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Research Programme for Social Care (RPSC) Logic Model

Aim: To fund research that generates evidence that increases the effectiveness of social care across the UK, provides value for money and benefits people who need or use social care and carers.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	LONG-TERM OUTCOMES/IMPACT
Research Demand Collaboration between stakeholder groups to identify areas of research need including users of social care, local authorities, NHS bodies or providers of social care services **Research Capacity** Staff time: Research, administration and project support Subject & methodology expertise Access to routine datasets **Infrastructure and Support** DHSC funding for programme delivery and capacity building NIHR Programme management Strategic business plans and frameworks UK Standards for Public Involvement Collaboration with other NIHR functions e.g. Academy, Infrastructure	**Commission and manage high quality social care research** Managing multidisciplinary research teams with a clear pathway to social care benefit and a strong link with people who need or use social care, carers and organisations which provide social care services or other relevant groups **Build capacity in Social Care Research** Opportunities for early career researchers Collaboration with NIHR School for Social Care Research **Wider sector engagement** Raising awareness and encouraging participation in social care research amongst social care stakeholders and wider community Develop links with research users Development of local government and charity offer Development of joined up communications, including high impact case studies **Strategic work** Monitoring key trends and specifying timely relevant research Work with social care users to identify key knowledge gaps/priorities for research Specifying research priority areas eg. under reached groups	High quality social care research published Networking events for researchers Engagement activities with relevant stakeholder groups 'High impact' case studies produced for NIHR Research outputs disseminated in accessible format for a range of audiences Documentation-guidance for social care researchers on how to do 'good' social care research Guidance and resources for non academics engaging with research (such as social care workforce, local authorities, self-funders etc) Cohort of researchers receiving capacity building funding	Social care research generates evidence to improve, expand and strengthen social care practice, provision, organisational culture and services Research is shaped and informed by users of social care, carers, the social care workforce, and wider practice and service Evidence is made available & accessible to social care users and carers, social care workforce, research community and public Social care researchers have access to necessary connections, resource, capacity, skills and experience to ensure that social care research is fit for purpose Capacity and capability for conducting social care research is strengthened within HE across the UK and also in social care practice and service through embedded research Greater inclusivity and access to development opportunities for the wider social care research community Interventions (including technology) support more cost-effective social care Clear pathways from knowledge to social care user or carer benefit	Social care, local government, commissioners, providers, NICE and practitioners have access to the evidence, guidance and resources to be able to make timely, informed decisions Social care users and carers are at the centre of decision-making, meaning that care services and delivery are responsive to and meet their needs Social care users (incl. self-funders), commissioners, carers, have access to research outputs to make informed, empowered decisions about care National and local public spending on social care practice and service is optimised, sustainable and effective The social care research community has increased capacity to be proactive, identify knowledge gaps and produce high quality research Evidence and knowledge produced locally is adopted elsewhere

Assumptions:

- Support from NIHR functions remains consistent
- The relevant people to drive social care research are known and available to be engaged in research
- RPSC is an important part of the wider social care and / or research ecosystem
- Demand for social care research is high
- Challenges in social care can be managed or resolved through research i.e. data is available for analysis
- Researchers are aware of the calls and prepared to respond

External factors/Context:

The Research Programme for Social Care has been informed by the Research for Social Care (RfSC) call of the Research Programme for Patient Benefit programme (now discontinued).

RPSC is intended to be complementary to the wider SC research sector.

Research Programme for Social Care (RPSC) logic model

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The National Institute for Health and Care Research (NIHR) funds, enables and delivers world-leading health and social care research that improves people's health and wellbeing, and promotes economic growth. The Research Programme for Social Care (RPSC) is a new programme from NIHR. The programme aims to contribute to NIHR's commitment to social care by funding research that generates evidence that increases the effectiveness of social care across the UK, provides value for money and benefits people who need or use social care and carers.

A logic model is a useful tool to help design, implement and evaluate the programme. It is presented in a diagram of inputs, activities, outputs and outcomes. Although a logic model is a simplified representation of a complex reality, it sets out a pathway through which the programme is intended to create its outcomes and impact.

A logic model was created to visually represent RPSC, its intended outcomes, and the way in which it aims to bring these about. It was created for the Department of Health and Social Care (DHSC) by the RPSC programme team in collaboration with the Monitoring, Evaluation and Learning team at the NIHR Central Commissioning Facility (NIHR CCF) with guidance and input from the RPSC steering committee. The logic model is described below.

Inputs

The first component of the logic model focuses on inputs, the resources which are put into the programme in order to undertake the activities which produce the outputs. The inputs are:

- Research demand:
    - Collaboration between stakeholder groups (including users of social care, local authorities, NHS bodies or providers of social care) to identify areas of research need
- Research capacity
    - Staff time: research, administration and project support
    - Subject and methodology expertise
    - Access to routine datasets
- Infrastructure and support
    - DHSC funding for programme delivery and capacity building
    - NIHR programme management
    - Strategic business plans and frameworks
    - UK Standards for Public Involvement
    - Collaboration with other NIHR functions, for example, NIHR academy, infrastructure and others.

Activities

The above inputs feed into the second component of the logic model which consists of the activities conducted by the award holders and NIHR:

- Commission and manage high quality social care research
    - Managing multidisciplinary research teams with a clear pathway to social care benefit and a strong link with people who need or use social care, carers and organisations which provide social care services or other relevant groups
- Build capacity in social care research
    - Opportunities for early career researchers
    - Collaboration with NIHR School for Social Care Research
- Wider sector engagement
    - Raising awareness and encouraging participation in social care research amongst social care stakeholders and wider community
    - Develop links with research users
    - Development of local government and charity offer

    - Development of joined up communications, including high impact case studies
- Strategic work
    - Monitoring key trends and specifying timely relevant research
    - Work with social care users to identify key knowledge gaps/priorities for research
    - Specifying research priority areas, for example, under-reached groups.

Outputs

The tangible, measurable products, goods and services which are expected to result from the inputs and activities from the different awards are:

- High quality social care research published
- Networking events for researchers
- Engagement activities with relevant stakeholder groups
- ‘High impact’ case studies produced for NIHR
- Research outputs disseminated in accessible format for a range of audiences
- Documentation-guidance for social care researchers on how to do ‘good’ social care research
- Guidance and resources for non academics engaging with research (such as social care workforce, local authorities, self-funders and others)
- Cohort of researchers receiving capacity building funding

Outcomes

The inputs, activities and outputs are expected to create changes in the short, medium and long term. The inputs, activities and outputs are within the control of RPSC, whereas the short- and medium-term outcomes these create are within the programme’s sphere of influence rather than control, and the long-term impacts are within an indirect sphere of influence.

With that in mind, as a result of all of the inputs, activities and outputs, we might expect the following outcomes in the short to medium term of nought to ten years:

- Social care research generates evidence to improve, expand, and strengthen social care practice, provision, organisational culture and services
- Research is shaped and informed by users of social care, carers, the social care workforce, and wider practice and service

- Evidence is made available and accessible to social care users and carers, social care workforce, research community and public
- Social care researchers have access to necessary connections, resource, capacity, skills and experience to ensure that social care research is fit for purpose
- Capacity and capability for conducting social care research is strengthened within higher education (HE) across the UK and also in social care practice and service through embedded research
- Greater inclusivity and access to development opportunities for the wider social care research community
- Interventions (including technology) support more cost-effective social care
- Clear pathways from knowledge to social care user or carer benefit.

Long-term outcomes

Long term outcomes are those which might be seen from ten years onwards. They are changes which the programme hopes to contribute towards but it must be acknowledged that they are outwith the programme's direct sphere of influence and will be influenced by multiple other factors.

- Social care, local government, commissioners, providers, NICE and practitioners have access to the evidence, guidance and resources to be able to make timely, informed decisions
- Social care users and carers are at the centre of decision-making, meaning that care services and delivery are responsive to and meet their needs
- Social care users (including self-funders), commissioners, carers, have access to research outputs to make informed, empowered decisions about care
- National and local public spending on social care practice and service is optimised, sustainable and effective
- The social care research community has increased capacity to be proactive, identify knowledge gaps and produce high quality research
- Evidence and knowledge produced locally is adopted elsewhere

Assumptions

For RPSC to be delivered and achieve its outcomes through the components described above relies on some assumptions:

- Support from NIHR functions remains consistent
- The relevant people to drive social care research are known and available to be engaged in research

- RPSC is an important part of the wider social care and / or research ecosystem
- Demand for social care research is high
- Challenges in social care can be managed or resolved through research, that is, data is available for analysis
- Researchers are aware of the calls and prepared to respond

External factors

Other external factors and context that need to be taken into account are that RPSC has been informed by the Research for Social Care (RfSC) call of the Research Programme for Patient Benefit programme (now discontinued), and that RPSC is intended to be complementary to the wider social care research sector.

Competing interests

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