

Understanding the enablers and barriers to the use of evidence in decision making within Adult Social Care

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Introduction

- ❖ Insights Manager at Newcastle City Council with responsibility for performance, data and research in Adult Social Care and Integrated Services and Children, Education and Skills Directorates
- ❖ Prior to my current role, I was an analyst embedded within a social work team
- ❖ A key priority in my role is to drive forward the research agenda within Newcastle City Council
- ❖ Recently been awarded an NIHR SSCR Career Development Award - using this to undertake a PhD on a part time basis (enrolling September 2020)

About Newcastle

- ❖ Core City with a population of 302,820 (ONS Mid-year population estimate 2019)
- ❖ One of the 20% most deprived unitary authorities
- ❖ Residents face complex challenges including unemployment and low educational attainment
- ❖ Health outcomes are poor with high levels of obesity and alcohol use
- ❖ Life expectancy for both men and women is below the national average

Context of Local Government

- ❖ Increasing case complexity and rising demand
- ❖ Austerity and the need for human and financial resources to be targeted appropriately
- ❖ Policy making - evidence informed vs evidence based - recognition that evidence is one element of local government decision making alongside political, resource and time sensitive elements

What counts as 'Evidence'?

- ❖ Tacit knowledge of practitioners vs published research evidence (Ferlie et al 2009, Fox et al 2019, Cheetham et al 2019)
- ❖ Misalignment of practice and research issues (Kothari et al 2009)
- ❖ Accessibility and applicability of academic research (Oliver et al 2014, Powell et al 2018, van der Graaf et al 2018)
- ❖ Research vs decision making timescales?

Knowledge Mobilisation

- ❖ Increasing body of evidence in relation to knowledge mobilisation in relation to healthcare (Bullock et al 2016, Davies et al 2015) but largely under research in relation to social care
- ❖ Centre for Public Scrutiny (2017) highlight the need for more collaborative approaches to evidence generation - this comes at a time when public sector funding cuts and austerity have impacted upon the ability for LAs to invest in research and evaluation
- ❖ LAs are not traditionally research active institutions - clear focus on performance and business intelligence however research and evaluative work often commissioned externally with limited input/collaboration from the commissioning LA

Preliminary Research Aims and Methods

❖ Scope of research will be defined more specifically in the initial phase of delivery, preliminary aims of the research include:

1. Exploring the barriers and opportunities to grow evidence informed decision making in ASC through the lens of health and social care integration and developing a critical understanding of the gap between evidence and the practical application in one LA (NCC).

Supported by policy analysis, semi-structured interviews, observations and informal discussions with senior leaders

2. Using this understanding to develop, implement and evaluate the use of tailored reporting templates that 'nudge' senior staff from one LA to make more use of research evidence in their decision making about ASC.

Implementation and collaboration will be supported from an embedded research position, while impact will be evaluated by creating a LA specific self-assessment tool for ASC adapted from Kothari et al (2009) and understand the extent to which this makes a difference and where this difference lies i.e. what difference does it make and to who?

3. Contributing to academic debates of knowledge mobilisation, that are currently under researched in relation to ASC

Questions?