach taken, both individually and organisationally. Some viewed research as a tool to strengthen a case or reinforce a decision. These three 'takes' on research use reflect those identified previously (Nutley and Davies, 2000) as, respectively, instrumental (direct application), conceptual (shaping individual and collective/organisational thinking) and ideological (justifying a particular decision). A minority of those interviewed considered research to lack relevance to their work, either because of gaps in the evidence base or because the implications were at odds with what was possible, given organisational constraints of various kinds. When practitioners hold competing views about the purpose of research, this can create tensions in what key stakeholders might expect from a capacity-building initiative such as ConnectED. Such initiatives must therefore consider the role of research in the wider context of service user preferences, the exercise of professional judgement, concerns around ownership and trust of knowledge, and the policy and resource contexts in which social care services are provided (see Macdonald, 2008; Andrews et al, 2020; Semahegn et al, 2023).

Irrespective of the lack of any evidence that one course of action is likely to be better than another, or where an innovative approach is launched prior to clear evidence of its effectiveness, decisions still need to be made. For example, to justify or attract further funding, social care decision-makers may have invested in an innovative intervention or approach for which there is currently an absence of robust research evidence. They may have been encouraged to demonstrate local impact through pilot implementations and service evaluations that, while lacking the rigour of good research evidence, have provided apparently encouraging results. The variety of telecare or technology-enabled care solutions currently being piloted across most adult social care, along with local authorities' widespread use of the Three Conversations® approach for strengths-based practice (Partners4Change, nd) represent cases in point. Our findings also therefore reinforce one other implication for ConnectED, namely, the need to recognise research as one of a variety of factors that decision-makers need to

consider. The most effective service or intervention may be unaffordable, undeliverable or unacceptable, and informed decisions will take all of these into account.

Unwelcome evidence

Unsurprisingly, given the challenges in the field, several respondents expressed confidence in the effectiveness of their activities. Underpinning this confidence was a belief that if research was conducted it would confirm that their confidence was justified. Evidence questioning the generally assumed merits of a particular approach in adult social care is less common than in health care, probably because of the relative dearth of research in the area. However, as the body of evidence grows, some studies may present challenges to firm beliefs or what are understood as intuitively helpful ways of working.

One example of the tenacity of personal or organisational (systems) commitment to a course of action in the face of evidence that suggests it is not optimal (to put it no more strongly) can be found in a study that examined the reactions of adult social care departments to a UK government-commissioned, large trial of telecare solutions for adults with long-term health conditions. The ‘Whole System Demonstrator’ trial found no evidence of improved outcomes for users or of the cost-effectiveness of telecare (Steventon et al, 2013), yet despite this, public expenditure in telecare has continued to grow. Exploring why this was the case, Woolham and colleagues (2021) reported that the trial’s conclusions failed to reflect the experience of telecare lead managers on the ground. These authors also found widespread distrust of the quality and trustworthiness of the trial among telecare lead managers but suggest that much of this distrust was based on misunderstandings of the findings, the methodology (a randomised controlled trial) and the policy context which had produced it.

In relation to strengths-based practice, there have been no rigorous evaluations of the effectiveness of the Three Conversations Model, or other approaches described collectively by ‘Think Local Act Personal’ (Price et al, 2020). The latter refer to collaborative partnerships designed to drive the personalisation agenda, and described as practice that promotes the ‘skills, abilities and knowledge’ of the person and their carers and which, by encouraging independence and self-care before the sourcing of service solutions, seeks to promote individual wellbeing (Gollins et al, 2016). These are intuitively ‘good ideas’ with considerable appeal. However, pointing to evidence from administrative data, Slasberg and Beresford (2017) argue that the ‘elixir’ of strengths-based practice is far from being the miracle cure it was hoped would resolve the crisis in the sector. Like these authors, we are not decrying strengths-based practice *per se*, but pointing out that – in isolation – such an approach may be unable to address problems that have their origins in the way the system operates, and that the research evidence is not necessarily there to support it.

Growing an evidence base

Where evidence of effectiveness for social care interventions is either inconsistent, limited or absent (Dickson et al, 2017; Ghate and Hood, 2019) and in environments

in which decision-makers' capacities are resource-constrained, there may be little incentive to trust or use research that apparently fails to provide clear and timely findings, and which therefore cannot easily be acted upon to shape a decision on the ground when needed. Together with the relative dearth of robust evaluation research in social care, this may explain why research in general, and evaluative research in particular, find limited traction in decision-making within social care, reinforcing a culture in which research is seen as a luxury item rather than an essential. This is unlikely to change until the sector can look to an evidence base that answers questions such as 'what works' and 'what works best, for whom, and in what circumstances', in ways that it will find useful and recognises that it cannot afford to ignore.

Historically research in social care has tended to focus on how interventions are delivered (processes) or on experiences of care for service users, rather than experimental studies of effectiveness (Macdonald et al, 1992; Dickson et al, 2017). Studies of process and experience are important and speak most immediately to staff whose work is centrally concerned with relationships, and these studies are often easier to read and the methodologies easier to understand. Few social care staff, even among those who are professionally qualified, are trained to understand trial methodology, to distinguish between weaker or stronger studies, or to interpret the findings and extrapolate these to the contexts in which they work. And, of course, experimental studies such as randomised controlled trials are hard to do in social care – although not impossible. Within the UK, the NIHR has established funding streams to tackle these challenges, including a dedicated Programme of Research for Social Care, and activities designed to build the evidence-base of 'what works, for whom, in what circumstances'.

Like practitioners, researchers are aware of the gap that exists between their work and its use. Like practitioners, they are also concerned to improve outcomes for service users and carers, and many move from practice to research to do so. So why has so little progress been made at bridging this gap more effectively? There are many factors, not least that universities reward activities that do not always align with those of practice and – contrary to stereotypes – most researchers and academics also work in complex systems which can feel every bit as pressured and resource poor as social care organisations. However, the UK government is concerned to know that the funding it makes available for research results in impact, and this speaks to the sector's need for research that speaks to their concerns and which they can use to improve or change practice. As indicated earlier, one way of improving outcomes for service users and carers and ensuring research is 'sector relevant' is to improve the mechanisms for identifying research priorities, at both the national and local levels. For some researchers, this may mean consulting with key stakeholders before and during the development of research proposals; for social care agencies, this may mean liaising with researchers to ensure their uncertainties and questions are known. Both also need to plan for impact, which inevitably entails considering how to ensure that the findings of research are accessible, with regards both to their availability and understandability. Formalising close working relationships between local authorities, provider agencies and local universities might facilitate these, and other activities important to the use of research in practice.

Strengths and limitations

Participants for this study were drawn from a range of different role types and levels within three English local authority adult social care departments which, although geographically linked, are significantly different in their size and populations. While we make no claims that these findings are representative of other organisations in other locations, they do resonate with the findings of similar research conducted elsewhere and are supported by the results of our survey of staff in the partner agencies and accompanying documentary analysis. A key strength lies in our use of an iterative and collaborative analysis process involving all three interviewers in refining topics and themes, along with other members of the academic team. Because the numbers interviewed from each local authority were small, it was not possible to examine in any detail the similarities and differences between the three organisations or to relate these to their differing organisational cultures, although there are indications that analysis of this kind would be illuminating. Potential sources of bias are that participants understood the purpose of the interview as being to examine their research use and its use within their organisation, and to establish a baseline for the larger research project and that the interviewer was the designated researcher in residence for their organisation.

Conclusions

The issues facing those seeking to build research capacity within adult social care are complex and long-standing. As previous research has suggested, many of these difficulties lie within the systems, infrastructure and culture of social care organisations themselves, along with the policy contexts in which they are operating. There is certainly a need for more research, and our analysis suggests that certain kinds of study may be more likely than others to engage practitioners. Staff care about what the people they seek to support think about, as well as how they experience, social care interventions. Our research confirms that staff are looking for a range of evidence upon which to make decisions about what is acceptable to service users, feasible to deliver in a local context and affordable. Examples ('stories') of service user experience are important tools for informing and influencing decisions, particularly where social care commissioners are considering innovations or changes in services (Wye et al, 2015). There is a need for effectiveness research and – downstream – systematic reviews that are relevant, 'tangible' and therefore actionable, with findings that are capable of being translated into both strategic and operational decisions locally on the ground in a timely fashion. In this context, mixed methods research, such as trials with embedded qualitative data on issues of process, experience and implementation, are particularly useful. Practitioners in social care organisations must feel comfortable and skilled enough to draw on the full range of research literatures relevant to them.

As Marshall (2014) has observed in relation to work that sought to increase the impact of health services research on quality improvement, and as our interviews also suggest, the factors influencing 'managerial decision-making' will be different to those involved in clinical decisions. This points to the importance of a 'horses-for-courses' approach to research: qualitative studies are not usually sufficient to answer questions of effectiveness, and unless well-constructed, carefully analysed and interpreted, trials do not always yield clear answers that practitioners can easily use. This has implications for capacity building, both in relation to practitioners, but also in relation to social care researchers, the expertise of most of whom continues to lie

in qualitative methods. Importantly, as Ghate and Hood (2019) suggest, improving the use of research, in the context of practice, requires us to give due attention not only to the generation of relevant research, but to active strategies that can support the implementation of research findings. They suggest that – among other things – this may require ‘new investment in developing a cadre of professionals with sufficient expertise to support evidence use in social care’ (Ghate and Hood, 2019: 104). This is what the ConnectED project is seeking to do, in establishing active partnerships between researchers, practitioners (evidence champions) and service users and carers. The efficacy of, and mechanisms involved in, these partnerships will be evaluated and reported through a mixed method synthesis of baseline and follow-up data at the close of the programme. Working collaboratively, these partnerships aim to address some of the knowledge translation challenges that separate the worlds of research and practice, while at the same time bring these two worlds closer together at the local level.

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Research ethics statement

Formal research ethics approval for this research was sought from the School of Policy Studies Research Ethics Committee at the University of Bristol (Reference number: SPSREC/21-22/215). It was approved on 16 December 2021.

Contributor statement

GM, CC and KG are guarantors of the paper. The study was led by GM and CC. It was conceptualised by: GM, CC, AC, PW, HM, MJ and JS. Interview guide development by: GM, CC, PW and AC. Data collection: KG, LD and LS. Data analysis: KG, LD, LS, CC, AC and GM. KG and CC conceived the paper and KG wrote the first draft. Substantial revisions were provided by GM. All authors contributed revisions to further drafts and approved the final manuscript.

Supplemental data

Supplemental data are available through Figshare:

Interview schedule: https://figshare.com/articles/figure/ConnectED_interview_schedule_research_use_by_adult_social_care_staff_in_England/25206227

Coding framework: https://figshare.com/articles/figure/ConnectED_baseline_interviews_coding_framework/25187807

Conflict of interest

The authors declare that there is no conflict of interest.

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