

ESRC-NIHR dementia research initiative 2018 Full proposal call (invitation only) Call specification

This invitation-only call is open to applicants who have been invited to submit a full proposal under the ESRC-NIHR Dementia Research Initiative 2018 call. All uninvited or ineligible applications will be rejected.

Summary

This initiative will fund large grants which will be national or international focal points for social science research in dementia, making a significant contribution to scientific, economic and social impact.

We will fund social science research to support innovation in dementia prevention, care provision and service organisation, including the reduction of risk, the development and implementation of interventions, and the delivery of care. Research should advance methodology and social science theory in dementia research and support active career development, particularly for postdoctoral researchers. It should inform health and social care practice and policy relating to dementia, supporting people in their communities and making a difference to the lives of people with dementia and their carers and families.

Proposals are expected to be between £2 million and £5 million (at 100% full economic cost), with a duration of between 36 and 60 months.

The call will operate a two-stage process. Applicants shortlisted in the outline stage are invited to submit full proposals no later than **16:00 on 18 July 2018**. Full proposals will be subject to academic and user peer review. Final funding decisions will be available in late October 2018, and grants must start on 1 January 2019.

Background and scope

There are 850,000 people with dementia in the UK, with numbers set to rise to over 1 million by 2025, and an estimated 670,000 people acting as primary carers for people with dementia. Diagnosis rates vary within and between UK nations. The total cost of dementia to society in the UK is estimated to be £26.3 billion¹.

The ESRC and the National Institute for Health Research (NIHR) share a growing collaborative portfolio in dementia research, recognising the value of bringing together theoretical understanding and social context with clinical application and policy development.

In 2012 the ESRC and the NIHR collaborated to fund a £20 million research initiative to build social science capacity and engagement in dementia research.

¹ Alzheimer's Society UK Dementia Report update 2014.
https://www.alzheimers.org.uk/info/20025/policy_and_influencing/251/dementia_uk

The challenge to prevent and delay the onset of dementia continues, as does the need to manage dementia as a chronic condition so that people affected by dementia can have the best possible quality of life. Building on the success of the 2012 dementia research initiative, we will fund a new ESRC-NIHR call making up to £17.5 million available for research to inform health and social care policy relevant to dementia and advance methodology and social science theory in dementia research.

Research will address:

- dementia prevention and reduction of risk
- development and implementation of interventions
- innovation in care provision, care delivery and service organisation, supporting people with dementia and their carers to live well and live independently.

We take a broad view of health and social care arrangements, to include both statutory and non-statutory providers as well as wider care arrangements. This spans, but is not limited to:

- care settings (such as GP surgeries, hospitals, care homes, community groups, homes)
- care givers (nurses, families, professional care staff, doctors, self-care)
- care providers/funders (NHS, local government, private sector, third sector).

We also recognise the importance of interfaces with other services and organisations not usually associated with providing care, but which impact on people's lives, including the transport, leisure and retail sectors.

Similarly, we encourage broad use of the terms 'care' and 'carers', referring to interventions, services and arrangements at any stage of dementia, including end of life, that support people with dementia and their carers and families. Interventions may target social, psychological, educational or behavioural aspects, often referred to in some contexts as nonpharmacological or ecopsychosocial². Care provision may encompass modern, complex and atypical caring relationships and funding including both paid, funded and unpaid arrangements and self-funders, and approaches taken by people with dementia and their families to organise their own care.

Definition of dementia

This call will adopt the definition of dementia originally outlined in the Department of Health's National Dementia Strategy:

'The term 'dementia' is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms which cause problems in themselves, which complicate care, and which can occur at any stage of the illness.

² Ecopsychosocial Interventions in Cognitive Decline and Dementia, Zeisel J et al, 2016. <http://journals.sagepub.com/doi/full/10.1177/1533317516650806>

The main sub-types of dementia are: Alzheimer's disease, vascular dementia, mixtures of these two pathologies ('mixed dementia') and rarer types such as Lewy body dementia, dementia in Parkinson's disease and fronto-temporal dementia. The term 'Alzheimer's disease' is used sometimes as a shorthand term to cover all forms of dementia.'

The scope of this call extends to research relevant to profound cognitive impairment without a diagnosis of dementia where this has a significant impact on function, wellbeing and independence. This may be particularly relevant when considering inequalities and the most vulnerable. For the purposes of this call, Mild Cognitive Impairment (a term used to describe some loss of memory but without any clinical symptoms of dementia) may be included only where it is considered as an indication of developing dementia; for example, as an intervention point to prevent the development of dementia or slow its progress.

A proposal could address a very specific type of dementia, but the 'case study' dementia in question should illustrate wider social issues; for example, a proposal addressing inequalities through a specific type of dementia would likely be relevant to a broader population of people with dementia or cognitive impairment.

Call details

The structure of a grant is flexible and may comprise:

- a team of researchers in one or more organisations
- researchers from a number of disciplines within and beyond the social sciences
- a 'hub and spokes' model where the team is mostly in a lead organisation but works closely with experts or groups at different institutions.

Proposals are invited in the following areas:

- **Prevention** based on an understanding of risk or protective factors and how best to effect changes in behaviour at a population level to lessen the risk of developing dementia, delay onset and slow progression. This may include: prevention strategies identifying influences and inequalities throughout the life course that shape cognitive function in older age; overcoming issues around early presentation of a condition that carries stigma and fear; and understanding the impact of awareness and modification of lifelong lifestyle behaviours on cognitive decline. Research should not be limited to information and awareness-raising and should support risk reduction through behaviour change and interventions.
- The development of **interventions** supported by underpinning social science research with outcomes such as slowing cognitive decline and supporting greater social inclusion, so that people affected by dementia have the best possible quality of life. Research should inform cost-effective care models tailored for the population in need, and consider carer involvement and support as well as the person with dementia. We want to understand why interventions are effective, to test the mechanism as well as the outcome, to inform contextual factors and enable replication. Research on technology to enable independent living and improve quality of life is in scope, but is not a specific priority area in this call.

- **Care delivery** and support looking across care settings, care givers and care providers to deliver the right service in the most appropriate place at the right time, including people who are not in contact with services. Research should take account of the interactions between the person with dementia, family, carers, the environment, the health and social care system and wider services, considering how to smooth transitions between services and sectors and prevent referrals where they can be avoided for the benefit of the person with dementia.

A core interest in this call is inequalities, and applicants are encouraged to consider the needs of the most vulnerable groups and the role and impact on inequalities. This includes addressing inequalities in access to diagnosis, treatment and care, in the outcomes for people affected by dementia, and inequalities that affect the risk of developing dementia or slowing its onset and progression.

Support for carers and workforce supply, education and training, and quality of the workforce are relevant in all aspects of this call. Connected to this are interests in awareness of and attitudes towards prevention, diagnosis and care, including stigma, and approaches taken by people with dementia and their families to organise their own care. Research to maximise the benefits of seeking and receiving a diagnosis relevant to dementia prevention, intervention and care is also encouraged, particularly in the context of rising and variable diagnosis rates.

Research is needed to inform integration of services and the delivery of a holistic package of dementia care and support both within and beyond the health and social care system in the UK, across services, sectors and disciplines. There is a need to address issues inherent in transitions between services while considering implications for other sectors such as, for example, transport, employment, benefits, housing and the built environment. Some of these issues are discussed in the Government's Future of an Ageing Population Foresight report, published in 2016: <https://www.gov.uk/government/publications/future-of-an-ageing-population>

We encourage applicants to include research to understand the role of individual and organisational behaviours and develop solutions which integrate methods to change behaviour where appropriate. Responses to increasing prevalence of dementia and multi-morbidities across prevention, self-care, carer support and service models are particularly of interest.

Proposals are not restricted to the detail of information provided above, as long as the proposed research fits the broad scope of the call.

It is not anticipated that one proposal should cover all areas, but proposals can address more than one area and should consider the links between prevention, interventions and care delivery.

Applicants may wish to refer to the **Dementia research roadmap for prevention, diagnosis, intervention and care by 2025**, published by the Alzheimer's Society in January 2018, which highlights research goals and priorities in the areas of prevention and diagnosis of dementia, and interventions and care for people with dementia: www.alzheimers.org.uk/researchroadmap

All proposals should describe how the research will add to the existing body of social science research in dementia and connect to current best practice, building in opportunities for international collaborative and/or comparative work where appropriate. The research agenda requires an interdisciplinary approach within the social sciences and, where appropriate, interdisciplinary partnerships with non-social science disciplines.

It is important that the research has strong potential for impact both in terms of policy and practice and in making a difference to the lives of people with dementia, and their carers and families. All communication, engagement and impact activities must be planned in detail and properly resourced. It is recommended that approximately 10% of the overall budget should be dedicated to delivering the project's impact strategy outlined in the Pathways to Impact attachment.

Grants should specifically enable early career researchers to move towards becoming independent researchers in this field, and help to build and develop social science methods in dementia research.

A successful grant is expected to:

- be a national or international focal point for social science research where researchers can collaborate on long-term projects
- involve potential users of research
- include meaningful patient and public involvement
- support an active career development programme aimed at building research capacity
- make a significant contribution to scientific, economic and social impact
- develop innovations in social science theory, methods or application
- build on international collaborative and/or comparative opportunities.

Please see the Je-S guidance notes for this call for information on support available from NIHR groups to assist applicants in developing, designing and writing research proposals.

Collaboration including patient and public involvement

We encourage potential applicants to think innovatively about interdisciplinary aspects and international collaborative and/or comparative approaches.

To help maximise impact on policy and practice, partnerships with non-HEI organisations are strongly encouraged and applicants should include details of collaborations in their proposals. The inclusion of UK business, third sector or government body co-investigators, patient and public involvement co-investigators and project partners in proposals is encouraged. Please refer to the Je-S guidance notes for this call for more information: <https://esrc.ukri.org/funding/funding-opportunities/esrc-nihr-dementia-research-initiative-2018/>

Involving people with an understanding of dementia means involving those with dementia and the public (who are potentially people with dementia now or in the future), carers, family and friends. People with dementia, families and carers have expertise which comes from their lived experience of dementia. We believe that patient and public involvement is essential in developing research ideas into study proposals, advising on or participating in undertaking the research once underway, and in assessing and reviewing research proposals.

It is expected that proposals to this call will have given due consideration as to how to appropriately involve patients and relevant members of the public in their research proposal. We are particularly interested in those proposals which, while challenging, seek to develop patient and public involvement (PPI) strategies that are inclusive of hard-to-research groups.

Applicants will need to outline their approach and budget for patient and public involvement in an attachment to their proposal.

There is a wide range of supporting materials available to draw upon when developing your approach to patient and public involvement and organisations that can advise on methods for involving patients and the public. Please see the guidance for applicants on involving patients, families and carers: <https://esrc.ukri.org/funding/funding-opportunities/esrc-nihr-dementia-research-initiative-2018/>

Career development and capacity-building

A crucial element of the call will be to maintain the traction and capitalise on the existing social science capacity built in this field, in particular at postdoctoral level, in order to develop future generations of highly skilled dementia research leaders. The development and application of social science methods to dementia research is also important, and applicants are encouraged to demonstrate how their research will contribute to advancing methodology.

There are a range of career development opportunities, capacity-building activities and methods advancement that could be incorporated in the proposal. We expect these kinds of approaches to be summarised in the outline and addressed in detail in the full proposal.

Proposals should specifically enable early career researchers across the social science disciplines, particularly at the postdoctoral level, to move towards becoming independent researchers in this field. This may include leading workstreams with supervision or the development of a training and mentoring programme as a workstream embedded within a grant or designed in a way that can support early career researchers to engage across the ESRC-NIHR initiative. We welcome innovative approaches to early career researcher development.

The inclusion of associated studentships is permitted. For further information see ESRC associated studentships guidance - <https://esrc.ukri.org/funding/guidance-for-applicants/associated-studentships/>

Applicants should note that up to three associated studentships may be applied for on any single proposal. Exceptionally, proposals including more than three associated studentships will be considered, provided that a strong justification for capacity-building in a particular area is supplied. Associated studentships must be embedded in an ESRC Doctoral Training Partnership or Centre for Doctoral Training and study on an accredited pathway. The total cost of the studentships must be included in the total costs for the grant, and within the maximum £5 million funding envelope. A separate case for each associated studentship for which ESRC funds will be used must be submitted with the proposal.

We will also be looking for evidence of institutional commitment and contributions to hosting a grant, for example, through the provision of grant-associated parallel activities and capacity-building. This institutional commitment will need to be outlined in the Case for Support in the proposal form, and detailed at the full proposal stage.

Eligibility

The call is open to applicants from across the UK. Principal investigators (PIs) must be based at a research organisation eligible for Research Council funding (<https://www.ukri.org/funding/how-to-apply/eligibility/>). This includes UK higher education institutions that receive grant funding from one of the UK higher education funding bodies and NHS Trusts, Hospitals, Boards, Primary Care Trusts and GP Practices. Applicant organisations must be registered on the UKRI's Joint Electronic Submission (Je-S) System (<https://je-s.rcuk.ac.uk/>).

Proposals may include international co-investigators, UK co-investigators from business, civil society or government bodies and patient and public involvement co-investigators. All principal and co-investigators must be registered on Je-S. Please see the Je-S guidance notes for this call: <https://esrc.ukri.org/funding/funding-opportunities/esrc-nihr-dementia-research-initiative-2018/>

It is likely that successful proposals will be led by experienced researchers who have a well-established publication track record within their field of study, and where we can be assured of their ability to manage a large-scale research project. The researchers leading the grant must be able to manage a potentially diverse group of collaborators, support the career development of all staff on the grant, and lead embedded early career development activities. The amount of time required to be spent on the grant by the PI and co-investigators may be costed into the proposal. Applicants are asked to explain how they will provide leadership to a potentially diverse group of collaborators, how the proposed programme of activities and its outputs will be managed and the role and function of any advisory or management groups in an attachment to the proposal.

Funding

Proposals are expected to be between £2 million to £5 million (at 100% full economic cost), with a duration of between 36 and 60 months. These limits are set in terms of the full economic cost of the grant as estimated using the full Economic Cost procedures. We will, with agreed exceptions, only fund 80% of this cost, and the balance must be guaranteed by the research organisation.

The final decision on how many grants will be funded will depend primarily on the quality of the proposals and will also be informed by the availability of funds. We may make a strategic decision on the proposals to support, within the excellent proposals.

Intervention and NHS costs

For guidance on costings relating to interventions and NHS costs, and specifically the funds that may be requested as part of the grant proposal, please refer to 'Interventions and NHS Costs' in the Je-S guidance notes for this call: <https://esrc.ukri.org/funding/funding-opportunities/esrc-nihr-dementia-research-initiative-2018/>

Applicants whose research will include NHS costs or non-NHS intervention costs are required to attach a completed 'Additional Costs Form: NHS Support and Treatment costs'

to the Je-S form. A 'Letter of Support' from the lead NHS provider acknowledging the amount requested and confirming that these are the likely costs must also be included with the proposal.

Research ethics

The ESRC requires that the research we support is designed and carried out to a high ethical standard, it meets our core principles and is subject to proper professional and institutional oversight in terms of research governance.

We expect applicants to have thought about the potential ethical implications of their research during the lifecycle of the project (including knowledge exchange and dissemination), how these will be addressed, what measures will be taken for ongoing review, what type of ethics review is required and how the review will be secured.

All applicants must comply with the ESRC Framework for Research Ethics

<https://esrc.ukri.org/funding/guidance-for-applicants/research-ethics/> and the RCUK policy and guidelines on the governance of good research conduct <https://www.ukri.org/about-us/policies-and-standards/research-integrity/>

How to apply

Proposals should be made via the UK Research and Innovation Joint Electronic Submission (Je-S) System (<https://je-s.rcuk.ac.uk/>) and submitted to the ESRC by **no later than 16.00 on 18 July 2018**. They must be costed and approved by the relevant institutional authority before submission.

The Je-S guidance notes for applicants provide details on the information that they will be required to submit as part of their proposal. All applicants should consult the ESRC Research Funding Guide: <https://esrc.ukri.org/funding/guidance-for-applicants/research-funding-guide/> which sets out the rules and regulations governing funding.

Selection criteria

Assessment of the proposals will be made on the basis of scientific quality and contribution to the aims of the initiative including social and economic impact, as well as the strength of the capacity-building and methodological elements of the proposal.

Only proposals that meet the following criteria are likely to succeed:

- scientific excellence including the strength of the proposal to advance social science theory in dementia research
- contribution to the aims and strategic objectives of the initiative including the potential for significant social and economic impact, and the involvement of potential users of research
- inclusion of the required academic and partner expertise to carry out the proposed research and deliver its expected outcomes
- meaningful and sufficiently resourced patient and public involvement
- active career development for all staff with specific support for early career development
- social science methodological development in dementia research
- international collaborative and/or comparative work, where appropriate
- value for money.

Scientific excellence is the primary criterion and is essential. We may make a strategic decision on the proposals to support, within the excellent proposals.

Panel feedback following the outline stage

The panel observed the following points after considering the outline proposals, which applicants should address in their full proposals:

- The summary of the research must be suitable for a lay reader to understand.
- Applicants must explain how the proposed research will complement, add to and not duplicate the existing body of knowledge and practice.
- Applicants must demonstrate and distinguish between patient and public involvement in the development and delivery of the research and the public value of the proposed research.
- When a proposal addresses inequalities, applicants should clearly outline what the proposed research will deliver and what difference it is expected to make for seldom heard and vulnerable groups.
- Early career researcher development should be clearly embedded in the proposed programme of work.

Assessment of proposals

Proposals will be assessed by a commissioning panel with appropriate expertise. The panel will include academic experts, non-academic research users and people with dementia/carers/families/members of the public.

Full proposals will be subject to academic and user peer review. Anonymised reviewer comments will be sent to applicants for written response. Full proposals will be considered by the panel before final recommendations and funding decisions are made.

Commissioning timetable

- Shortlisted applicants invited to submit full proposals – late May 2018
- **Deadline to submit invited full proposals – 18 July 2018**
- Deadline for applicant's response to reviewer comments – September 2018
- Funding decisions announced – late October 2018
- Grants start – 1 January 2019

Contacts

For further information about the call please contact:

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For queries relating to the Joint Electronic Submission (Je-S) System please contact the Je-S Helpdesk: jeshelp@rcuk.ac.uk