

Measuring the impact of social care research

RAND Europe has been asked to:

- Scope the feasibility of measuring the economic returns of UK social care research
- Produce a survey tool which can be used with researchers and research users in measuring the impact of SSCR research
- Undertake a bibliometric analysis of adult social care research outputs in the UK from 1996 to 2011



Why measure impact?

- Range of potential uses
- Increasingly important on the political agenda
- Impact is here to stay
- Amounts to a more **comprehensive** approach which covers wider outputs from research



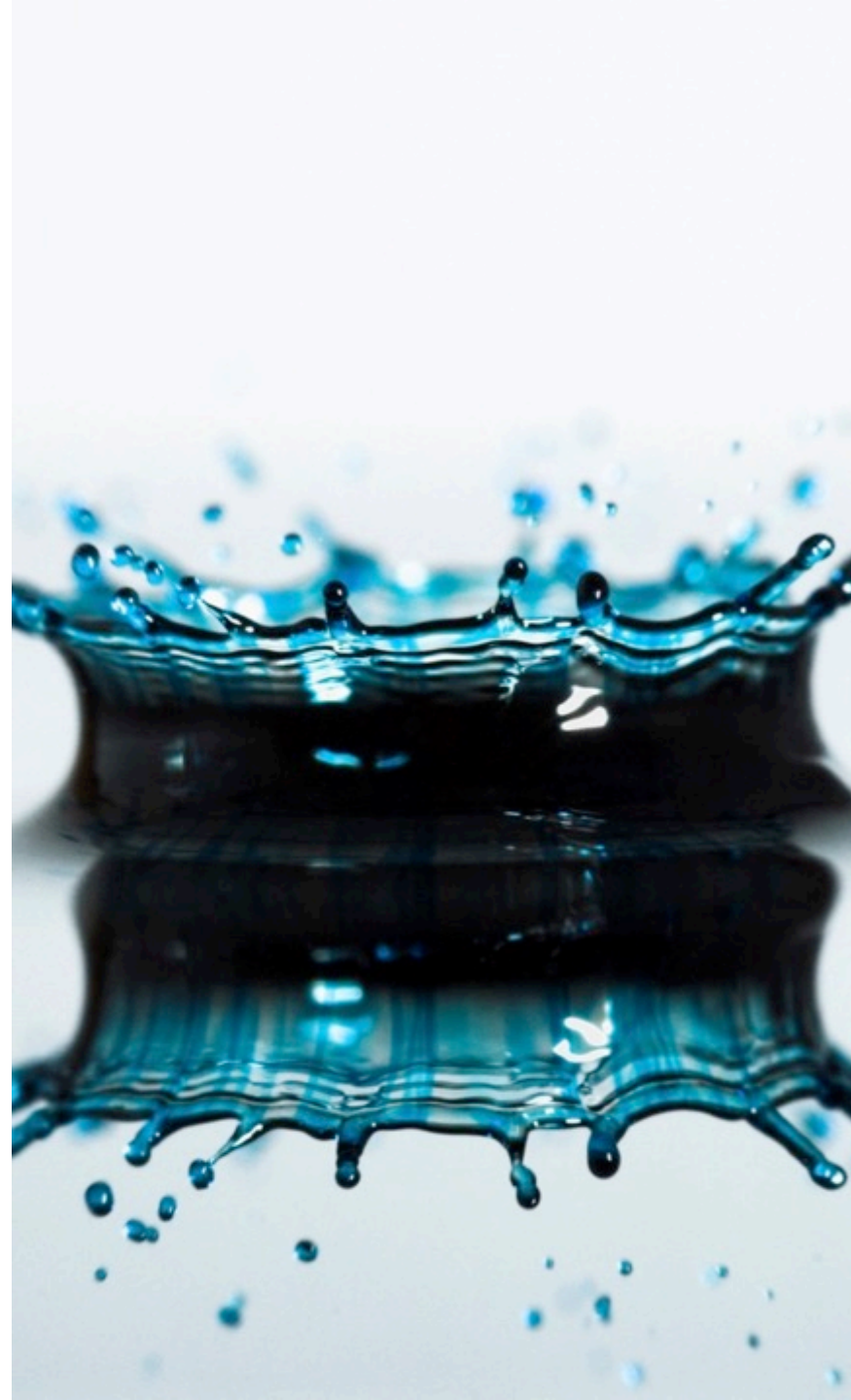
How do you measure research impact?

- Benchmarking
- Surveys
- Economic analysis
- Bibliometrics
- Case studies
- Logic models
- Peer review



There are particular challenges in measuring the impact of SCR

- The sector is diffuse and fragmented
- Data on impact is not systematically collected
- Issues of attribution/contribution
- Understanding time lags is complex



We have focused on three areas so far

- Benchmarking
- Surveys
- Economic analysis
- Bibliometrics
- Case studies
- Logic models
- Peer review



Developing a survey to measure the impacts of SSCR research



Interviews with SSCR researchers and research users

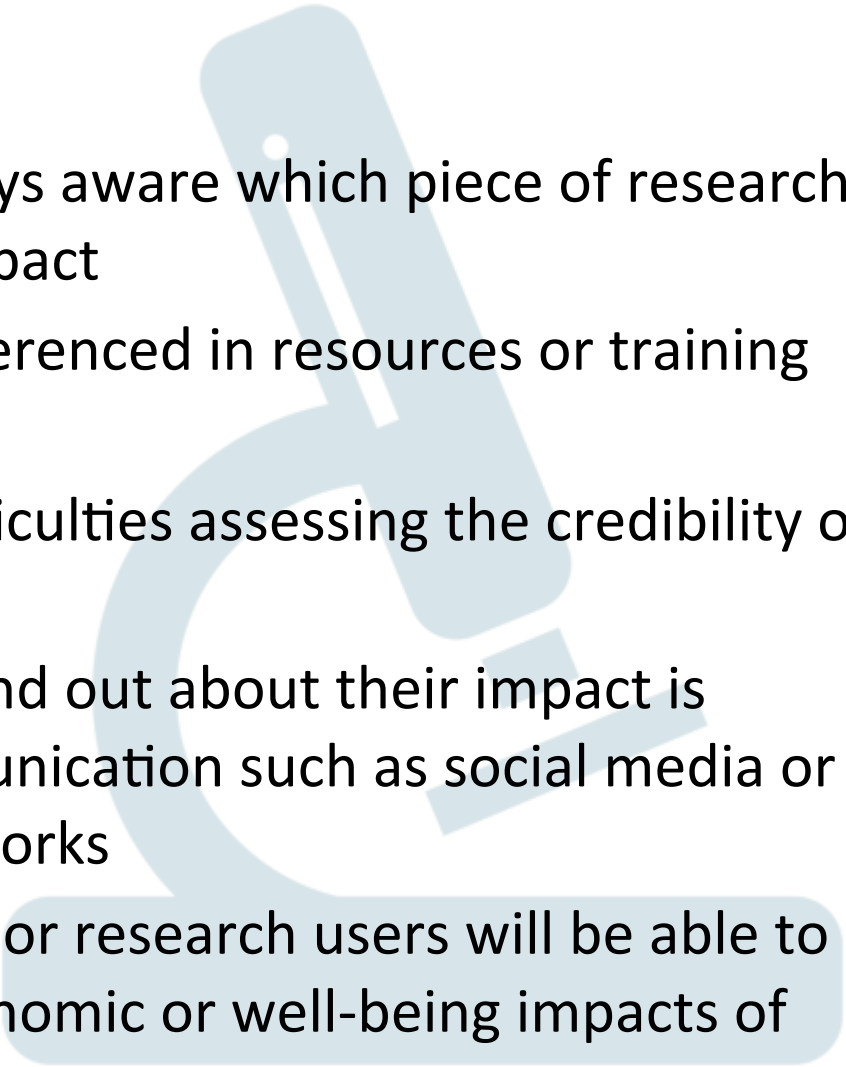
Developed pilot survey covering the following areas:



- Accessing research
- Involvement of research users in research
- Impacts of research on training and professional development
- Impacts on policy
- Impacts on practice
- Economic impacts
- Impacts on quality of life and well-being

Developing a survey to measure the impacts of SSCR research

Key interview findings:

- Research users not always aware which piece of research is responsible for the impact
 - Research not always referenced in resources or training materials
 - Research users have difficulties assessing the credibility of research
 - Main way researchers find out about their impact is through informal communication such as social media or anecdotes through networks
 - It is unlikely researchers or research users will be able to identify *measurable* economic or well-being impacts of research
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Current status and next steps

- Piloting survey with SSCR researchers and research users
- We will refine the survey based on pilot feedback
- The survey will be delivered to SSCR by 5th December
- Two possible uses
 - Tailor ResearchFish questions for SSCR
 - Create separate SSCR survey to collect comprehensive data on impacts



Scoping the economic returns of social care research

- Assess the feasibility of estimating the economic returns of social care research in the UK
- Model used previously considers two elements of economic returns:

‘Spillover’ or GDP gain

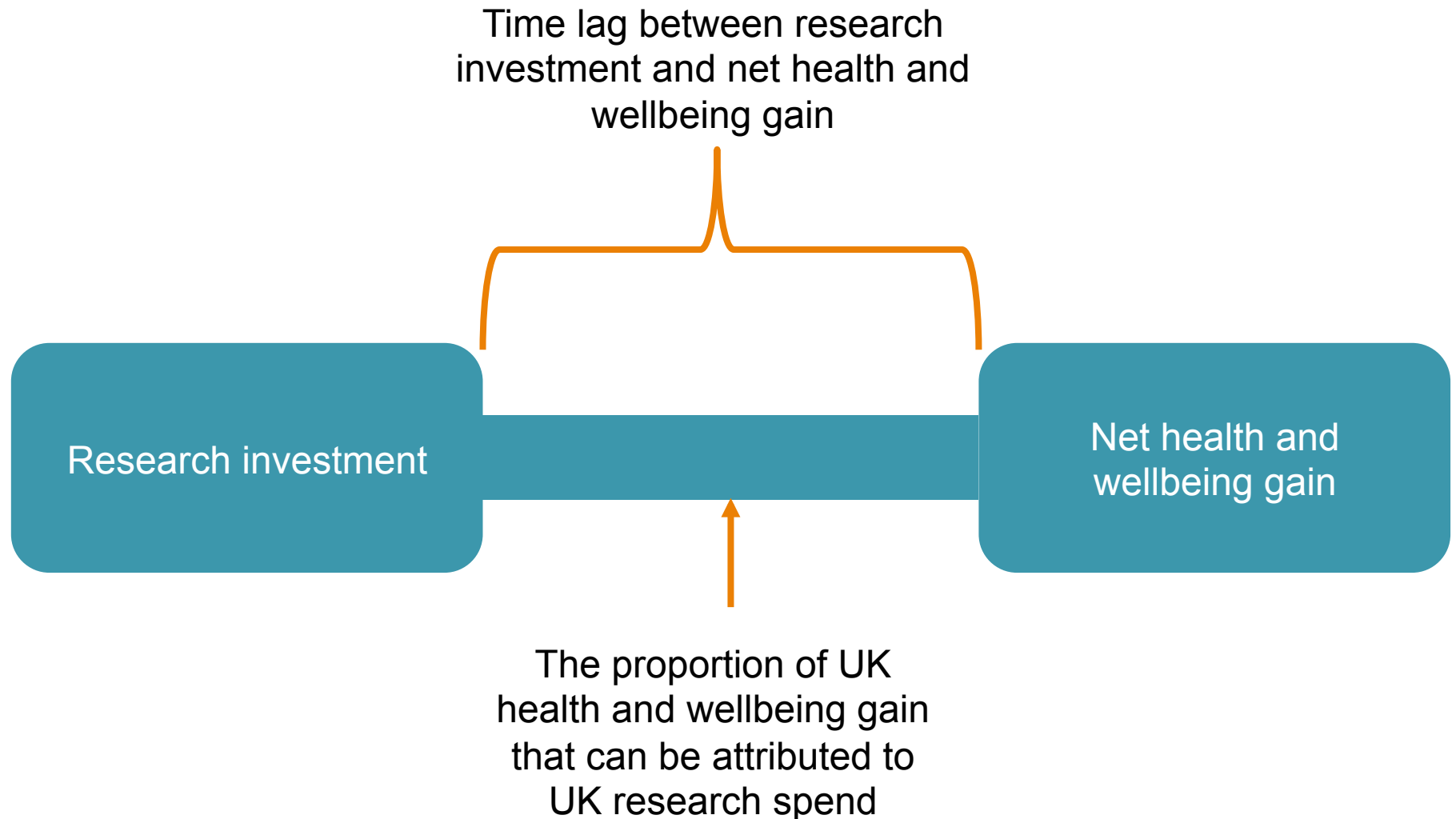
- Direct and indirect impact on the economy from medical research
- Estimates to date are disease independent
- Previously estimated gains to be 30%, based on review of the literature



Health and wellbeing gain

- Monetised health gains net of the health care costs of delivering them
- Estimates to date are disease dependent, hence estimating for cancer

To calculate the health and wellbeing gain element, we have to make four key estimates



Key challenges in applying this to social care research



Difficulties with attribution: Relationship between policy and practice change and research



Estimating time lags is not straightforward: Cannot use guidelines – reliant on case studies and expert views



There is no consensus on net health and well-being gain: No monetised QALY equivalent available

Our work to date

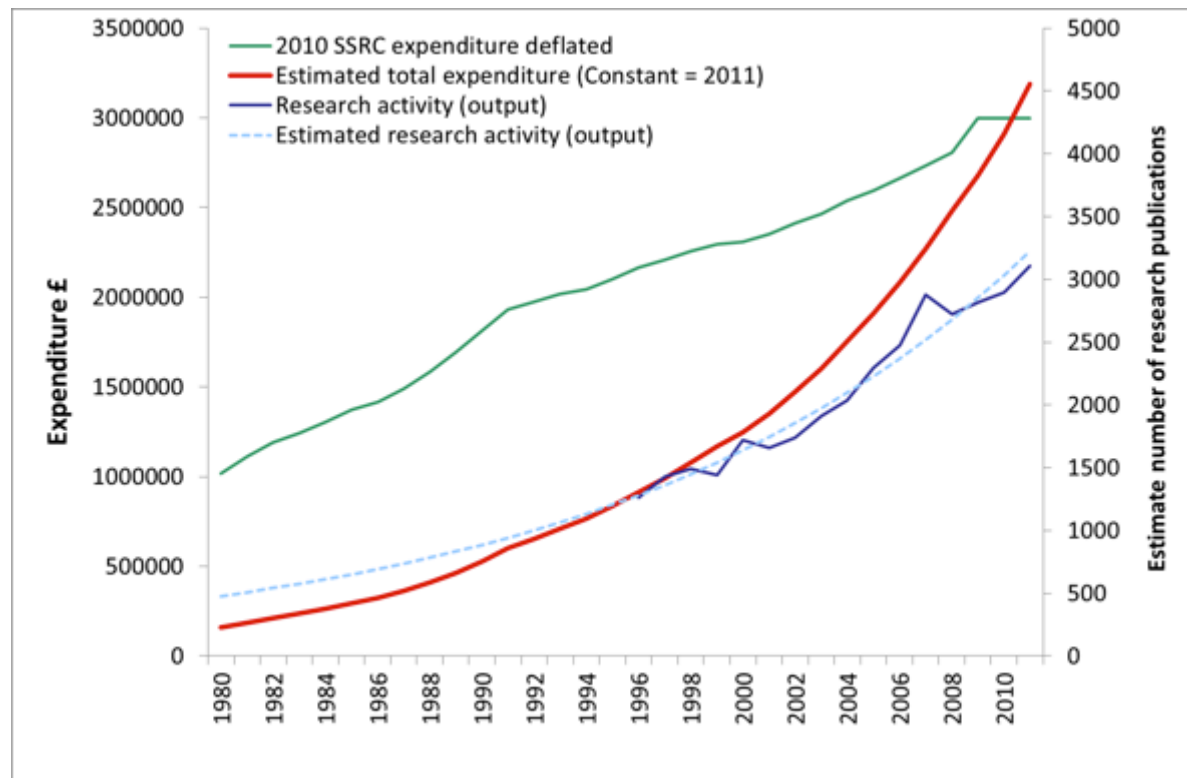


- Literature review
- 10 interviews with key figures in adult social care research, policy or practice
- Case studies identified through interviews and a workshop with LSE SSCR
- We conducted three case studies
- Estimated the counter-factual net-monetised benefits of social care research

Spend on adult social care research and outcome measures

Key messages from the interviews:

- Overall level of adult social care research funding has increased over the last 20-30 years
- DH has been and remains a large funder



Estimating time lag and attribution

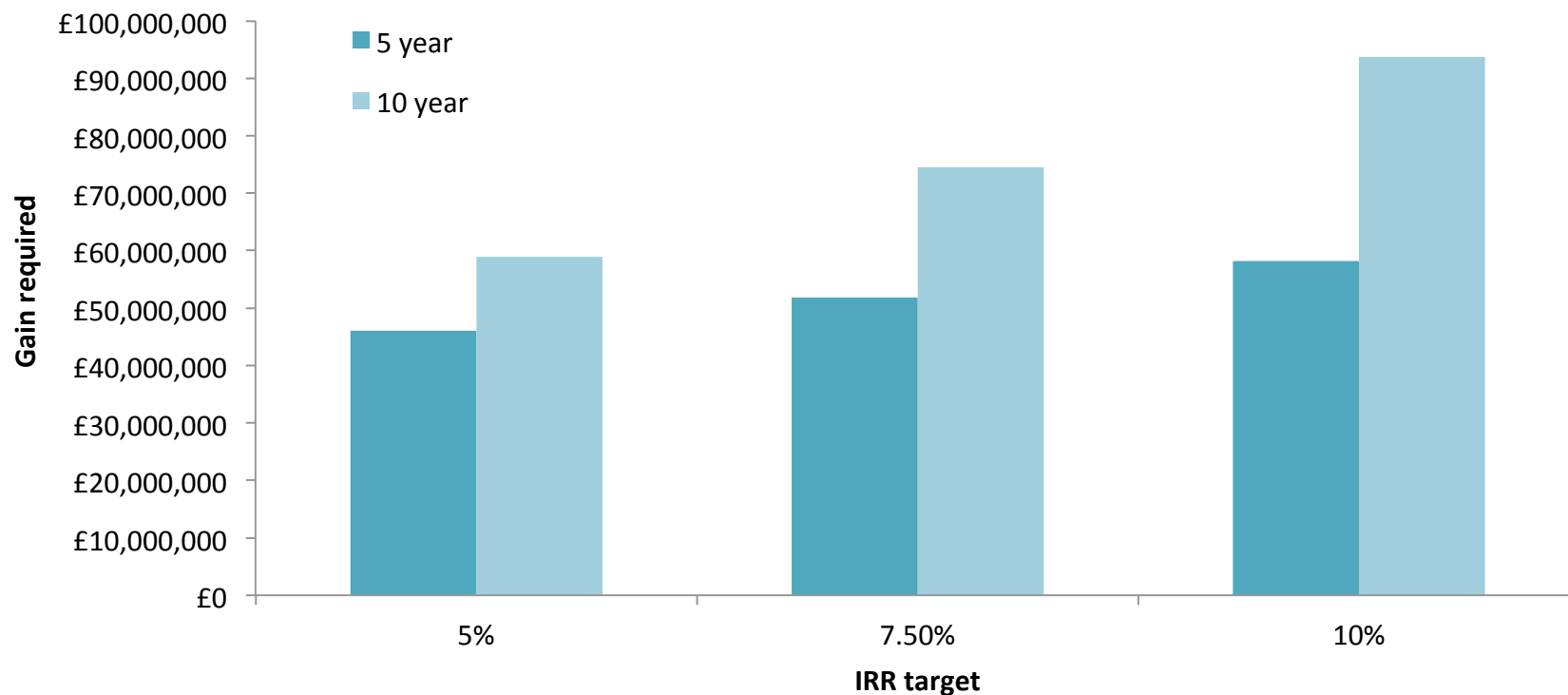
Interventions identified	Time lag
ASCOT	<5 years
Assessment of needs	2 years
Case Management	<5 years
Community Care	<10 years
Extra Care Housing/ Living Independently	0-5years
Medication use in Care Homes (Antipsychotics for dementia)	2 years
Personal Budgets	0-5years
Prevention Agendas (incl social isolation, falls)	<10 years
Reablement	10 years
Telecare/ Telehealth	5-10 years

Key points noted in the interviews:

- Benefits of social care much wider than health benefits
- Many interventions driven by policy rather than research - impact of research is change in implementation
- “Research tweaks, engineers, draws attention to practice”, but doesn’t drive practice.
- Research may take place after large-scale implementation
- ASCOT widely accepted outcome measure

An alternative approach

- Not straightforward to estimate the health and wellbeing gain – no QALY equivalent
- Consider estimating the gain necessary to generate a desirable IRR



Key points for measuring the economic returns of social care research



Estimate spend based on bibliometric data and interviews



Time lags and attribution not straightforward, but can estimate based on case studies and expert elicitation



Establishing quantitative information on health and wellbeing gain is not straightforward



Possible to take an alternative approach working from desired IRR to model levels of gain required