# Social Care Research Capacity Development Programme (ASCENT)

## Public Engagement Workshops

### Introduction

As part of the Social Care Research Capacity Development programme, we organised two workshops with people who access care, carers and members of the public (20/02/2025) and 03/03/2025). A total of seven individuals attended the two workshops. Participants were people who access adult social care, carers and public contributors. Five out of seven participants have also participated in the ‘Social Care Research In Practice Teams’ (SCRiPT) study.

### What was the purpose of the workshops?

The purpose of the two workshops was to understand more about people's experience with adult care services and create a link with our work on research capacity development.

Delivering research and using research evidence in adult social care can improve the quality of services. We can support adult social care in different ways to benefit from research, for example: teaching staff new skills, accessing research evidence, evaluating services. This work we are doing with adult social care is called ‘research capacity development’. This is a new topic studied in adult social care. As a result, we don’t know enough about how people’s experiences can shape priorities around research. Feedback from workshop attendees helped us begin creating a link between the experience of adult social care and the ability of services to deliver and use research.

The workshops were part of our project which is called ASCENT (a 2-year NIHR funded programme), focusing on research capacity development in social care.

### Next steps:

* Key summary points will be shared with collaborating County Councils across the East of England region. The ASCENT Researchers-in-Residence will support with dissemination.
* Key points will be used to guide our next workshop (provisional date: September 2025) and the work of the ASCENT programme.

## Key summary points

Key summary points identified in the two workshops highlighted areas where research is relevant and useful to improving care and people’s quality of life. The workshops also created opportunities to raise wider challenging issues in the quality and delivery of adult social care.

Specifically, participants suggested that evaluating organisational aspects of care can contribute to understanding and improving the quality of care. Key recommendations include:

* To review existing processes regarding care delivery and assess how meaningful they are for people who access care, as well as cost-effective for social care, e.g., reviewing permanent health conditions annually.
* The recommendation also applies to the wider system of care; navigating across the health and social care system remains complicated, becoming a barrier to accessing care in a timely manner. Evaluation inter-organisational processes could improve accessibility.
* To assess the relationship between wages and retention of staff members in social care.

Discussing about the value of research evidence in making decisions about care, attendees gave positive responses, while there was some scepticism regarding change. They said:

* Suggested changes backed by strong evidence and clear rationale are more likely to be well received.
* Using research evidence to justify changes in service provision will be welcomed because it would be a reliable way to explain service provision or changes in care.
* Updating planned care in the light of new evidence can be seen with scepticism, as it may have taken a lot of time to agree on receiving the services needed.

Workshop participants also gave examples, where new evidence and technology could be used to improve the quality of care, those included:

* Training on new technologies to assist care givers.
* Interventions to enable people to spend less time in bed.
* Regular feedback mechanisms about the quality of services.
* Understanding the demographic characteristics of people who access care in each county and aim to match population need with offered care.
* Use evidence to demonstrate the relationship between the affordability of new intervention and contribution to people’s life. For example, several types of technology may be costly, but can lead to major positive change in people’s life.

Discussing about participating in research projects, attendees said:

* Offering a small incentive to study participants demonstrated appreciation to their time.
* It's important to consider the participants’ characteristics; for example, the east of online or face-to-face sessions, accessibility, digital literacy, travel needs.
* Recruitment to new studies can preferably happen by independent people, rather than social care practitioners who are involved in their care.

Both workshops, create opportunities to highlighted longstanding issues that exist in adult social care. Those include:

* Declining quality of services and coordination of care. That is particularly noticeable by those who are in care for long periods of time.
* Increasing cost of care packages leading to more people having limited or no support.
* Financial cutbacks over time leading to only meeting critical needs.
* High workforce turnover impacting engagement and trusting relationships with people who access care and carers

Participants also highlighted positive experiences:

* Attendees gave examples of positive interactions with social care workers, support their received, and ways their care was planned to meet their needs and enable independence.

The importance of involving people who access care and carers was also discussed. Key points include:

* Peer support and working with people with lived experience are positive examples in social care provision. However, there has been a reduction in user-led organisations over-time.
* While social care organisations often ask for feedback from people who access care and their carers, there is often no further information as to what changes took places as a result.

Lastly, participants emphasised the need to continue investing in a person-centred system of care. Key points include:

* The current system of care provision feels organisation-centred, rather than person- centred; organisational boundaries can make people passive recipients of decisions about their care.
* Lack of funding also leads to referring people from health to social care services and vice versa, aiming for one of the services to meet the person’s needs.
* People who access care are not sufficiently informed about the structure of service provision and available care options. Limited communication is attributed to understaffed workforce.

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