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What Influences the Use of Research by the Adult Social Care Workforce?

Linda Sumpter [1,*], Paul Willis [2], Ailsa Cameron [1],
Lisa Dibsdall [1], Karen Gray [1], Mat Jones [3],
Hugh McLeod [4], Jon Symonds [1], Christie Cabral [4]
and Geraldine Macdonald [1]

[1]*School for Policy Studies, University of Bristol, Bristol, BS8 1TZ, UK*
[2]*Centre for Adult Social Care Research, Cardiff University, Cardiff, CF24 4HQ, UK*
[3]*Department of Health and Social Science, University of the West of England, Bristol, BS16 1QY, UK*
[4]*Bristol Medical School, University of Bristol, Bristol, BS8 1UD, UK*

*Correspondence to Dr Linda Sumpter, Centre for Research in Health and Social Care, School for Policy Studies, University of Bristol, 8 Priory Road, Bristol, BS8 1TZ, UK. E-mail: Linda.sumpter@bristol.ac.uk

Abstract

Despite a recognition that research evidence plays a critical role in informing decisions in adult social care, there has been little investment in developing the sector's own capacity to engage with it. This article reports on a qualitative study of the adult social care workforce (social workers, occupational therapists, managers and commissioners) in three local authorities in England. Data were collected through twenty-five semi-structured interviews with key stakeholders and analysed iteratively using thematic analysis. The interviews explored participants' understanding and use of research in adult social care. Four key influences on research use were identified: time; accessibility; skills and confidence; and organisational support. Finding time was the most frequently cited barrier. This was exacerbated by the difficulties participants described in finding research that was trusted and relevant. Protected time was regarded as essential, and both organisations and individuals had a role in ensuring that time was available to engage with research. Participants identified skills gaps, including how to read, critically appraise and apply evidence from research. The findings confirm an appetite within the workforce for developing the skills and confidence to make more

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use of research but suggest that achieving this requires organisational support and access to resources.

Keywords: adult social care, decision-making, research use, skills, workforce

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Background

In February 2023, the British Association of Social Work (BASW) joined other UK organisations including local authorities, universities and the National Institute for Health and Care Research (NIHR) to publish a Charter for Social Work in Adult Social Care (BASW, 2023). This affirms the importance of research to the sector. Similarly, writing in the foreword to a Department of Health and Social Care (DHSC) blog, Lyn Romeo, the then Chief Social Worker for England, notes that 'Research is never an optional extra, indeed in these challenging times it is more important than ever' (James and Romeo, 2023). Yet, despite a recognition that research evidence has a critical role to play in informing decisions about services for those who draw on adult social care and their carers, little investment has been made in developing the capacity of social care organisations to engage with the production and use of research (Macdonald, 2008; Grill, 2021; Wakefield *et al.*, 2022).

It is estimated that just five per cent of the adult social care workforce in England are regulated professionals, and these include registered nurses (Skills for Care, 2022). Occupational therapists and social workers qualifying with a Masters' degree are those most likely to have received opportunities to develop research skills, yet the UK Department of Health and Social Care (DHSC) states that it expects that [all] social workers 'should use practice evidence and research to inform the complex judgements and decisions needed to support, empower and protect their service users' (DHSC, 2015, p.5). Both social workers and occupational therapists must demonstrate continuing professional development (CPD) to maintain their professional registration, which is not easily achieved in the face of heavy workloads (Moore, 2020 and 2023). Notably, there is no formal requirement in the UK for people who are not professionally registered, such as social care practitioners, to engage with CPD.

Compared with health care, less attention has been paid to the role that social care employers play in supporting engagement with research (Aarons *et al.*, 2011; Karvinen-Niinikoski, 2004; Finne, 2020; Kagan, 2022a). For example, the Standards for Employers of Social Workers in England (LGA, 2020) require local authority employers to provide dedicated time, resources and opportunities for social workers to plan, reflect and think creatively about their CPD, and engaging with research would appear to accord with this requirement. However, as Moore argues, budgetary and other pressures mean that these organisations' first priority is likely to be ensuring that their statutory duties are upheld. This might come at the expense of the 'broader intellectual refreshment' sought for practice (Moore, 2023, p.131). In 2009, Beddoe examined critiques about learning organisations and how these play out in practice. In particular, she explored how social workers frame what is ideal and realistic with regard to working effectively. Although she does not refer to research as a specific element of learning, she argues that, at a local level, social workers and their managers want resources (money, time, opportunities and expertise) to be available in order to support them to apply critical thinking to the challenges they face. Furthermore, she suggests that converting rhetoric about the top-down allocation of time for learning into action might be insufficient, as individual workers need a sense of agency and self-determination at a local level in order to devote time to learning (Beddoe, 2009). Associated factors and the interplay between them are explored in other studies, for example the importance of self-efficacy (Kagan (2022b)) and creating opportunities for critical reflection (e.g. Wilkinson *et al.* (2012)).

An ongoing challenge for researchers and funders is to ensure that their research addresses frontline priorities in social care. In 2018, the James Lind Alliance Priority Setting Partnership identified ten top priorities for adult social work research (from a longlist of over seventy) through a consensus-building process involving multiple stakeholders (DHSC, 2018). Subsequent analysis of the impact of these priorities indicates that, although research is addressing them, the topics are by no means fully explored and there remains a need for relevant findings to be translated into implementation strategies (Waterman and Manthorpe, 2022).

In 2020 the National Institute for Health and Care Research (NIHR), one of the largest UK research funders, invited proposals for partnerships designed to 'improve the effectiveness of decision making by facilitating research utilisation and knowledge mobilisation by those who plan, commission and deliver adult social care services in the UK'. It funded six partnerships, all with a remit to focus specifically on adult social care, of which the ConnectED (Connecting Evidence with Decision-making) Project is one. The project brings together the worlds of research and practice in three local authorities in England through the creation of 'Research Practice Partnerships', each comprising an academic researcher (Researcher in Residence), a social care practitioner (Evidence Champion) and Experts by Experience.

Research is a key component of evidence-based practice, but one that practitioners often find challenging to access or make best use of. This article reports on key influences on the use of research evidence by the adult social care workforce in these three local authorities.

Methods

Study design and sampling

As part of data collection to establish a baseline for assessing the impact of the project, we conducted twenty-five semi-structured qualitative interviews with adult social care staff from three local authorities. Ethical approval for the project was given by the School for Policy Studies Research Ethics Committee, University of Bristol (UK).

The three local authorities were located in the South West of England. Local Authority A is predominantly rural and coastal and is just below the national average in terms of deprivation. Around 4 per cent of its population is identified as belonging to a non-white ethnic group. Local Authority B serves a mixed urban and rural population and is also just below the national average in terms of deprivation. Around 9 per cent of its population is identified as belonging to a non-white ethnic group. Local Authority C serves a large urban centre, with a mix of some of the most and least deprived areas in England. Around 16 per cent of its population is identified as belonging to a non-white ethnic group.

Sampling was purposive. Participants were identified via staff lists and discussion with the project's practice lead within each local authority. We did not include participants from provider organisations. Selection was designed to ensure the inclusion of different roles and levels of seniority (see Table 1). They were not selected on the basis of demographic characteristics, and these data were not collected. The sample included those with a degree level professional qualification required to work as a registered professional, namely Social Workers (SWs), Senior Social Work Practitioners (with supervisory responsibility for SWs), Occupational Therapists (OTs), Service and Team Managers, and Senior Leaders who manage a take overall responsibility for service delivery. The sample also included those described as 'non-professionally qualified' (frontline staff supporting SWs and OTs, for example as Adult Social Care Workers within multi-professional locality teams). This latter group is varied in terms of their formal education and work experience and was of interest to the study as they are increasingly filling roles that require some use of research. Elected members are elected by local residents to make decisions about the operation of local authorities and the services they provide. They do not have to hold a degree. We have merged some job roles into categories to avoid identification of individuals holding unique roles.

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 (SW)	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	

*Not known for one participant.
**Not known for two participants.

From Gray *et al.* (2024), ‘Shooting in the dark’: implications of the research–practice gap for enhancing research use in adult social care. *Evidence & Policy* (published online ahead of print 2024). Retrieved Sep 2, 2024, from https://doi.org/10.1332/17442648Y2024D000000024. Reprinted with permission (PSLclear Ref No: 97326).

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 interview sent at this time. Interviews were conducted by three researchers with experience of qualitative research, one of whom was also a qualified occupational therapist (LD). No participants were 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 topic guide 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 accessed it, whether and how they used it in decision-making, what—if anything—deterred them from using it and what sort of research they found useful). Participants were also asked how their team used research and how they thought research use might be better supported organisationally.

Two participants chose to be interviewed in person, and the other twenty-three were interviewed online. All interviews were digitally recorded, transcribed by a professional transcription service and checked for accuracy by the interviewer. Depending on the relevance of interview topics to the individual participant, interviews lasted between twenty-one and fifty-seven minutes with an average of forty minutes.

Analysis

Transcripts were analysed by the lead author and the two other Researchers in Residence (KG, LD, LS) along with three of the project co-investigators (AC, CC, GM). This approach was taken in order to identify themes and patterns in the data which could contribute to baseline measurements for the study. The process was informed by principles of thematic analysis advocated by Braun & Clarke (2021), 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. 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 no further changes were required. Details of the full thematic framework derived are available from Figshare.

Findings

Four major themes were identified: time, accessibility, skills and confidence, and organisational support. In each case, the barriers identified by participants are described. It is important to note that although most participants were supportive of the idea of research, a small number were simply not. One of these equated spending time Googling with using research.

> I'm a social worker, I'm here to help people, so spending an hour or two Googling isn't going to benefit me. I think that's a challenge, especially when you spend an hour doing it and you don't find what you want to know! [laughs] (A006 Senior Practitioner SW)

Time

The barrier to using research that was cited most frequently was a lack of time. Across all three local authorities and all role functions, participants described the severe time and resource pressure that they were under given the demands of their jobs.

> I'm just completely bogged down with too many other things. (A001 Non-professionally qualified)

> We don't have enough time to get on with our casework, let alone find stuff to back us up. (C009 Social Worker)

A team manager expressed frustration at not having time to consider practice within a broader view that research might provide, describing themselves as 'blinkered' as a result (A003 Team Manager). Several participants suggested that dedicating time to using research felt like an unaffordable luxury in the face of increasing waiting lists and the urgency of service user needs.

> … it is crisis management, and it shouldn't be that, but it is that, so it's just very hard to dedicate any time outside of that to research. It feels like a luxury (research), it feels like an absolute luxury, which we just don't have because we're not even meeting the basic needs of our service at the minute, and we haven't been for some time. (A001 Occupational Therapist)

Nonetheless, some participants expressed a professional and moral imperative to 'find' time to use research, despite job pressures, and commented on its importance for reflection and decision-making.

> If it's something that you really want to know about, you'll sort of find the time. (C007 Non-professionally qualified)

> We are still doing the job that still requires us to understand what we're doing and not make decisions in isolation. I suppose that whilst it is the way it is, we should still have it [research evidence] in place and we should still be finding the time for it because we are still making those decisions. (A003 Team Manager)

The findings highlight differences in the way organisations legitimise and structure time for consulting research and the resulting effects. In one local authority, several participants felt that, although their organisation encouraged people to spend time on research, this time was not made available formally. The tension between encouraging people to take time without making it available results in immediate caseload priorities always taking precedence.

> Can you just imagine if every social worker said, 'I'm taking an hour off now to do some research!' [laughs] It's a supportive environment, it has been for me, but I'm not sure that would go down well if I was doing that on a regular basis, you know, being that we've got a caseload of 500 or something. (A004 Social Worker)

Many considered time for research and reading that was formally protected, either by the local authority or themselves, to be key to facilitating research use by staff. Referring to a previous role within a different local authority, one participant explained how all staff in that authority received formally protected time for research and reading on a fortnightly basis. This worked well because of the support surrounding it. A service manager in another local authority explained how organisational encouragement to set aside time regularly for ‘reading’ (including research) had led her to allocate a regular time for this activity: ‘I literally write in my diary ‘Reading’ because you just don’t otherwise’ (B003 Service Manager). However, for those not operating at a senior level, managing protecting time might be harder in the absence of any organisational oversight: ‘It’s a bit harder, I think, to make time always to do that [diarise time for research] by yourself’ (B007 Social Worker). Similarly, when people do not know how much time they need to find and use research, they might struggle to manage their own time.

> If you’re going to block out a bit of time in your diary—is it going to take 20 minutes, half an hour, two hours, an afternoon? I think that would help us as well. (B008 Occupational Therapist)

One head of service believed that the process of allocating time for research needed to happen in a more responsive, bottom-up way, a view that was echoed by a colleague within the same organisation who talked about the necessity for practitioners to be encouraged and ‘given the time’ but not to be ‘checked up on’ (C007 Non-professionally qualified). Without sufficiently clear parameters that allow individuals to make autonomous decisions about when and how to protect time to find and consider research over other commitments, research is likely to be regarded as an additional, rather than a core, activity.

Accessibility

Participants talked about the constraints they faced in engaging with research resources. These included difficulties finding research, a lack of access to research databases, and not knowing what resources were available:

> … if we just had better knowledge of what the resources are out there, because I think when we do know resources, we use them (C005 Senior Practitioner).

Many participants sought summaries of evidence that are brief and easily understood, and each participating local authority had access to a subscription-based online research resource (either Community Care Inform or Research in Practice). Both present bite-sized reports about current research evidence and issues in adult social care, but interviewees had varying levels of knowledge about them, and some did not use them. A social worker noted that Community Care Inform provides useful references and key information about studies, including limitations and demographics, and that this was helpful as it would take practitioners time to find and think about these things themselves: ‘it’s quite a big piece of work to try and do that yourself’ (B007 Social Worker). Other comments demonstrated that just knowing that the research resource was there did not always translate into its regular use or use of all of its functionality.

> I logged on [to Research in Practice] today ‘cause I knew I was talking to you [laughs] and I thought I’ve used it for resources, they’ve got really good leaflets explaining deprivation of liberty and things like that, so I’ve emailed copies of those over to families, but I thought to myself, do you know, I haven’t used this? (A004 Social Worker)

Some participants referred to their membership of the Royal College of Occupational Therapists and the British Association of Social Workers, although member participants were not all familiar with the resources available to them. Participants also described obtaining information from specialist organisations (such as Alzheimer’s Society) and said they might recommend resources from such websites to people drawing on services. A senior leader experienced ‘often looking for commentary on things rather than maybe true, true research’ (B002 Senior Leader).

These findings highlight the imperative for trusted organisations to present accurate and quality-assured summaries. Organisations that participants trusted to present such accessible summaries included:

- A think-tank (The Kings Fund);
- Professional support associations, such as the Association of Directors of Adult Social Services, Community Care Inform, Research in Practice;
- Government-funded agencies, such as Public Health England, Care Quality Commission, Audit Commission, Local Government Ombudsman;
- Improvement agencies, such as the Social Care Institute for Excellence (SCIE); and
- Other local authorities and their own service providers.

If participants felt that there was a lack of published research in a particular area (e.g. support options to meet an individual’s needs), they might draw on the knowledge of colleagues in other local authorities. One commissioning team participant suggested that service providers are likely to be more aware of relevant research.

> …I genuinely find that our service providers are more of the experts and are more kind of finger on the pulse in terms of the latest direction of travel or latest evidence, and they are more the subject matter experts then I think we are. (C002 Manager)

Named authors—considered to be experts in their fields—were mentioned as trusted sources by some. The examples given were researchers whose work has been key in changing practice around safeguarding, and a prominent researcher and former public sector social care leader. However, relating to this, one participant noted ‘it goes through phases, doesn't it? Where certain individuals and certain organisations have got that name for themselves really in that area' (B0002 Senior Leadership). There is a danger that key research, from lesser-known authors, is missed.

Skills and confidence

Across all three organisations, participants felt they lacked the skills and confidence needed to make sense of, and use, research evidence. The skills they felt they or others should grow or would like to grow, included where and how to find, retrieve and store research; how to read and critically appraise it; and how to cite and apply what they find. An Occupational Therapist described her confusion and lack of confidence with referencing.

> I still don't feel 100% confident to cite those two articles in my supporting letter. Also how would I cite them? Would I Harvard reference them or would I put a link to the website? One of the articles I couldn't fully access. I came out a bit confused. (B008 Occupational Therapist)

In many cases, both the need to grow research skills and the challenges involved in applying them were adversely affected by working in a time-poor environment.

> I think that where I would benefit is, and nobody teaches this, is on how to get better at finding research because as I say for me and for many other people that I know in the team, it's like finding a needle in a haystack. (A003 Team Manager)

Participants in a range of roles spoke about needing to develop critical appraisal skills—in particular; 'how to read research properly, understand it properly and how to take things from it that are relevant to you' (A001 Occupational Therapist). They referred to 'rigour', determining what might be 'a good source', seeing how frequently a piece of research had been cited, ascertaining what was up to date, and whether a study had used a sufficient sample to generate accurate findings. Comments such as 'you sort of go off down a little bit of a rabbit hole and we haven't necessarily got time to do that' (C002 Senior Leader), indicated how easy it is to become overwhelmed when lacking the skills and sufficient confidence to find and use research. This is especially frustrating when time to search for relevant research is at a premium.

Organisational support

Interviewees suggested how their organisations could support them to grow research use in practice. They discussed increasing staff knowledge about resources available to them (e.g. Research in Practice), investing in research skills development, creating research leads within their organisations and establishing closer links with research professionals. Some reflected on the need for their organisations to 'make the space for it to happen' within—or linked to—existing CPD requirements. For example, ongoing registration with Social Work England requires social workers to evidence peer reflection, and in their first year of employment, newly qualified social workers are required to participate in a programme including further development of their skills, knowledge and professional confidence (the Assessed and Supported Year in Employment). Both provide opportunities to build capacity in using research to improve outcomes for service users and carers.

Several people working at different levels in one local authority described the potential usefulness of a comprehensive, easy to use, hub holding good quality 'reliable' research resources. It was thought this might help time-constrained practitioners to 'know that we're not gonna get everything but we're gonna get a reasonably good sample of what's available' (C003 Occupational Therapist). One head of service reflected that it might also counter a sense that access to research was not always equally available to all staff.

Many suggested that organisations could indicate their support for research by training particular staff to act as 'experts' or 'critical friends' or having a 'research function' designed to facilitate good practice. This would not preclude the need for individuals to make time to read and consider the research identified by colleagues occupying such roles.

> I guess having someone on hand. I mean, someone allocated to a team maybe, to support. You could say 'oh, I need this research on this' and maybe having someone allocated, so a social worker or a social care practitioner as the lead of it. (B004 Non-professionally qualified)
>
> So, sort of having more posts to make the work more manageable. I think, and maybe a clear framework or some guidance that you could go to or a research expert that you could go and check in with and sort of run things past. So, it's something about bringing up our good practice and our standards. Yes, some of that kind of maybe critical friend process would be really useful. (C002 Manager)

However, some participants expressed concerns about losing 'valuable' practitioner time or investing in skills that might not be used.

> … creating a skillset that's just going to sit there and not necessarily have the right impact. (A008 Elected Member).

This implies that practitioner time is perceived as being disconnected from, or separate to, research engagement, rather than the two being intertwined. Others worried that having practitioners acknowledged as a 'go-to' for research within a team, whether formally or informally, might reinforce an existing culture that views research as only for those with a special interest in it. In turn, this might reinforce an organisational culture where many would wait passively for research to come to them, if at all.

> … we are very good at tagging somebody with a job and I think that is a barrier because I think then everybody goes ‘Oh yeah, [Named individual is] doing that’ […] I think people can then think she’ll come back and tell me in a minute what she’s learnt from it all but actually I’m not sure that is the right way to look at it. (B003 Service Manager)

Finally, in one local authority, participants identified strengthening two-way relationships with academia or other research professionals as a means of facilitating greater involvement in the research process itself. Although they did not identify how such relationships might be facilitated, they mentioned deriving benefits from talking to the authors of research and receiving invitations from universities to hear about and get involved in research studies. There was a sense that such conversations and events served to spark people’s interest, bringing research and practice closer together as part of ‘practitioner communities’ (B002 Senior Leadership). Reflecting on a previous role in which the agency’s links to a local university were strong, and time for research was available, one Senior Practitioner said:

> The thinking time. You had a conversation with the academics and you were kind of bringing the academic-y bit and the practice bit together almost in having those conversations. [The academics would ask] 'Oh, what difference does it make and how can you weave this into your practice?' (B001 Senior Practitioner)

In summary, the findings reveal how this sample of the adult social care workforce regards the impact that worktime poverty has on their use of research in decision-making; they see time for research as a luxury given the demands of everyday practice, yet also shed light on ways in which some individuals manage to carve out time and the role that organisations might play in providing dedicated time to support their use of research in decision-making.

Discussion

Our findings highlight some key factors that influenced research use amongst a sample of the adult social care workforce in the UK, specifically England. Respondents pinpointed competing pressures on time as a critical barrier to their use of research, followed by problems in accessing research and challenges in using it once found. One of these challenges reflected the well-recognised view that researchers generally write for other researchers, hence their preference for using research summaries when these were available to them (Kagan, 2022a, O'donnell, 2005). Another was a perceived lack of the skills they felt they needed in order critically to appraise research, which undermined their confidence in using it. The role of organisations in enabling and developing the ability of the workforce to use research was widely recognised and discussed.

In the UK, the resources available to adult social care staff are not keeping pace with increasing population needs, and growing difficulties with recruitment and retention (Peryer *et al.*, 2022, Fox *et al.*, 2023, Bottery and Mallorie, 2023). Commissioners, managers and practitioners all expressed their concern about having insufficient time and resources to deliver on their statutory responsibilities, and these findings resonate with reports on the state of adult social care in England (e.g. ADASS, 2023, CQC, 2023, National Audit Office, 2023, Skills for Care, 2022). Given that time is such a scarce commodity, it is unsurprising that it was identified as the single biggest constraint to using research in everyday practice. Nonetheless, the findings highlight ways in which individuals and organisations can build capacity to use research in their decision-making.

Participants talked about time to engage in research variously as a '*luxury*' and a *limited, elusive resource*, albeit something that can and should be '*found*' by practitioners. However, the day-to-day demands made on them means that research use is a low priority compared with the 'imperative' of providing for those needing social care services. It is not that staff do not recognise the importance of research. Many do but they recognise that the demands on their time are such that the status quo is unlikely to change without interventions at an organisational level. Indeed, many respondents viewed time for research as a *commodity* that employers should be apportioning, prioritising and protecting for their employees.

Participants wanted easy-to-find research that was trustworthy, preferably brief and easy to understand. All three local authorities had subscription arrangements that provided research summaries written for practitioner audiences by independent organisations. These resources were valued by those who knew about them, although time was an impediment to their use. There is perhaps a role that managers and training providers can play in sharing trustworthy research summaries.

When identifying trusted third-party organisations beyond those to which their organisations subscribed, participants did not mention the guidelines produced by the National Institute for Health and Care Excellence (NICE), in spite of the decade-long inclusion of social care within its remit. Those with membership of professional bodies have access to particular resources, for example, members of the Royal College of Occupational Therapists have access to a range of online journals, professional development opportunities and a professional enquiries service, although these were not routinely referred to by interviewees who had access to them. This ringfenced access to certain sources of research highlights inequity of access to research findings among staff working in the same organisation. Some participants turned to sources that were at some remove from the primary research that underpins them (for example blogs or commentaries found on the Internet). At best, this can provide an efficient route to key research findings. At worst, it may result in partial, biased or even inaccurate pictures of the primary evidence.

Much research remains accessible only to those at universities or other organisations with subscriptions to a wide range of journals, e-books and databases. One exception to this in the UK is Northern Ireland where social care and health staff share equal and free access to journals in the Health Care Library of Northern Ireland. Despite its title, this library gives members access to five regional and trust-based libraries and the McClay Library at Queens University, which include social care journals. No such offer is currently available to those in England, Scotland or Wales.

Beyond access to research and time to engage with it, participants expressed concerns about their ability to engage critically with reports of research that they might encounter, for example, in academic journals. They were concerned both about their ability to assess its rigour and to form a judgement of the relevance of the research to their own working contexts. As indicated at the outset, only a small proportion of the UK social care workforce will have received an academic grounding in the critical appraisal of research, including the skills required to appraise systematic reviews which—arguably—are increasingly the most efficient means of ascertaining current best evidence. These skills may or may not have been maintained in practice. There is evidence that qualifying social workers lack confidence in their understanding of research and do not see its immediate relevance to practice, where practice wisdom may dominate (Negrea *et al.*, 2018, Aarons *et al.*, 2011, Wakefield *et al.*, 2022, Gleeson *et al.*, 2023). If one lacks confidence in one's ability to assess the quality of research, or to understand why two studies on the same issue might draw different conclusions, then the 'cost' of spending time engaging with research may seem to outweigh its potential benefits to practice (Kagan, 2022b).

The fact that the three local authorities chose to be partners in the ConnectED Project suggests that these employers recognise the importance of research to decision-making in adult social care. However, participants clearly felt that general encouragement to spend time on research is ineffective without time being sanctioned for it. Moreover, the goal of increasing 'research use' is strikingly different to the aims of most of the 'learning activities' that social care organisations are typically engaged in. Most often, they will be concerned to ensure that staff have the knowledge and skills to deliver a particular part of their job, for example, being knowledgeable about new policy or legal requirements. These findings support the positive association found by others between workplace social support and social workers' attitudes towards evidence-based practice (Kagan, 2022a).

The findings suggest that it is important to consider where to situate research expertise within the workforce. Should research expertise be seen as intrinsic to all roles or just those with professional qualifications? Should research engagement be a specialism undertaken by nominated research leads? The fact that one manager used the word 'should' when talking about research use implies that s/he saw this as the professional imperative embedded in professional codes of practice (e.g. BASW Code of Ethics and SWE Standard for Social Work). Notwithstanding the professional obligations of individuals, this study suggests that employers have an important strategic role in enabling the professionally qualified workforce to engage with research—as part of their responsibility to support the continuing professional development of staff. At the moment, staff can meet the regulatory requirements of continuing professional development without engaging with research. Regardless of professional status, interviews revealed evidence of professional curiosity. Writing from the perspective of a researcher-practitioner, Moore (2023) concludes that whilst those working in social care 'often work with subjectivity and judgement rather than definitive truth, our desire to continually develop our ability to think in an informed and critical way by taking on new knowledge, understandings and perspective is non-negotiable'. (p129). These attributes represent a good fit with the importance of growing practitioners' skills and confidence to use research.

Of the suggestions made by study participants about what might enable them to make better use of time and resources for research, many were, related to knowledge mobilisation, for example, being made more aware of resources that are freely available and the judicious use of research leads within their organisations. Furthermore, it appears that protecting time for research and supporting a degree of self-determination in how individuals use their time to engage with it are necessary conditions. Participants' ideas also have implications for the relationships between local authorities, universities and research centres. There is scope for closer links with research professionals and an imperative for the latter to ensure that research evidence is delivered in an easily digestible form that can be accessed in a time-efficient way.

Limitations

This study was based on interviews with a small sample of adult social care staff in three local authorities in England. In some instances, interviewees were nominated by senior staff and there is therefore a risk that we have not represented the full range of staff perspectives, particularly those on the fringes of research engagement, or who dismiss its usefulness. The interviews could not embrace the full range of factors that might impact research use in the sector as a whole, but the themes identified have much in common with studies conducted in other contexts, such as health and education, including larger, mixed method studies (e.g. Harding *et al.*, 2014). The work reported here took place near the beginning of the project, to provide a baseline against which we could explore the project's impact. It is anticipated that future publications will shed further light on what works in particular contexts to enable greater use of research in decision-making in adult social care.

Conclusion and implications for research and practice

As a partnership between agencies, service users and carers, and academics in England, the ConnectED Project aims both to develop the capacity of adult social care decision-makers to use existing research, and to establish the conditions that will promote the development of an evidence base that better reflects the priorities of those working in the sector, service users and carers.

Baseline interview data confirm an appetite amongst most participants to develop the skills and confidence to make more use of research but suggest that achieving this requires organisational support in the form of a clear signal that research is seen as integral to practice and organisational culture. Ironically, it may be important to distance research use from continuing professional development as this may convey the message that it is a personal responsibility rather than an organisational one that is designed to benefit those who draw on social care services (Harding *et al.*, 2014). Embedding research use in routine practice requires organisations to develop knowledge mobilisation strategies that legitimise time spent on research alongside investment in practice-appropriate resources. Finally, our findings have implications for improving approaches to research dissemination, such as hosting more learning events where external researchers share their research; removing barriers to accessing well-established databases and presenting research findings and implications in easily digestible formats.

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