

Engaging in research and practice collaboration: Lessons from six adult social care research capacity partnerships

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This report is an output of a collaboration between representatives from six capacity building projects funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research Programme, including:

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The briefing aims to demystify the research and practice collaboration landscape for practitioners, managers, or commissioners interested in research. It draws on insights from the contributors listed above who have experience developing, implementing, and evaluating research and practice collaborations to help social care organisations and individuals assess what's right for them.

Introduction

Research evidence can have wide-ranging applications in social care, including informing policy and practice, developing occupational standards or training, changing priorities, influencing day-to-day care decisions or commissioning, and building research capacity.

However, research activity has traditionally been low within social care compared to health. Different approaches to research capacity building and the production of practice relevant research are currently being explored within UK Adult Social Care (ASC). The [National Institute for Health and Care Research \(NIHR\)](#) is funded by the Department of Health and Social Care to promote health, public health, and social care research to improve outcomes for patients and the public. More recently, bringing social care explicitly under its strategy, the NIHR has introduced a range of capacity building initiatives for social care practitioners and targeted capacity building awards. NIHR is investing in its infrastructure to strengthen the capacity of social care practice to engage, collaborate and lead research, through the [NIHR Academy](#), the [School for Social Care Research \(SSCR\)](#), the [Research Delivery Network \(RDN\)](#) and the [Applied Research Collaborations \(ARCs\)](#).

Those working in social care may feel overwhelmed by the range of funding coming from funders, including the NIHR, and the multitude of names and terminology for new roles and forms of collaboration. They may also not follow up opportunities for fear that the world of research is not for them. This briefing seeks to demystify some of the landscape for those in social care, be it practitioners, managers, or commissioners, who are interested in practice-led research and evidence-informed practice. Greater use of evidence in decision making, alongside knowledge acquired through practitioner and lived experience, can lead to better outcomes for staff and people who use services. How best to do this in your organisation will be context and resource specific.



Contributors to this briefing are drawn from six research and practice collaborations funded through the Adult Social Care Partnership call under the NIHR's Health and Social Care Delivery Research (HSDR) Programme. Names and website links for information on these projects is detailed in the table below:

Kent Research Partnership	https://research.kent.ac.uk/chss/kent-research-partnership/
The Curiosity Partnership	https://www.curiositypartnership.org.uk/
Creating Care Partnerships (CCP)	https://transforming-evidence.org/projects/creating-care-partnerships
Peninsula Adult Social Care Research Collaborative (PARC)	https://www.plymouth.ac.uk/primary-care/peninsula-adult-social-care-research-collaborative
Social Care Research in Practice Teams (SCRiPT) project)	https://scriptstudy.org/
ConnectED project	https://www.researchinpractice.org.uk/adults/content-pages/open-access-resources/connected/

Below we will describe some of the different approaches to research and practice collaboration that are currently operating within UK Adult Social Care. Based on our experiences of developing, implementing, and evaluating these different forms of research and practice collaboration, we set out some key insights to help organisations and individuals assess what's right for them.

What are the different ways that social care may engage more with research?

There are a variety of ways that social care organisations and practitioners might want to collaborate with universities and academics. This can take the form of individual roles for practitioners and researchers, and/or collaborations between a diverse membership across research, social care practice, and experts by experience. These often involve building relationships, taking part in joint activities, and pooling skills, experiences and knowledge for the purpose of conducting and using research. Practitioners can engage in research in diverse ways, including as:

- Users of research (e.g. keeping abreast of evidence, synthesising evidence, using evidence within practice, taking part in journal clubs, conferences)
- Supporters of research (e.g. promoting or championing research)
- Collaborators in research (e.g. as partners or co-applicants)
- Leaders of research (e.g. leading research grants)





Individual roles for social care practitioners and researchers

Integrating research into the social care practitioner role often happens through research training and opportunities to spend part of their week on research and part on practice. There are currently a range of individual capacity building awards available, which seek to facilitate the provision of skills training and the development of these roles. These include individual awards (previously called fellowships), which are offered at the predoctoral, doctoral, and postdoctoral level. There is one application portal, but there is ring-fenced funding and a specialist committee for applications from employees of Local Authorities or their service providers. There is free support available for anyone wanting to apply for one of these awards from the Research Support Service. Social care capacity building posts and fellowships are also offered through the ARCs, please see here for more information. Local authority short placement awards for research collaborations (LA SPARC) provide the opportunity for those employed by local authorities to be based in an academic institution for 6 months to learn skills and foster collaboration.

There are different names for practitioners who also engage with research, but those commonly used are “evidence or research champions”, “practitioner-researchers”, or “pracademics”. Alternatively, those from an academic background may be based in a practice organisation, such as a local authority or provider. These roles are normally referred to as “researchers in residence” or “embedded researchers”. Both may co-develop research agendas with people working in and experiencing social care to synthesise existing evidence or conduct new research projects.

Potential to contribute to evidence-informed practice and service redesign, as well as build research capacity within the wider organisation, can mean these roles are of operational and strategic value to social care organisations. Potential for strategic value can be enhanced if the organisation's research knowledge needs are placed at the centre of these roles, with a view to ensuring the sustainability of this capacity building within the organisation. Please see [here](#) for examples of “evidence champions” and “researchers-in-residence” who are part of a research and practice collaboration in South West England, called the ConnectED project, [here](#) for an example of researchers-in-residence from the Kent Research Partnership talking about their experiences, and [here](#) for examples from the SCRiPT project.





Research and Practice Collaborations

Practitioner-researchers and researchers-in-residence are sometimes situated within wider structures or teams. Communities of practice bring together a wide range of people from social care providers, experts by experience, and researchers around a shared interest in a particular topic and can guide the work of practitioner-researchers and researchers-in-residence (please see [here](#) for an example of a community of practice within the Kent Research Partnership and [here](#) for an example from the Curiosity partnership). Research and practice teams may be smaller but still facilitate co-production, knowledge exchange, and capacity building between practitioners, researchers, service teams, and experts by experience (please see [here](#) for an example from the Social Care Research in Practice Teams (SCRiPT) project). Whilst communities of practice bring people together around an interest in a specific topic, research-practice partnerships (RPPs) are long-term collaborations between social care organisations and academics to co-produce research agendas and deliver a programme of research to meet the organisational goals of providers (please see [here](#) for an example from the Creating Care Partnerships project). There is considerable flexibility in how RPPs are enacted. Specific roles for academics and practitioners are not stipulated and intensity of interaction between practitioners and academics can be flexibly applied depending on context. Some collaborations also seek to engage people who use services or expert by experience groups in the co-production of research topics. Please see [here](#) for an example of this from the Peninsula Adult Social Care Research Collaborative (PARC).

An international example of research and practice collaboration, which combines both specific roles and wider infrastructure, is the [Living Lab in Ageing and Long-term care developed by Maastricht University](#). This is a long-term collaboration between social care providers and universities that seek to meet organisational goals and strategies. Scientific and practice linking pins are key roles within the Living Lab.

They facilitate partnership and infrastructure building through establishing committees that involve representatives from all layers of the organisation. Scientific linking pins, coming from a more traditional academic background, have greater responsibility for research synthesis and production, whilst practice linking pins, coming from a practice background, have expertise in research translation and alignment with strategic objectives. For an example of how the Living Lab model has been applied in the UK, please see [Nurturing Innovation in Care Home Excellence \(NICHE\) Leeds](#) and the [North West Coast Living Lab in Ageing and Dementia](#).

Whichever approach you think best suits the needs of your organisation, practitioners, and people using services, there are things to take into consideration. We have pooled our experiences to detail six areas where you might have things to consider quite early in the process, with the hope this will smooth the journey of engaging in the world of research.

Key things to consider

1. Practical issues of financing & contracting

All forms of collaboration require funding and resource to make them work. This can come from different sources but most commonly through awards from funding bodies, and/or financial and in-kind investment from universities and social care organisations. Practitioners who pursue fellowships or take on practitioner-researcher roles will need to be bought out through backfill of their salary, so they can dedicate a proportion of their time to research with their practice time filled by someone else. Researchers, practitioners, and experts by experience taking part in all approaches will need to be adequately supported to participate. If backfill funding is coming from an external source, such as the NIHR, human resources and legal department's processes within providers and local authorities will need to be set up to deal with jointly funded roles. Arranging collaboration agreements between universities and social care organisations can be a complicated and lengthy process. It is important that these conversations start early and specifics of how jointly funded roles work in practice are ironed out. This will help to ensure high level buy in from managers and senior clinicians, as well as those at an operational level. Operational level buy in, such as HR/legal, at this early stage can help iron out issues of contracting and recruitment. Universities will usually have good systems for managing research costs, for example, small scale purchasing of research equipment or services at competitive prices (because they purchase a lot across the whole institution). It is worth bearing this in mind during early discussion of the collaboration agreement.

2. Practical issues of recruitment

The benefit of encouraging existing social care practitioners to take on a capacity building award is that you are building internal research capacity. If you are finding it difficult to engage the existing workforce, you might want to consider guaranteeing that practitioners have a fulltime role to return to once they have completed their research role. You can also emphasise that engagement in research contributes to continuing professional development (CPD) needed for renewing professional registration. You can also influence the research topic to ensure the award produces evidence relevant to current practice. This can help to ensure capacity building is retained within your organisation. There are different ways you can backfill the role of practitioners taking on capacity building initiatives. You might need to recruit a part-time practitioner or redirect existing staff. Careful thought is needed as to which is the best option for your organisation and how to ensure a supportive environment is created for practitioner-researchers and their colleagues. If redirecting an existing staff member, you might want to consider if workloads are being adequately covered to prevent practitioner-researchers being pulled back into practice, or colleagues feeling they are taking on too much. Advertising externally can, however, bring a new talent pool to your organisation who are attracted to a new and interesting role. This is useful if short staffed and struggling to recruit. Ongoing support from managers is needed to ensure time allocated to research and partnership working, research is added to team agendas, and that the wider service team see the value of the work taking place and have opportunities to feed in.



3. Building relationships & trust

Building strong trusting relationships between members of a research and practice collaboration is an important part of ensuring that all members feel comfortable contributing and putting their perspectives forward. Sometimes social care practitioners and experts by experience can perceive hierarchies between themselves and academics or feel that research is not for them. It is the job of a collaboration to value practice and academic knowledge equally and draw on the range of skills and experience that members bring to the table. This will ensure that research has relevance to practice, and that methodological rigor is balanced with local need. You might want to consider spending some time getting to know each other and understanding the context that your collaboration partners are working in. This might involve meeting regularly and spending time face to face, as well as airing any preconceptions and discussing power dynamics openly from the start.

4. Developing research agendas of practice relevance

Approaches to research and practice collaboration discussed here are united by a desire to shift from academic led-research projects, which may be disconnected from the needs of practice. Issues of relevance to social care should drive research agendas. Collaboration between researchers, practitioners, and experts by experience is a way to pool knowledge, experience and skills in the development of useful research projects, with clear pathways to impact. Approaches to developing research topics can range from prioritisation exercises involving a wide range of people, to groups united by a shared interest in a community of practice, to practitioners and academics working together over time to develop a research agenda to meet organisational need. It is important to consider who should be represented in the collaboration and how. Is it a time-limited project focussed on a specific research area or problem, or is this a long-term collaboration, like some of the models described above? You might also want to think about whether involvement is voluntary (for example, attending a Community of Practice) or contracted (involving funding and milestone management).

Involving those with lived experience of using social care services or experts by experience is a valuable way of ensuring the relevance of the work and drawing on their in-depth and nuanced understanding of the issues at hand.



This involvement can take different forms. They can be long term members of the collaboration or team that work with practitioners and researchers over time in the development, design, delivery and use of research.

Alternatively, you might want to set up a lived experience working or reference group that provides input at different stages of the process or draw on the expertise and insight of an existing group. These decisions may be influenced by the preferences of those with lived experience by consulting them on the best ways for meaningful engagement. Whichever you decide it is important to consider how this involvement does not become tokenistic, and that lived experience knowledge is valued and respected by all members of the collaboration.

Research projects may fulfil different goals at different stages of the collaboration. During early stages, research may act as a vehicle for building research capacity, with potential for creating real world change to care delivery or organisational goals more likely as collaborations develop. Research projects should always be meaningful and relevant to all members of the collaboration, which involves attending to power dynamics. Partnerships that perpetuate academic interests do not adequately shift power dynamics in favour of social care practitioners and users of services. Conversely, social care organisations and practitioners should not expect research partnerships to act like consultancy and look to reconfirm prior managerial decisions or organisational policy. It might be useful to consider having prior discussion between partners about how to handle findings that do not support current policy or orthodoxy.

5. Engaging with existing infrastructure

When thinking about how best to form links with universities and/or develop research capacity for staff, engaging with existing infrastructure such as the NIHR Academy, the SSCR, the RDN and the ARCs can be a great way of tapping into funding, existing training, and links with academics. The individual awards discussed above can provide structured and in-depth training for practitioners. Although staff must take time out of their role to pursue an individual award fellowship, this may ensure a long-term practitioner-researcher career path that generates long term benefits for creating research enabled provider organisations. However, sometimes embedding your research and practice collaboration within existing infrastructure, such as an ARC, can mean research agendas are influenced by priority areas beyond social care.





6. Long term sustainability

When planning timescales for your research and practice collaboration, it is important to understand that progress can often be slow and improved quality of care may not happen quickly. Substantial investments of time may be needed to see impacts on improved experience and outcomes emerge. Early-stage research projects or fellowships may be more orientated towards capacity building, whilst subsequent research may be more impactful through greater potential for evidence use. Potential benefits from becoming a research active organisation include helping with recruitment and retention, as well as quality improvement, and contributing to knowledge exchange. However, these are not quick wins and so you might want to consider what you are hoping to achieve versus the resource and time you are able to devote. This will help you to set reasonable expectations. When deciding upon intended outcomes and which approach to research and practice collaboration to take, think through which parts of the organisation you are looking to build capacity and at which level. Will the partnership or capacity building operate at the managerial, senior clinical, or frontline practitioner level, or will it be organisation-wide? And how do these choices relate to your intended impact? Often initial partnership success is predicated on key enthusiastic individuals and can be at risk of collapsing if these key individuals leave. If you are wishing to ensure long-term sustainability, it is important to develop the right infrastructure so roles and responsibilities can be transferred to others effectively.

You may have received seed funding towards building partnership infrastructure and developing relationship. If so, you will need to consider identifying funding sources that ensure the continuation of your partnership over the long term

Summing up

In summary, this briefing has sought to explain some of the different options you might want to pursue if you are interested in building greater capacity in your organisation to engage in research, form collaborations with academia and use evidence to inform practice, organisation, and delivery. Ultimately, the decision as to which option to pursue and to what extent you would like to get involved depends on your own circumstances and context. Drawing on our experiences of developing, implementing, and evaluating different forms of research and practice collaboration, we have tried to set out things you might want to consider in respect of financing, contracting, recruitment, developing research agendas, engaging with wider infrastructure, and ensuring long-term sustainability. In doing so, we have attempted to foretell some obstacles you might encounter quite quickly into the process. Being armed with this prior knowledge, will hopefully allow you to think ahead and put plans in place to smooth the path ahead.

The infographic overleaf, created by Juli Dosad and titled “Path to Building Research Capacity in Social Care” illustrates the progression through different stages of research capacity building within social care settings. The points along the path represent activities, identified by the partnerships, to promote and grow a positive research culture. Activities at the start of the path focus on increasing awareness and use of research evidence and subsequently improved confidence in the workforce to use and conduct research. Once these foundational aspects are in place, this provides a fertile space for organisations to build collaborative research relationships and ultimately conduct research that will inform policy and practice.

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RESEARCHERS



Research is valued and practice is informed by evidence



PUBLIC INVOLVEMENT AND ENGAGEMENT

- COLLABORATE ON RESEARCH GRANTS



Ensure research relevant to social care policy & practice

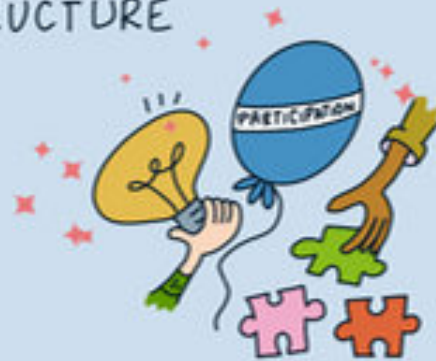
- SUPPORT INDIVIDUAL AWARDS



ENGAGE WITH NIHR INFRASTRUCTURE



Build research skills
& confidence



- BE A RESEARCH ALLY

● VALUE EVIDENCE INFORMED PRACTICE



Increase awareness & use of research evidence

Workforce is curious about evidence-informed practice



PROVIDE
ACCESS TO RESEARCH
EVIDENCE

PATH TO BUILDING RESEARCH CAPACITY IN SOCIAL CARE