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Identifying Regional Stakeholder-Informed Priorities for Adult Social Care Research: A Mixed-Method Study in Kent, Surrey, and Sussex

RESEARCH

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ABSTRACT

Context: There is an urgent need for sustainable change in the social care sector, and research plays an essential role in the identification of priority areas. Thus far, there have been few priority setting exercises within adult social care research. The current study explores regional priorities for adult social care research in Kent, Surrey, and Sussex. Stakeholders were consulted from the starting point of the project, ensuring that the identified research priorities were fully informed by the people that the subsequent research will have an impact on.

Objectives: Our main aim was to identify research priorities for adult social care within the region, and more specifically, relevant activities within these priority areas that could benefit from evaluation.

Methods: We employed a mixed-method design using online focus groups with social care professionals (N = 37) and members of the public (N = 7), and an online survey following the focus groups (N = 28). Focus group discussions were informed by themes based on The Care Act 2014.

Findings: Content analysis was used to analyse discussions, which yielded a list of 46 actionable research questions. Rankings of discussion themes were produced to establish order of importance.

Limitations: We approached the ranking of priorities only at a higher-order theme level, and not at the level of the specific questions.

Implications: The extensive list of research questions produced in this study supports social care researchers to conduct studies that address pressing issues for care systems and the public.

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INTRODUCTION

The state of the adult social care sector in England has been a prominent topic of political and social debate, amplified by the COVID-19 pandemic exposing and exacerbating long-standing challenges for the social care sector (The Health Foundation, 2020). Particular issues have been identified, including funding gaps (Idriss et al., 2021), workforce sustainability (Skills for Care, 2021), and an ageing population (Wittenberg et al., 2018). Research can support evidence-based change in the sector but with limited capacity, and therefore requires the identification of priority areas to address the issues most relevant and urgent to local care systems (Morbey et al., 2020).

The pressure on social care research capacity – and hence the particular need to prioritise – is increased by distinct challenges (Cyhlarova et al., 2020; Keemink et al., 2022; Morbey et al., 2020; Rainey et al., 2015; Rutter & Fisher, 2013). Social care delivery is highly dispersed and localised, being primarily the responsibility of local government in England, and organised through the 152 local authorities across the country. The adult social care sector includes a wide range of different services, often not co-located, and includes a substantial contribution from unpaid 'informal' carers. Moreover, the majority of services are delivered by private sector organisations. Internationally, long-term care systems differ in their funding, organisation and delivery, but in many cases the systems are decentralised and delivery is often contracted out to private sector providers, or is part of a private transaction between individual and suppliers (Roland et al., 2022). These features lead to complex research design requirements and recruitment.

To advance the feasibility and impact of social care research, it is important to formally identify the research and implementation priorities for the adult social care sector. There are few in-depth reports on the identification of research priorities available for adult social care research, which is in contrast to the situation in (mainstream) health services research (Grill, 2021) (e.g., Bessa et al., 2019; Bryant et al., 2014; Smith et al., 2021; Wilson et al., 2019).

Those prioritisation studies that have been conducted in social care have used different approaches. A prominent example is the study conducted by the James Lind Alliance (JLA) (2018) using a consensus-based approach with multiple stakeholders in priority setting partnership to produce a top 10 of research priorities. Although informative, this report focussed exclusively on social work rather than covering the whole social care sector. In 2019, the National Institute for Health and Care Research School for Social Care Research published a scoping review on research priorities in adult social care (Cyhlarova & Clark, 2019), presenting a comprehensive list of 30 research priorities. Stakeholders were consulted for the development of the final list; however, initial priorities were identified through document review. The most recent report of 5 research priorities was published by Cowan and colleagues in 2021 and focussed on rapid prioritisation of innovations in adults social care and social work (Cowan et al. 2021).

The adult long-term (social) care system covers a range of activities and helps support people with a variety of care needs. We can distinguish six main (technical) processes involved in providing care support, and these cover: the *commissioning* of care (determining appropriate care options and making arrangements for their delivery) and associated systems for providing relevant *information* about care options; the delivering of that care, often divided between *prevention* support and *models of care* to support current needs; organisation and development of the *workforce* (being central to the delivery of care); and on how the care system works with other public services, particularly health care, recognising the interdependencies and the benefits of *integration*. Box 1 provides further details. The legislative framework governing these processes for publicly funded care in England is laid out in the Care Act 2014 (Department of Health, 2014).

AIMS

This study aims to assess the research and implementation priorities for adult social care in coastal southeast England, covering the counties of Kent, Surrey and Sussex. The specific aims are to: (a) generate a set of research questions within each of the six areas of the care system, which we call 'theme' areas for shorthand; and (b) to rank the priority for research between the theme areas.

The current study adds to the literature by using a bottom-up approach to priority identification, consulting with stakeholders from the outset. This ensures the identified research priorities are fully informed by the people that the subsequent research will have an impact on. Interestingly, meaningful engagement with community stakeholders from the starting point of the research is still too often overlooked (Roche et al., 2021; Snow et al., 2015). Furthermore, previously published reports focus on priorities at the national level, potentially not adequately reflecting regional and local needs. Additionally, the studies were carried out before the pandemic, which may have uncovered novel priorities in adult social care. The current study focusses on the regional research priorities for Kent, Surrey, and Sussex.

This study was designed within the Applied Research Collaboration Kent, Surrey, and Sussex (ARC KSS). Funded by The National Institute for Health Research,

Box 1: Care process theme areas

Care Models
Care Models are the frameworks by which care is organised. Care models guide and define the way social care services are delivered. They outline how people approaching social care services are treated and provide guidelines for best practice.

Information
This theme refers to the information and advice that people receive when they are navigating the social care system and are trying to arrange their care. Effective information and advice services enable people needing care and informal carers to make informed decisions about their care and how they fund their care.

Integration
Integration refers to the process of establishing integrated care by which heath, social care and voluntary, community and social enterprise services are joint up and collaborate. Service integration aims to improve the effectiveness and quality of services as well as transform the experience of people supported by care.

Prevention
Prevention includes the services and policies aiming to delay, reduce, and prevent the needs for care and support. Preventive services are designed to aid the promotion of wellbeing and independence. The focus on prevention within the Care Act 2014 seems imperative to meet the future challenges of an ageing population and increasing care needs (Wittenberg et al., 2018).

Workforce
The social care workforce comprises all staff employed within the social care sector. This includes both public and private care providers, as well as the voluntary, community, and social enterprise sector.

Commissioning
Commissioning refers to the process by which health and social care services are planned, procured, purchased and monitored (Wenzel & Robertson, 2019). The commissioning concept was introduced in the 1990s aiming to encourage greater efficiency, responsiveness, and innovation by making care providers compete for resources.

ARC KSS supports applied health and care research that responds to and meets the needs of local populations and care systems. The process of identifying research and implementation priorities can support researchers to design studies that are most likely to benefit local stakeholders, as well as safeguarding the relevance and legitimacy of the research topic (Grill, 2021). Moreover, involving stakeholders from the outset provides the opportunity for successful and meaningful implementation of subsequent research findings (Dunckley et al., 2014; Patel et al., 2021; Rehfuess et al., 2016).

The paper is structured as follows. In the next section we describe the methods used; the results and discussion sections follow, then we reach our conclusion.

METHODS

There are several commonly used methods for the purpose of research priority setting that each have distinct advantages and disadvantages (Bryant et al., 2014). For the current study, we opted for a mixed-method approach to address the above aims, employing (a) a qualitative inductive approach with data generated by (online) focus group; and (b) an online survey to maximise stakeholder input.

Stakeholders included social care professionals working in various adult social care settings in Kent, Surrey, and Sussex, as well as public contributors. The focus group discussions aimed to identify research priorities for adult social care, and more specifically, relevant sets of interventions and policies within these priority areas that could benefit from (further) evaluation. The survey enabled anonymous comments after the focus groups had taken place and asked participants to rank areas of discussion in order of importance. The REPRISE guidelines for reporting priority setting in health research (Tong et al., 2019) will be followed as guidelines for what to include when reporting our priority setting process and findings. A separate paper (Keemink et al., 2022) offers reflections on the usability of the online focus group method in social care research.

The focus group data were analysed using (classic) content analysis of the focus group discussion (Onwuegbuzie et al., 2009), adhering to the Consolidated Criteria for Reporting Qualitative Research (COREQ, Tong et al., 2007) and analysis of the post-focus group survey. This mixed-method approach allowed us to identify priorities in multiple ways. The focus groups produced qualitative content from which research questions were identified. Additionally, a frequency count of different themes was conducted. The survey allowed for ranking data, as well as qualitative information about the decision-making process justifying participants' ranking.

ETHICS

This study was approved by the Ethics Committee of the University of Kent in February 2021 (Ref: SRCEA ID 0362) and endorsed by the Association for Directors of Adults Social Services in March 2021 (Ref: RG21-02). Research governance approval was obtained from the

four local authorities in which recruitment took place: Kent County Council, Surrey County Council, East Sussex County Council, and Brighton and Hove City Council. All participants provided written informed consent before participation.

FOCUS GROUPS

Design and participants

Six online focus groups were conducted, each including social care professionals employed in East Sussex, Kent, Brighton and Hove, or Surrey, as well as public advisors. The sample comprised thirty-seven participants (15 male, 22 female). See Tables 1 and 2 for an overview of the focus group samples and a description of participants' job roles. An additional online focus group with seven participants (3 male, 4 female) was conducted, in which members of the public were consulted. The total sample included 44 participants. On average, focus groups included 6 people (range: 3–7 participants), which is in accordance with previous research (Onwuegbuzie et al., 2009). Data collection was completed at seven focus groups, when data saturation started to occur, which is in accordance with research on sample sizes for data saturation (Hennink & Kaiser, 2022).

Participant recruitment was guided by the dispersed and varied nature of the social care sector. Recruitment was also informed by the aim to maximise the variety of perspectives of stakeholders who had the potential to benefit from the identified research priorities. Participants were therefore selected using a combination of different sampling methods that were employed simultaneously: maximum variation sampling (maximising the range of perspectives), critical case sampling (approaching individuals because of their specific insight), and chain sampling (asking participants to forward the study invitation to suitable individuals) (Onwuegbuzie & Collins, 2007). Potential participants were identified through a web search and by building on our existing networks.

Participants from the local authorities' social care teams (social workers, occupational therapists, commissioners, public health colleagues) were identified in consultation with the local principal social workers. Participants working in care provision or in the VSCE (Voluntary, Community & Social Enterprise) sector were individually approached. Members of the public were recruited through social media and newsletters. All participants contact happened via email. Interested participants were sent a link to an online information sheet and consent form on Qualtrics (2020), a cloud-based platform for the development and distribution of web-based surveys.

FOCUS GROUP	N
1	7
2	6
3	7
4	7
5	7
6	3
7	7
Total	44

Table 1 N per Online Focus Group.

JOB ROLE	N
Local authority adult social care management team	9
Social worker	8
Voluntary sector	9
Care organisation	6
Other (Public advisors)	12
Total	37

Table 2 Participants' Job Roles.

Discussion guide

Based on consultation conversations with principal social workers in the participating local authorities, discussion guide for the focus groups was developed based on theme areas described above (Commissioning, Prevention, Information, Care Models, Integration and Workforce). Along with a short definition of the theme area, a number of example innovations/questions were provided. This discussion guide was packaged into a visual form (see Figure 1).

Online platform

Microsoft Teams (Microsoft, 2016) was selected as the teleconferencing application for the current study. Microsoft Teams is a part of Microsoft 365 and Office 365, which delivers advanced security and compliance capabilities. Network communications in Teams are encrypted by default, and therefore provide a safe medium to conduct discussions virtually. The meetings were accessible by unique invite link only.

Post-focus group survey

An online survey was created using Qualtrics (2020) and sent to focus group participants after participation. Participants were asked to rank the six discussion themes (See Figure 1) from most to least important. Participants could elaborate on their ranking in a free-text box. They were asked to 'elaborate on their ranking in 5–10 sentences'. These data were analysed to gain insight into participants' decision-making processes when ranking

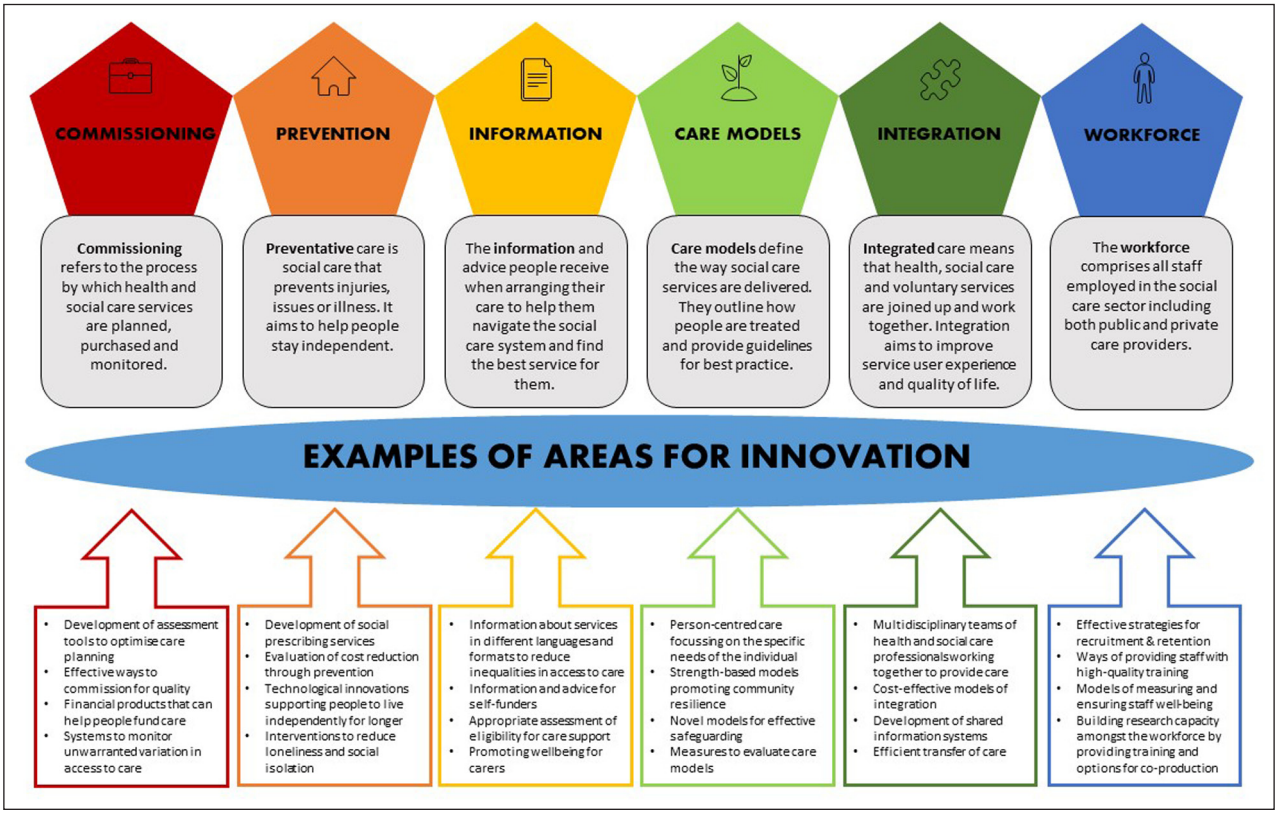

Figure 1 Visual Representation of the Six Discussion Themes based on the Care Act 2014.

using content analysis. Additional data on accessibility, online communication, and social participation were collected, which have been reported in Keemink et al. (2022).

Procedure

In advance of the focus groups, participants were sent a prompt email containing the visual that introduced the potential themes areas of the focus groups (Figure 1). Participants were asked to formulate which themes they would deem a priority area for social care research and implementation in their local area. They were also prompted to think about local innovative policies and interventions relating to these themes that could potentially benefit from further evaluation or implementation.

Participants accessed the focus groups with a unique invite link and entered the Microsoft Teams meeting through a waiting room to ensure that only invited participants would have access. Each focus group included a maximum of seven participants, with four research staff present. All meetings started with a short introduction by the lead researcher reiterating the aims of the study and explaining the order of events. Subsequently, screen recordings were started. The discussion revolved around the identification of examples of innovative policy and practice developed locally that could benefit from research support with further evaluation and/or implementation. Participants were encouraged to think about which research questions would support their practice. Once the discussion had concluded, the recording was stopped. Participants were reminded about the post-focus group survey and thanked for their time. Focus groups took place between June and October 2021 and did not last longer than 2 hours. Participation of professionals was voluntary. Members of the public each received a £20 Love2Shop® voucher as remuneration.

Analysis

Onwuegbuzie et al. (2009) provide a comprehensive framework for the analysis of focus group data, from which a tape-based analysis was deemed most appropriate for the current study. We created an abridged transcript of the video-recordings of the seven focus groups to centre the analysis around data relevant to the research question. Data were analysed at the aggregated level. The transcripts were examined for content that expressed a specific research priority for the region. Each identified research priority was treated as a separate meaning unit and formulated as a research question. Subsequently, each meaning unit was categorised as one of the six themes (Figure 1). Categories were allocated by two researchers, and disagreements were discussed and resolved with a third party if necessary. Examples of the categorisation process are provided in Table 3. Frequency of themes was analysed to establish an order of priority.

We used the Consolidated Criteria for Reporting Qualitative Research (COREQ, Tong et al., 2007) for presenting the analysis. We followed a top-down

	TRANSCRIPT	MEANING UNIT	CATEGORY
Example 1	"Sometimes we take people on and then refer them back to reablement services. Sometimes they are due for discharge. Sometimes they come to us and people don't really know who we are. It's a lot of work for people who often don't stay very long. The service has a place. The service just needs to be finetuned."	How can we ensure that discharge to assess referrals are made appropriately?	Integration
Example 2	"Carers are identified when the person they are caring for has some kind of emergency. Has got to go into hospital or something. And all of the sudden, they find out that they have been acting as a carer. Nobody knew. Why are they not identified sooner?"	How can preventative identification of carers be realised before reaching crisis point?	Prevention
Example 3	"All the issues that we speak about is going to be totally rested on the shoulders of the fact that we don't have enough people working in social care in the first place."	How can we sustainably recruit and retain people to the social care workforce?	Workforce

Table 3 Examples of the Qualitative Content Analysis Process.

approach when analysing the transcripts, based on theme area (see Figure 1) in correspondence with the focus group discussion guide. When each meaning unit had been categorised, discussions were analysed for frequency of themes discussed, which yielded the following order of frequency (1 = most discussed, 6 = least discussed). A ranking was created in line with the frequency the corresponding theme area was discussed.

The quantitative online survey findings were analysed in Microsoft Excel. The qualitative data deriving from the open-answer questions were analysed for content complementing the quantitative survey data. A ranking of theme areas was made by scoring each response and ordering the theme areas by average score (higher score indicates higher ranking).

RESULTS

CONTENT ANALYSIS OF THE FOCUS GROUP DISCUSSIONS

Table 4 presents the descriptive statistics of the order of frequency. Research questions related to Care Models and Information were discussed most frequently, followed by Integration and Prevention. The themes Workforce and Commissioning had the lowest frequency of discussion.

Subsequently, meaning units extracted from the transcripts were examined for overlapping research questions, resulting in a final list of 46 research questions having priority for local care systems and the public in Kent, Surrey and Sussex, presented in Appendix 1. The coding tree representing the content analysis can be found in Appendix 2.

ANALYSIS OF SURVEY DATA

The post-focus group data consisted of both quantitative data (ranking of research priorities) and qualitative data (free-text elaboration on ranking). The ranking data were analysed in Excel and provided an additional measure of participants' research priorities for adult social care. The survey was completed by 28 of the 44 participants (64% response rate, similar to Matthews et al., 2018).

CATEGORY/THEME	FREQUENCY	%
1. Care Models	48	28.2
2. Information	37	21.8
3. Integration	29	17.1
4. Prevention	25	14.7
5. Workforce	16	9.4
6. Commissioning	15	8.8

Table 4 Themes Discussed during Focus Groups in Order of Frequency.

CATEGORY/THEME	AVERAGE SCORE
1. Prevention	4.4
2. Integration	4.2
3. Commissioning	3.6
4. Care Models	3.1
5. Workforce	2.9
6. Information	2.8

Table 5 Ranking as Established Through Online Survey.

Ranking

Participants were asked to rank the six themes informed by the Care Act 2014 (See Figure 1) according to what they thought should be priority themes for research and implementation in adult social care in Kent, Surrey and Sussex. Table 5 shows the average ranking based on the survey results (higher score indicates higher ranking).

Qualitative survey data

Analysis of the content of the free-text fields revealed the following insights:

- Professional relevance
  The data revealed that some participants based their ranking on the relevance of the six themes to their professional practice. One participant ranked Care Models their number one priority, because "*Care models relates most closely to my area of work*." Another participant "*My profession is ideally placed for Prevention and I think utilising it better will be beneficial across services*."
- Reference to national structures
  Other participants were guided in their ranking by priorities expressed by The Department of Health and Social Care and regulatory bodies from the care sector. This illustrated by the following quote from a participant explaining their first choice: "*Integration is central to the Social Care White Paper and the new CQC inspection strategy also highlights the importance of partnership working*."
- Equal importance
  It also became evident that participants found it challenging to rank the six themes when asked explicitly, because the themes seemed of equal importance to them. One participant wrote: "*It is very hard to prioritise these – they are all essential*."
- Inter-relatedness
  Another reason for experienced difficulties with ranking the themes was that participants considered them inter-related. Their apparent overlap hindered the ranking process, as demonstrated by the following participant quote: "*It's hard to disaggregate these in a complex system*."

These insights into participants' decision-making processes helped put the data in context, which we will elaborate on in the Discussion section. Additionally, the qualitative survey data delineate participants' reasonings about why each theme is important. Table 6 presents participant reasons reported per theme.

DISCUSSION

The current study extended the literature by taking a bottom-up approach to the identification of regional stakeholder-informed research and implementation priorities for adult social care. Previous priority-setting studies within adult social care are scarce and, although valuable, focussed exclusively on national priorities and did not always include stakeholders from the outset (Cowan et al., 2021; Cyhlarova & Clark, 2019; James Lind Alliance, 2018). This study was designed within the Applied Research Collaboration Kent, Surrey, and Sussex (ARC KSS), supporting applied health and care research that responds to and meets the needs of local populations and care systems. We aimed to identify regional research priorities that would subsequently inform the development of novel research projects in consultation with stakeholders. The process of identifying research and implementation priorities can support researchers to design studies that are most likely to benefit local stakeholders as well as safeguard the relevance and legitimacy of the research topic (Grill, 2021). Moreover, involving stakeholders from the outset provides opportunities for successful and meaningful implementation of subsequent research findings (Dunckley et al., 2014; Patel et al., 2021; Rehfuess et al., 2016). We employed a mixed-method empirical design, using focus groups and online surveys for data collection, involving a wide range of adult social care stakeholders.

Corresponding with our main aim, we were able to produce an extensive list of 46 actionable research questions that reflect the priorities of the local adult

THEME	PARTICIPANTS' QUOTES EXPLAINING IMPORTANCE
Prevention	"Too often, clients arrive at our doorstep in a position of need that has been allowed to escalate to a crisis point due to lack of effective early intervention." "I think more should be done to help people to stay well and get help with lower-level issues to avoid escalations."
Integration	"Better integration of services would lessen the chances of people falling through the gaps." "We need to ensure that planned integration is a genuine benefit and is designed with an evidence base in mind."
Commissioning	"Commissioning is important – we need to ensure we have the right services for all." "Commissioning the right services in the first place is crucial."
Care Models	"We need to think differently about care models moving away from traditional models of care to think more creatively about how we can better meet people's needs." "I prioritised Care Models as I am interested in what 'person-centred truly means in practice, and how this is evaluated."
Workforce	"Workforce should be a priority as organisations, systems, working practices etc are only as effective as the people within them and applying them." "Workforce is key to it all, without a valued workforce paid at a reasonable rate, the rest won't be able to be addressed."
Information	"A good number of clients are unaware that most services are chargeable until financial assessment." "The system is hugely complex to navigate. Accessing accurate and timely information about what adult care services are available is so important."

Table 6 Ranking as Established Through Online Survey and Elaborations.

social care sector and the local public (See Appendix 1). The identified priorities were validated during an online symposium event during which participants of the focus groups could reflect and comment. The research questions identified in this study aligned with findings from previous priority setting exercises to some extent, primarily in relation to integration between health and social care services. For example, the Adult Social Work Top 10 published by the James Lindt Alliance (2018) includes the question '*Does partnership working between adult social workers and other health and social care professionals result in better outcomes for people using services?*', and similarly, Cyhlarova & Clark's (2019) list of 30 priority research questions includes '*Focussing on the perspectives of adult social services, their users and carers, what approaches to integrate working with a range of public services are effective and cost-effective?*'. As an extension, we present additional research questions on the topic of integration, highlighting specific settings and stakeholder groups. Overlap with Cowan et al. (2021) was less apparent, potentially due to their specific focus on rapid evaluation. There was more substantial correspondence between the findings from the current study and the priorities identified by Cyhlarova & Clark (2019). Both studies include a longer list of priorities and focussed on the wider social care context, rather than exclusively on social work. However, the current study offers a novel bottom-up approach, including stakeholders from the outset to ensure reflection of the needs of the social care system. Furthermore, by gathering data in a regional context, we were able to reflect region-specific priorities. For example, we identified several questions relating to strengths-based care practice. Interestingly, Cyhlarova and Clark (2019) highlighted that they expected more specific research priorities on strengths-based working in the years following their publication.

RANKING PRIORITY AREAS

The study's mixed-method design generated an interesting pattern of results by gathering data on the ranking of research priorities in two distinct ways. Bryant et al. (2014) note that a mixed-method approach allows for the ability to capture the complexity of the studied phenomena and offers stakeholders multiple avenues for input.

The ranking based on focus group discussions differed from the ranking based on survey responses (See Table 4 and 5). There were two notable differences. The first one relates to the placement of 'Prevention' and 'Care Models'. Survey respondents ranked 'Prevention' as their first priority, whereas this was ordered fourth based on the focus group discussions. Similarly, 'Care models' was ranked first following the focus group discussions, and fifth based on survey responses. The second difference between two rankings comprises the placement of 'Information' and 'Commissioning'. Focus group analysis identified 'Information' as second priority, whereas 'Information' was placed last based on the survey analysis. 'Commissioning' was ranked last in the focus group analysis and ranked third based on the survey responses. There are several explanations for these discrepancies. Firstly, participants' elaboration of ranking decisions indicated that they experienced difficulties ranking the priority areas, as all areas were viewed as essential for further research. A sector in crisis (Alderwick et al., 2019) in combination with underdeveloped research capacity (Rainey et al., 2015) may explain why stakeholders express difficulties establishing an order. Secondly, different ways of measuring priority may have led to slightly different results. In the survey, participants were explicitly asked to rank the themes, whereas in the focus group discussions, we used the implicit measurement of frequency of discussion. Lastly, the survey ranking was based on participants' understanding of the different themes, whereas the ranking derived from the focus groups was based on researchers' deductions of discussion topics. It is possible that there was a difference in understanding of the themes between participants and researchers, despite the explanatory visual (See Figure 1). The higher-order themes were of a more abstract nature, which can potentially be experienced as confusing. Moreover, the themes cannot be seen as completely unrelated, which further complicated the process. Indeed, participants commented on the inter-relatedness of the themes. Ultimately, these discrepancies do not devalue the findings, but rather underline that it is insightful to use a mixed-method design and offer stakeholders various ways of providing input.

Despite the identified differences in ranking, other themes showed a similar pattern. 'Workforce' consistently occurred in the bottom half of the ranking order. The theme 'Integration' was consistently top ranked across the methods, indicating that this is a significant priority for research. The content analysis revealed that a lack of integration within social care and between health and social care is a notable issue and knowledge on facilitation and effectiveness of integration is required. These findings will be considered in the selection of the research questions for primary funding proposals. However, it is important to reiterate that from both the focus group discussions and the survey responses, it became evident that all themes have priority for research. The research questions identified reflect the issues most relevant and urgent to local care systems within Kent, Surrey and Sussex, and provide an important foundation for social care researchers. Regional prioritisation is informative, and it allows for the identification of context-specific stakeholders, but it is likely that the identified priorities carry relevance for other areas across England.

IMPACT

Bryant et al. (2014) highlight that none of the priority setting studies included in their review assessed whether identified priorities had the potential to impact policy or practice, whereas the principal aim of priority setting exercises in research is to inform the design of relevant studies to support evidence-based practice (Grill, 2021).

Prioritisation studies can identify areas of activity (in social care) that can most benefit from research, but to realise that potential, account needs to be made of the capacity to undertake research in that area (or to address the identified priority questions), reflecting that the feasibility and cost of research will vary between topics. Prioritisation is the start of a process in this regard, leading to a range of possible consequences, including: 1) development of research funding applications, 2) setting-up stakeholder engagement activities to support the research (such as Communities of Practice), 3) securing meaningful contribution to the research from people with lived experience, helping to co-produce any research, and 4) ongoing networking with parties interested in outcome of the research.

STRENGTHS AND LIMITATIONS

This study builds on previous studies by exploring regional as opposed to national research priorities. It allowed us to uncover more specific research questions that truly reflected the needs of the local and regional care systems and care recipients. Furthermore, the project was strongly rooted in meaningful stakeholder engagement and involvement. Input from stakeholders was the starting point for each step in the priority setting process, which is still too often overlooked (Roche et al., 2021). This did not only support later impact and implementation, but also ensures the subsequent research and findings will be relevant to practice and public.

The process of stakeholder-informed priority setting is not comprehensive. Naturally, qualitative preference studies will reflect the views of the people participating in the study. There are limits to which the results can be generalised. Nevertheless, we have endeavoured to be thorough by organising online focus groups in several localities within the region, as well as optimising our recruitment strategy to target a wide variety of stakeholders. This study focused on the Kent, Surrey, and Sussex region, for which we were able to recruit a good cross-section of participants. Although context is important (and that differs geographically), it is not difficult to speculate that similar priorities exist in other parts of England. During focus group discussions, participants often spoke in general terms rather than discussing particular context-specific issues, suggesting generalisability to some extent. Future studies might want to focus on smaller geographical areas to bring out local needs even further.

There are also limitations to the methods we used. We approached the ranking of priorities only at a higher-order theme level, and not at the level of the specific questions. Moreover, there are more nuanced techniques for preference elicitation and ranking. Time and capacity constraints resulted in the selection of a straightforward approach. Nevertheless, we fulfilled our main aim of identifying priority research questions, and these were validated during an online symposium with participating stakeholders. Furthermore, we did not explore differences between the participating localities, or differences between social care professionals and members of the public. These are potential questions to explore for future research.

CONCLUSION

In this multi-method study, we identified stakeholder-informed priorities for adult social care research in Kent, Surrey, and Sussex with the aim of gaining information on the regional research agenda. Overall, there was consistency between the findings of the qualitative and quantitative methods, with some highlighted exceptions. Research into optimising integration within social care and between health and social care was identified as a key priority for the area. The extensive list of research questions produced in this study can support social care researchers to conduct relevant studies that address pressing issues for care systems and the public.

DATA ACCESSIBILITY STATEMENTS

The data that support the findings of this study are available from the corresponding author, JK, upon reasonable request.

ADDITIONAL FILE

The additional file for this article can be found as follows:

- **Appendixes.** Appendix 1 to 2. DOI: https://doi.org/10.31389/jltc.208.s1

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COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR CONTRIBUTIONS

Jolie Keemink: Conceptualisation, Methodology, Investigation, Formal analysis, Writing (Original Draft), Visualisation. **Rebecca Sharp**: Conceptualisation, Investigation, Writing (Review & Editing). **Alan Dargan**: Resources, Project administration. **Julien Forder**: Conceptualisation, Methods, Investigation, Writing (Review & Editing), Supervision.

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