



Study Protocol

NIHR Funding Statement:

This study is funded by the National Institute for Health Research (NIHR), Health and Social Care Delivery Research (HSDR) Programme NIHR131373. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Version control table

Version	Date	Description
1.0	21.08.2021	Original.
1.1	10.03.2022	Minor changes to format. Updated title from the original proposed in the application (Kent Adult Social Care Partnership (KASCP)) to the final title for the study (Kent Research Partnership – building research capacity in adult social care). Included v number in footer and short title in header. Added the version control table and logo to this cover page. Slightly increased font size and spacing to make it easier to read. Updated role descriptions for SRR and FH to indicate co-leadership of WS1. Removed Claire Cox (CRN) from the study, due to retirement. Updated Becky Dilley's role (CRN) to reflect this. Updated Gantt chart .

Kent Research Partnership: building research capacity in adult social care.

1. *Summary of Research (expert summary)*

Background: This proposal responds to an NIHR call to create social care partnerships, with the aim of building research capacity and improving care quality. We are proposing a Kent-based partnership. Demand for social care in Kent is high, as we have a population ageing faster than the national average and difficulties recruiting and retaining social care staff. Over 80% of the adult social care budget in Kent is spent on the external market, with around 500 providers employing over 40,000 people. This partnership will improve care quality by investing in and valuing the social care workforce, developing a culture of research and evidence-based practice, innovation and skills recognition.

Methods: We propose four inter-linked streams of work.

- 1) **Communities of Practice (COPs):** COPs bring together people who have different expertise but a shared goal (e.g. sharing best practice, research and learning) and have been used in health as a means of generating and sharing knowledge and implementing evidence-based practice. COPs can break down organisational barriers (e.g. between academics, KCC and providers) to knowledge sharing and practice improvement. The COPs will be supported by the partnership team and facilitated by the Researchers in Residence.
- 2) **Researchers in Residence (RiRs):** situated at both KCC and the University of Kent, we will recruit two full-time RiRs to establish and facilitate COPs, identify research priorities and support pilot projects led by Research Fellowships.
- 3) **Research Fellowships:** we will fund three fellowship to enable individuals working within social care to undertake research training and carry out pilot projects on adult social care priority areas. Members of the team and the RiRs will assist with design and delivery of these projects and support further applications for funding.
- 4) **Knowledge Sharing and Impact:** as well as through the mechanisms above, we will support dissemination and impact by providing access to research literature, bespoke resource kits, online training, and learning events. KASCP partners include national networks to ensure learning extends beyond our region.

The partnership team includes senior managers and social care practitioners from Kent County Council, social care academics and researchers (including social care advisors for the NIHR Research Design Service) from the University of Kent and University of Brighton, social care provider representatives and a member of the public with experience of adult social care who will co-lead a 'social care public involvement and engagement working group' to support all of the partnership's activities. The team are supported by no-cost applicants from the NIHR Applied

Research Collaboration (ARC) in Kent, Surry and Sussex and collaborators from the NIHR Clinical Research network (CRN).

Timeline: June 2021-May 2025

Impact and Dissemination: We expect this partnership to establish a culture of evidence-based practice and improve care quality by investing in the workforce and providing evidence to address locally important research priorities. To ensure maximum impact, we have proposed a whole work stream for impact and dissemination. As well as academic outputs, such as peer review publications and conference presentations, we have given considerable thought to pathways to wider impact, including: online training and resource kits, fully funded research and training workshops for practitioners, research fellowships, newsletters, lunchtime seminars/webinars and a showcase conference. We have also costed in time and meetings with other successful social care partnerships funded by this call and will use our national networks to maximise knowledge sharing.

2. *Background and rationale*

What is the problem being addressed?

This proposal responds to an NIHR call to create social care partnerships, with the aim of building research capacity and improving care quality. We are proposing a Kent-based partnership and here we set out why we think this is needed.

Kent is one of the most populated counties in England, with 5% (51) of its neighbourhoods (referred to as Lower Super Output Areas, LSOAs) falling within the 10% most deprived neighbourhoods in England (1). The number of older people in Kent is growing faster than average (2) and there will be a projected 44% increase in the number of people living with dementia in the county in the next ten years (3). Demand for social care is therefore high and we need skilled staff to provide good quality care, but in 2019/20 turnover in adult social care in Kent County Council alone was 12%.

Social care is a fragmented workforce. Most of the 1.49 million people working in adult social care are employed by the independent sector (4). Nationally, there are concerns over low pay levels, challenging working conditions and high levels of turnover within the sector (5,6). Only 5% of the adult social care workforce are regulated professionals (e.g. nurses, occupational therapists and social workers), compared with 54% in health (7). There is a negative and pervasive narrative describing the social care workforce as largely 'unskilled', and this has been reflected in care workers' pay and working conditions (6). However, the COVID-19 global pandemic has put a global spot-light on the vital work being undertaken by low-paid, direct carers (8). There is now greater demand than ever for cultural and political change, with skills recognised and reflected in better pay and working conditions (9).

The Kent care market is typical of the national picture, being made up of around 500 providers in the public, private and voluntary sectors, employing over 40,000 people. Over 80% of council budget is spent through the external market. The continuing pressures on finances and increasing demand are causing significant challenges for the system. Some care providers have not been able to survive, whilst others are struggling to recruit, retain and develop staff to ensure they have the right skills to deliver high-quality outcome-based services. If we wish to improve retention and sustainability, we need to develop partnerships with the sector to support the social care workforce through; training and learning opportunities, developing career pathways, and supporting innovation and technology use, all of which have been proved critical in recent months. This partnership will help by investing in and valuing the social care workforce, developing a culture of evidence-based practice, innovation and skills recognition.

Review of existing evidence

Research is a key priority for the Chief Social worker (10) and is essential to evidence the impact of interventions on Adult Social Care (ASC) users and carers and the effect of pressures in the care system. However, there is a research deficit, compounded by a lack of practice nearness in research, and lack of sector capacity. The *Research Capacity Development for impact* (RCDi) Framework, developed by Cooke (11,12), is an evidence-based approach to improving research capacity in health research. However, the framework is likely to be directly transferable to social care. There are six key principles to research capacity building outlined in the framework: building skills and confidence; developing linkages and partnerships; ensuring the research is 'close to practice'; developing appropriate dissemination; investments in infrastructure; and building elements of sustainability and continuity.

Communities of Practice (COPs) bring together people with different expertise who share the same goal (e.g. sharing best practice, research and learning) (13,14). COPs have been used in health care research and are recommended as a mechanism for designing theory informed interventions and evaluations, and enabling knowledge transfer and organisational learning (13,15). They are also a possible mechanism through which several of the principles in the RCDi framework can be operationalised. Setting up COPs requires members working together through three structural elements: mutual engagement (how and what people do together as part of practice), joint enterprise (a set of problems and topics that they care about) and shared repertoire (the concepts and artefacts that they create). Online COPs have been established spontaneously during the COVID-19 pandemic and have been a useful and engaging method of peer support and used as a way of gaining rapid expert input into the challenges being faced within social care (8).

Closing the gap between research and practice is seen as a prerequisite for improving ASC services (16) and the value of research to practitioners was emphasised in the recent strength-based approach practice framework, which

suggests that “social workers should...use practice evidence and research to inform complex judgements and decisions needed to support, empower and protect their service users” (17). Despite this, there is a deficit in research capacity across the ASC workforce (18,19). Most new ASC programmes are not based on evidence (20,21), with some notable exceptions of ASC trials (e.g. (22,23) and national policy evaluations (24). While there is some work looking at narrowing the research-practice gap in ASC (18,25), initiatives in healthcare are more developed. One approach to narrowing the research-practice gap is the co-production of knowledge in a joint enterprise between researchers and those who might use research, bringing them together to share responsibility for the production and use of research (26).

The Researcher in Residence (RiR) model is posited as a way to achieve meaningful and effective co-production and should work well alongside a COP approach as part of a social care application of the RCDi framework. Its key characteristics are that an academic researcher is embedded in a practitioner/operational setting and both organisations are responsible for its success. The researcher brings new research skills and expertise to that setting but, through process learning and bringing together academic and practice knowledge, also facilitates the co-production of *new knowledge* and increases their own understanding of the challenge and perspectives of practitioners (26). Although RiR is still a relatively new model, there is emerging evidence that both the job specification and recruitment process should be guided by the skills needed by RiRs (26–28). In particular, recruitment should be based on skills in three areas: methodological skills and expertise, topic specific skills and expertise and interpersonal skills and expertise.

To facilitate successful co-production, Gradinger et al. (27), reflecting on the experiences of two embedded researchers at an integrated care organisation, recommend:

- Long term, part-time placements to maximise impact, with a long induction period
- Co-location and honorary status for RiR at host (practice) organisation, i.e. autonomous role
- Time allocated to RiR to strengthen relationships in host organisation by participating in range of activities, e.g. engagement activities, workshops and PPI meetings
- Strong peer support and supervision.

This proposal seeks to apply the RCDi framework in adult social care by implementing communities of practice, supported by a researcher in residence model, within a Kent Adult Social Care Partnership (KASCP).

Evidence explaining why this research is needed now

Kent County Council (KCC) ASC supports 35,385 people with a budget of £412 million. The priorities are to promote an individual’s wellbeing, supporting them to live

independently, achieving outcomes that are important to them. Research is needed to evaluate the impact of significant transformation and budget cuts on the health and wellbeing of users, carers and the ASC workforce.

However, this proposal is being written at a time of great strain on the ASC sector (29). The COVID-19 pandemic has highlighted the vital work being undertaken within adult social care and as well as the national recruitment campaign, *Every Day is Different*, Kent have launched their own campaign, *Care for Kent*, which has received around 300 applications to date (<https://designandlearningcentre.com/care-for-kent/>). Nonetheless, we know that turnover is high, especially amongst direct care workers (4,6). It is important to retain, not just recruit staff and one way to do this is to ensure the workforce feel valued and supported in their roles, which they often do not (30,31).

The KCC Design and Learning Centre (DLC) (<https://designandlearningcentre.com/>) was set up in 2016 to work in partnership with the care sector across Kent and Medway to improve care quality through: training and learning opportunities; thriving communities of practice; supporting ASC leadership; and supporting innovation and technology use. This project aims to build on these critical foundations by bringing together a co-produced partnership (KASCP) between; the DLC and front line practice, HEIs, and wider regional NIHR infrastructure (Research Design Service South East (RDS-SE), Clinical Research Network in Kent, Surrey and Sussex (CRN KSS) and the new Applied Research Collaboration in Kent, Surrey and Sussex (ARC KSS)). Together, we will develop a robust evidence-based strategy for building research capacity and generating evidenced-based policy and practice of benefit to our local populations. Through the involvement of regional NIHR organisations, the Applied Research Collaboration and our links with the other social care partnerships funded by this call, locally available resources and knowledge will be developed and shared nationally.

3. *Aims and objectives* *(Please summarise the key aims and objectives of your project and provide a concise statement of the proposed research.)*

The Kent Adult Social Care Partnership (KASCP) seeks to implement effective partnership working and co-production of research ideas, with a view to conducting high quality, strategic and relevant social care research across the region and building capacity for sustainable partnership working in the future.

Specifically, the KASCP aims to:

- (1) Identify strategic research priorities across ASC in our region, including knowledge and training gaps.
- (2) Build research capacity and develop a positive culture of research in practice across the ASC workforce through a community of practice approach.
- (3) Pilot the researcher in residence (RiR) model and evaluate its relevance and sustainability in ASC.

- (4) Develop the evidence base around locally-relevant, co-produced social care interventions and gain some evaluative insights about the effectiveness of internal fellowships and RiR models.
- (5) Develop sustainable and effective models of knowledge sharing and co-production and share 'what works' with others locally, regionally and nationally.

4. Research Plan/Methods

Design:

We propose a four-year period of funding (June 2021- May 2025).

Public Involvement and Engagement (PIE) in KASCP

Please note that our PIE strategy and evaluation is outlined in the PPI section of the form. As this proposal is for a partnership, rather than a single project, we propose to establish a social care working group of 8-9 people with lived experience of social care, led by GW of KCC and JP, our PIE co-applicant. This working group will work across the partnership by: consulting on research priorities, contributing to COPs, providing PIE input to fellowship projects, reviewing and contributing to partnership funding applications (e.g. as lay co-applicants), assisting with evaluative elements of the study and supporting wider dissemination. In addition to the working group members, 'experts by experience' will be invited to co-deliver training workshops to the COPs (e.g. we will invite a person living dementia to co-deliver elements of a training workshop on dementia).

Work stream 1 (WS1): Community of Practice (aims 1, 2 and 5) (month 1-48)
(leads SRR, IP and LW)

Objectives: WS1 will identify research priorities, build research capacity and develop sustainable and effective models of knowledge exchange through communities of practice (COPs). This will actively feed into supporting a new generation of practitioner-researchers and build research capacity in ASC.

Methods:

Communities of Practice (COPs) are "groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis" (32). COPs within KASCP will be central drivers of knowledge generation and exchange, helping to promote new ideas, enhance innovation and improve practice. The COPs will bring together the social care workforce at KCC, representatives from the private and voluntary sector, and researchers/academics working in this field. COPs will be developed with the sector but possible communities include: 'sharing best practice' and 'research and learning'. The aim is to learn with and from each other. COPs will be supported by the newly established Kent Academy, which presently engages and supports the workforce in KCC and is already being actively supported with content and

knowledge sharing by the ARC KSS. It will act as a living curriculum for people championing research findings and embedding evidence-based practice.

The COP approach will bring the opportunity of developing learning partnerships, which relate not only to technical or practical knowledge, but also a deeper mutual learning activity helping to generate new ideas and research hypotheses requiring active engagement and leadership in research and practice. Early buy-in is vital to success and we have started this process already by involving partnership members, but for COPs to thrive, each stage of their life-cycle must be supported (33).

Cambridge et al (33) define these stages as: inquire (identifying audience and purpose), Design (defining activities and roles to support goals), Prototype (pilot the community with key stakeholders), Launch (roll it out to a broader audience) and Grow (engage members in collaborative learning and knowledge sharing activities). Here we outline how we will apply these stages to our partnership and also include an additional element: evaluate.

Year 1 (inquire, design, prototype)

Inquire: This is about engaging managers and practitioners from KCC and the wider ASC sector and involving them in establishing the COPs and identifying their audience and purpose. Two large networking events will be held in the first year to promote the partnership and establish the COPs, in line with key priority areas in ASC.

Engagement with KCC practitioners will be facilitated by the senior practitioners and managers from KCC who are COIs on this application (GW, IP and JM), as well as experienced social work academics from two universities (SRR, LW, WZ and RM). Links between investing in the research capacities of practitioners and the longer-term retention of these practitioners will be made clear from the start. Investing in Newly Qualified Social Workers (NQSWs), for example, and giving them an opportunity to build their research knowledge and skills, is a key priority for LAs and centres on retention.

Initiatives such as the NIHR ENRICH programme have demonstrated the reciprocal value of engaging the wider workforce. Investing in the knowledge and expertise of the wider care workforce fits well with the personal development goals of the new Care Certificate (<https://www.skillsforcare.org.uk/Learning-development/inducting-staff/care-certificate/Care-Certificate.aspx>), which is a key part of the wider retention strategy in social care. To support this, we have co-investigators (COIs) from: the Kent Integrated Care Alliance (KICA), an independent body representing care providers in Kent; the UK Home Care Association; and the National Care Forum. We also have a letter of support from Skills for Care, who have agreed to sit on the study steering committee. COIs AMT, NS and RM also have strong links with providers across the county and will be able to facilitate engagement.

Design and Prototype: we expect to form between 2 and 3 small COPs (8-10 members) in the first instance, which will be facilitated by the appropriate members of the research team. For example, if a COP is set up to share social work best practice, this will be facilitated by COIs JD (KCC) and SRR (University of Kent). If a COP is set up on 'Research and learning' this might be best facilitated by COIs GW (Design and Learning Centre KCC) and SA (an economist with expertise in secondary data analysis at the University of Kent). Facilitators will keep the COP on track and coordinate members. Eventually, they will be supported in these roles by the Researchers in Residence (WS2). During the Design and Prototype stage, the COPs will agree their priorities, goals, roles and social structures and schedule meetings and a timeline to meet their objectives.

From year 2 (launch and grow).

At the start of year two, we expect the COPs to have organised a schedule of events, such as lunch time seminars/webinars and conferences, be actively recruiting new members to join their communities. In year two COPs should be working together to identify evidence gaps and plan research projects relevant to their community's goals and interests. To support this process, we will: provide practical support from the Researchers in Residence (WS2), offer training and research clinics to COP members to encourage them to develop research ideas and access the training Fellowships (WS3) and support sustainable knowledge transfer across the COPs (WS4).

Research training will be supported through practitioner research clinics, training workshops and social care fellowships. Applicants for the clinics and fellowships will be required to utilise supporting research infrastructure through RDS-SE Research Advisers, ARC KSS Implementation expertise and the CRN KSS.

There will be regular 'practitioner research clinics' (every 6-8 weeks) to support the co-development of potential research projects. Here we will draw heavily on our partnership resources with research clinics being hosted by the DLC, drawing on the expertise of advisors in the RDS-SE (led by FH), our researchers in residence (see WS2) and members of the research team (e.g. RM and WZ (older adults, dementia, social work), SA (economics, market forces), AMT and NS (care homes, home care, dementia and outcomes), LW (co-production), SRR (social work).

In addition, there is funding for up to 32 practitioners to each attend a suite of six specialist research training workshops across years one and two. If we find it takes time to build up demand for the workshops, we will ask to move this budget to also include year three. Workshops will be co-delivered by members of the core team and experts by lived experience. The topics of the workshops will be responsive to the needs and interests of COP members. WS1 leads (SRR, IP and LW) will coordinate these with the facilitators from each COP. Format (online/in person) will depend on the regulations around COVID19 and costs have been included for an annual licence for *Zoom Meetings Software* to facilitate this.

Following training and workshops, non-branded slide-sets will be developed for use in various training programmes, allowing for integration into blended learning initiatives. Training and learning materials will be hosted using ARC KSS's website and researcher resource portal, avoiding recurrent charges to KASCP. To ensure maximum reach and significance, we will also link to this information from the Kent Academy (for KCC social care staff) and from the DLC website, which is ideal for wider communication and engagement with the sector. We will liaise with other social care partnerships funded by this call to share resources and offer good value for money across this important NIHR initiative.

In addition, an online Research in Practice Newsletter will be published quarterly to share learning across the COPs and promote partnership news and activities with front-line practice, users, carers and the public. Co-Is KICA, the National Care Forum and the UK Home Care Association will help disseminate to the external provider workforce. See also WS4.

Evaluation: Evaluating the COPs will be key. Any intervention to change culture or practice is complex and identifying facilitators and barriers to success will be a priority. Each COP will be asked to build in an evaluative element to their work and report on this in year 4. Evaluations can be co-designed by members, which will include experienced researchers who are COIs on this proposal, but must include:

- A description of each community, its members, goals and objectives and a report of how well it met those objectives.
- Experiential and reflective feedback from members about being in the COP, including their views of workshops and training opportunities.
- A summary of the facilitators and barriers to successful implementation of the COP, lessons learned and recommendations for the future.
- Whether any members were successful in accessing fellowships and/or being involved in the projects and applications (WS3).

We would expect COP members to utilise their new research skills, supported by their facilitators and the RiR, to undertake their own COP evaluation and draft a summary report for the partnership. The research training workshops will include 'evaluation' as a topic to support this. WS1 leads will coordinate this across the COPs, with a view to producing an overarching peer review paper and a 'best practice' toolkit around the formation and sustainability of COPs in adult social care.

Work stream 2: Researcher in Residence (aims 3 and 5) (months 6-48) (leads: NS, GW and AMT)

Objectives: WS2 will establish and pilot the Researcher in Residence (RiR) model in an ASC context, by integrating this approach into partnership working and using it to support the aims and activities of the other work streams, particularly the COPs. Previous RiR work suggests that there is enough interest in RiR roles from the

academic community to provide a reasonable field of applicants for such posts (26) and we have a strong record of applied social care research in Kent from which to build upon. A key aim of the pilot is to evaluate the success of the RiR model, including its sustainability in social care organisations beyond the initial funding model. Work in health care has shown that managers and clinicians can often see the value of funding researchers within an organisation once they have experienced the skills and expertise they can bring to their teams (26).

Methods: Two full-time RiR posts will be recruited by the lead institutions (Kent County Council (KCC) and University of Kent (UoK)) to work across the work streams. For each post, the recruitment process will be carried out jointly by KCC and UoK. In line with previous research, recruitment to both posts will be based on the skills in three areas; methodological skills and expertise, topic specific skills and expertise and interpersonal skills and expertise.

The first RiR will be employed by the UoK and will report to AMT, who is a Reader in Social Care at the University of Kent and leads the partnership. This person will be an established ASC researcher with a strong interest in working in partnership with the social care sector. Employment through the university will ensure they do not have a break from an academic research career, which is critical to ensuring the role is attractive to potential post-holders. However, they will also be given an honorary contract at KCC and be situated within the Design and Learning Centre (managed by the Co-lead, GW) team 2-3 days a week. This is a critical part of the RiR model and will facilitate co-production, partnership working and the wider impact of the research undertaken throughout the project.

The second RiR post will be employed by KCC and will report to GW, who is the manager of the Design and Learning Centre and co-leads this partnership. This person will have a research background but with particular interest and experience in implementation and co-production and be interested in a non-academic, applied research role. For example, it might suit a qualified social worker or practitioner who already has research experience and is interested in developing this further. This person will have an honorary contract at UoK and be based there 3-4 days a month to support partnership working through regular contact with COIs, ARC KSS manager and RDS-SE.

Working together, with support of AMT, GW and the wider KASCP team, the two RiR posts will work across the work streams to:

1. Support the COPs: they will do this by being active members of at least one COP and working with the facilitators to identify learning needs and use their cross-institutional post to bridge gaps and reduce organisational barriers to joint working between KCC, the HEIs and the wider ASC sector.
2. Help build research capacity: by being situated in both KCC and the University of Kent, we expect them to be well placed to engage the ASC workforce in

partnership activities and alert the KASCP members to research priorities and training needs.

3. Work with KCC to develop a research culture, supported and recognised as important by managers. Unlike colleagues at KCC, these roles will have protected time to generate a culture of research in practice and unlike academic colleagues, they will be ideally placed within KCC to understand potential barriers to this and how they might be overcome. This dual role offers significant opportunities to support the COPs (WS1), Fellowships (WS3) and contribute to wider impact and dissemination (WS4).

Evaluation: The evaluation of the RiR work stream will be led by WS2 lead NS, with assistance from members of the academic research team (WZ and RM) and KCC (GW).

The success of the RiR model will be evaluated by use of a stakeholder impact survey (27), a small number of qualitative interviews with key stakeholders and RiR reflections upon their experiences using autoethnographic methods (34,35). The stakeholder survey aims to capture impact at different levels and areas of KASCP, including front line practitioners, policy makers, providers, and service user and carer organisations. Key stakeholders will broadly be defined as those who had the highest level of interaction with the RiR and the projects they were involved with. While these key stakeholders are often likely to be managers within KCC, other perspectives will be actively sought and we would expect a number of the key stakeholders to come from other groups such as providers and service user organisations that have been involved in some way with the RiR or the projects they have contributed to.

Should the RiR model be successful in ASC, there is a commitment to finding continued funding for a RiR model beyond the life of the project.

Work Stream 3 (WS3): Pilot projects through research and training fellowships (aims 4 and 5) (months 18-42) (leads AMT, FH and JM)

Objectives: WS3 aims to support social care/work practitioners to train in, and undertake, high-quality research of benefit to services, users and/or carers.

Methods:

Three local social care research and training fellowships (two part-time over 24 months and one full-time over 12 months) will be funded as part of the core budget of this partnership. We expect applicants to be active members of the COPs in WS1 and to include those working for private or voluntary sector providers, as well as KCC. The fellowships aim to enable practitioners and care sector workers to develop research skills and experience by undertaking a pilot research project. A key role of the RiRs and COIs involved in the KASCP team will be to support these fellowships by assisting with high quality applications, co-designing projects and helping in their

delivery. Thus, funded COI time will be used flexibly to add value and expertise to fellowships and pilot projects.

Training is likely to be required as part of the fellowships and can be included in the budget of applications (e.g. to attend a short course on SPSS, survey design or qualitative interviewing). We will also look to utilise training opportunities within the collaborative links the project has with both ARC KSS (JF is the National ARC lead for social care and MRR is the ARC manager at Kent) and RDS-SE (FH (academic site lead), AMT (social care lead), WZ (advisor)). Further, internal training resources within the University of Kent could also be exploited (e.g. health economics).

WS3 will begin around 18 months into the partnership, directly building on the work being undertaken in WS1 (COPs) and WS2 (RiR). By this stage the RiRs will have been in post for approximately 12 months and the research priorities, COPs, and training workshops and clinics will be well established. These activities will have enabled us to engage directly with practitioners and social care workers with a view to identifying the research topics they are interested in and building their research skills and capacity to a stage where we hope some will feel confident applying for training and research fellowships, with support from the wider team. Funding of up to £90K per fellowship (full-time for 12 months) will be available to fund:

- Bespoke research training
- A pilot project per fellowship, supported by the wider research team.
- One conference and one open access publication per fellowship.

Fellowship applications will be reviewed by the partnership's PIE working group of people with lived experience, and the project management group (month 20). We expect three to be supported and turned into a fully-costed proposal for a pilot project, with ethical approval and dissemination plans/wider impact strategy (deadline month 22). The COIs on this application have a wide range of skills and expertise to support and deliver social care projects on topics such as; care homes (AMT, NS, RM), domiciliary care (JF, SA, AMT, WZ), dementia (RM, AMT, NS), end of life (RM), younger adults (NS, AMT), social work (JD, SRR, RM, WZ), occupational therapy (JM), care planning/assessment and review (AMT, NS), workforce (SA, JF, SRR, FH) and care markets (JF, SA). In addition, we are able support projects using qualitative (SRR, NS, FH, LW, RM, WZ, AMT), quantitative (JF, SA, WZ, RM, AMT) and econometric techniques (SA and JF). This knowledge will be utilised flexibly across the project timeline to support the practitioner-researchers from the development of the application to the data analysis and interpretation.

Additional support funded by RDS-SE (design), CRN KSS (recruitment) and ARC KSS (governance, wider academic expertise and project delivery guidance/support) will increase resources supporting these projects and add value to the proposals.

Research projects

Although pilot projects will be co-produced with the fellows and therefore cannot be outlined in detail at this stage, efforts will be made to ensure the projects reflect the priorities of the COPs and draw on different research skills and methods (e.g. qualitative, quantitative, mixed-methods). A key aim of this proposal is to increase the evidence base for social care. As such, successful fellowship must include pilot projects that have the *potential* to inform direct change on ASC policy or practice, and/or future applications for external funding (e.g. to upscale the research). Projects may, for example, aim to: systematically review the research evidence, conduct a meta-analysis, develop new interventions, establish the acceptability and feasibility of an intervention, establish suitable outcome measures for a population and calculate effect sizes, explore what works and for whom through methods such as realist review. Potential topics include: sustainability of care markets in Kent, medication management by social care providers in the community, use of assistive technology, care models and delivery.

We expect projects involving primary data collection to require 24 months part-time, in order to allow sufficient time for ethical review and any training to be undertaken at the start. However, we aim to fund *one full-time fellowship* where the research project utilises existing secondary data on adult social care in Kent area. Using secondary data for a pilot project has particular advantages for KASCP. First, local secondary data can be used proactively to address important questions which can help improve aspects of care quality (e.g. Kasteridis et al., 2015). Second, the ongoing COVID-19 pandemic may affect the timings of primary data collection. Third, the project team also has very strong quantitative research skills which will be utilised to support the pilot.

Potential research areas for a secondary data analysis are:

- 1) Comparative analysis of specific local interventions between locations/service users, utilising secondary data to assess usage, destination and outcomes alongside appropriate primary data collection.
- 2) Local area studies of sustainability of supply of social care, matching local need to local supply using secondary data.

A potential rich dataset is the Kent Research Network for Education and Learning (KERNEL). KERNEL is a result of a unique local data partnership between NHS commissioners, trust providers and Kent and Medway Councils. KERNEL broadly contains demographics, service activity (health and social care) and costs, and a set of segmentation tools (e.g. index of multiple deprivation, electronic frailty index) (Lewer *et al.*, 2018). ARC KSS are already working with the KERNEL team to acquire the necessary permissions to use this data to inform social care services from March 2021. If we experience delays or issues with this dataset, alternative datasets at a local and/or regional level are available. For example, to the Skills for Care Adult Social Care Workforce Data Set (ASC-WDS), CQC data of social care providers and neighbouring local authority health and social care datasets, utilising the collaborative links with ARC KSS and RDS-SE for the latter.

As well as supporting the fellowship and pilot projects, outlined above, the COIs on the partnership team will be supporting fellows and COP members to submit applications for other funding streams. We will do this through our links with the RDS-SE and by being active members of the COPs ourselves. As a team, we have a very strong track-record of securing research funding in Adult Social Care and several members of the team have been the principal or co-investigator on large NIHR research grants (see CVs for further information). We are confident that we will be able to upscale pilot projects into applications for full-scale evaluations and we will exploit our links with other institutions and social care partnerships to collaborate across regions and institutions where appropriate.

Evaluation: The success of the research fellowships/ will be evaluated by:

- How well they meet their fellowship objectives, e.g. completed on time, within budget.
- The emerging or potential impact on ASC practice or policy (recognising that wider impact takes time and may require a larger evaluation).
- A short reflective feedback form on the Fellows' experience of conducting research and intentions to undertake future research.
- Academic outputs: conference/seminar presentations and posters from the Fellows.
- Successful KASCP-generated grant applications for social care research of local and national strategic importance, building on the pilot projects undertaken.

Work stream 4 (WS4): Dissemination and impact (aims 2 & 5) (months 6-48)
(leads: GW, LW and AMT)

Objectives: KASCP wants to ensure that the right information reaches the right people at the right time. WS4 aims to identify innovative methods for sharing learning and supporting pathways to impact across ASC. We aim to create a “legacy” of a sustainable research and practice culture in adult social care services at a regional and national level.

Dissemination strategy and pathways to impact:

Links with other ‘Social Care partnerships’: It is important that funded partnerships create a network between them to share learning and build research capacity through networking events and joint funding applications. Although partnerships may focus on different aspects of ASC, we expect many overlaps and by working together we can take a national, not just regional approach and use this as a mechanism for upscaling our impact and dissemination.

We have included costs for one networking event in years 2-4 to be hosted by KASCP for up to 30 members of successful social care partnerships. This will be an opportunity for Early Career Researchers and Training and Research Fellows to share findings and build networks across the partnerships to support further joint

funding applications with people in other regions. We have also included travel for up to ten people once a year to London to facilitate regular cross-partnership meetings. These meetings and events will enable partnership members to learn from each other, cross-fertilise ideas and collaborate on proposals and outputs.

Recognising that adult social care service delivery spans both statutory as well as PVI sector involvement, strategies for both have been identified.

Statutory Sector

Firstly, practical tools can be made available to enhance front-line practitioners' **access to state-of-the art research** through access to data bases such as RiPFA (Research in Practice for Adults). Social workers and care workers often are unable to access journal articles which require paid access. This could be a direct and sustainable way to enable engagement with research updates in the field and has been included in the non-staff costs.

Secondly, the Researcher in Residence (RiR) model (WS2) allows two dedicated researchers to be placed within the DLC to support capacity building, develop pilot projects and facilitate dissemination and impact. Building on WS1, ongoing dissemination workshops with practitioners and social care workers, as well as two way sharing from social work academics and practitioners, will be essential in allowing knowledge exchange to happen. In line with our partnership approach, the precise format of these will be agreed with the COPs and wider sector during the project, however, one such example might be lunch-time research seminars themed around the interests of the sector. These could be linked into **continued professional development (CPD) activities** for practitioners and the wider care workforce.

We will seek support for the KASCP partnership from social care organizations in the third sector, including support from organisations such as Social Care Institute for Excellence (SCIE) and charities such as Carer's First. This will allow the project findings to be amplified beyond the direct beneficiaries of the workshops, but through the development of **easily accessible resource kits** (such as digested research findings which can be shared in layman's terms to carer organisations, carers and families).

Through dialogue with LAs and the DLC, we will work towards creating a "legacy" of research in practice models, including some form of continued funding for a RiR model beyond the life of the project. This will be centrally important for investing in spaces for research to take place in dialogue with practitioners.

Wider Social Care Workforce

The project team fully recognises that adult social care services are delivered through a mixed economy of welfare model, including statutory local authority services, but also private and voluntary and independent (PVI) sector. The sustainability of the research informed practice cultures we have outlined in the statutory sector will not necessarily work in the voluntary social care workforce, which has a less clearly

defined career trajectory, and where social care workers need not have the same kinds of educational training to become support workers. The COVID-19 pandemic has shed a light on the need to support and develop the wider sector, both now and as we move beyond the current crisis. Research relevance for social care workers in these sectors will need to have a much closer link with best practice approaches in supporting vulnerable service users. In order to achieve this, we propose:

(a) **Research Informed Practice events** for care workers and managers. These events, hosted by researchers and adult social care practitioners from KASCP will be tailored to the needs and interests of the sector, which we plan to identify through the priority setting events (year one) and COPs. We recognise that it is not always easy to release staff for training and events and that we will have to find a way to support attendance. In light of the COVID-19 pandemic, all events will be run virtually and be recorded so that that busy staff and managers can engage at times that suit them. Registration will be required for each event and to access online materials. This will help us track our own impact and also enable us to provide attendance certificates, which can be used as evidence of continued professional development and a commitment to providing high quality care. Such evidence can be helpful for providers regarding the CQC *Well-led* Key Lines of Enquiry (KLOE).

(b) **Online, printable resources kits** involving easily digested research summaries, infographics and heuristics will be shared with care workers and managers. We will work with providers and the wider sector, drawing on our study COIs (the National Care Forum and the UK Home Care Association) and our study steering committee members (e.g. Skills for Care) to make these widely available. Such activities will be supported by the ARC KSS and shared by other ARCs to ensure national reach and significance. This model has worked well during the early COVID-19 crisis, in which ARC EoE and ARC KSS worked together to provide care homes with a set of heuristics to help care workers make decisions and inform practice under pressure. We called the heuristics 'Top Tips for Tricky Times'. The evidence behind them (e.g. rapid reviews of the evidence) will also be available on the ARC EoE website for those who want to read more (8).

Evaluation of the partnership

This proposal is underpinned by the Research Capacity Development for impact (RCDi) Framework (11,12). As such, the success of the partnership will be measured by how well it has performed against criteria for each of the six principles. These are outlined in the table below:

RCDi Principles	Implementation in KASCP	Indicative Evaluation Criteria
Building skills and confidence	Training workshops Research and training fellowships	Number of practitioners attending the workshops. Descriptive summaries of participants'-workshop evaluation sheets. Number of fellowships funded See also evaluation of WS3.
Developing linkages and partnerships	COIs and collaborators in the partnership PIE working group Communities of practice Researchers in Residence	See detailed evaluations of WS1 (COPs), WS2 (RiR) and the PIE working group.
Ensuring research is close to practice	Communities of Practice Researcher in Residence Research Fellowships COIs representing the sector	See detailed evaluations of WS1 (COPs), WS2 (RiR), WS3 (Fellowships).
Developing appropriate dissemination	WS4 is dedicated to this: RIPfA access Online resources CPD events and research informed practice events	Number of downloads of online resources. Attendance at CPD and practice events. Links and shared learning with other partnerships.

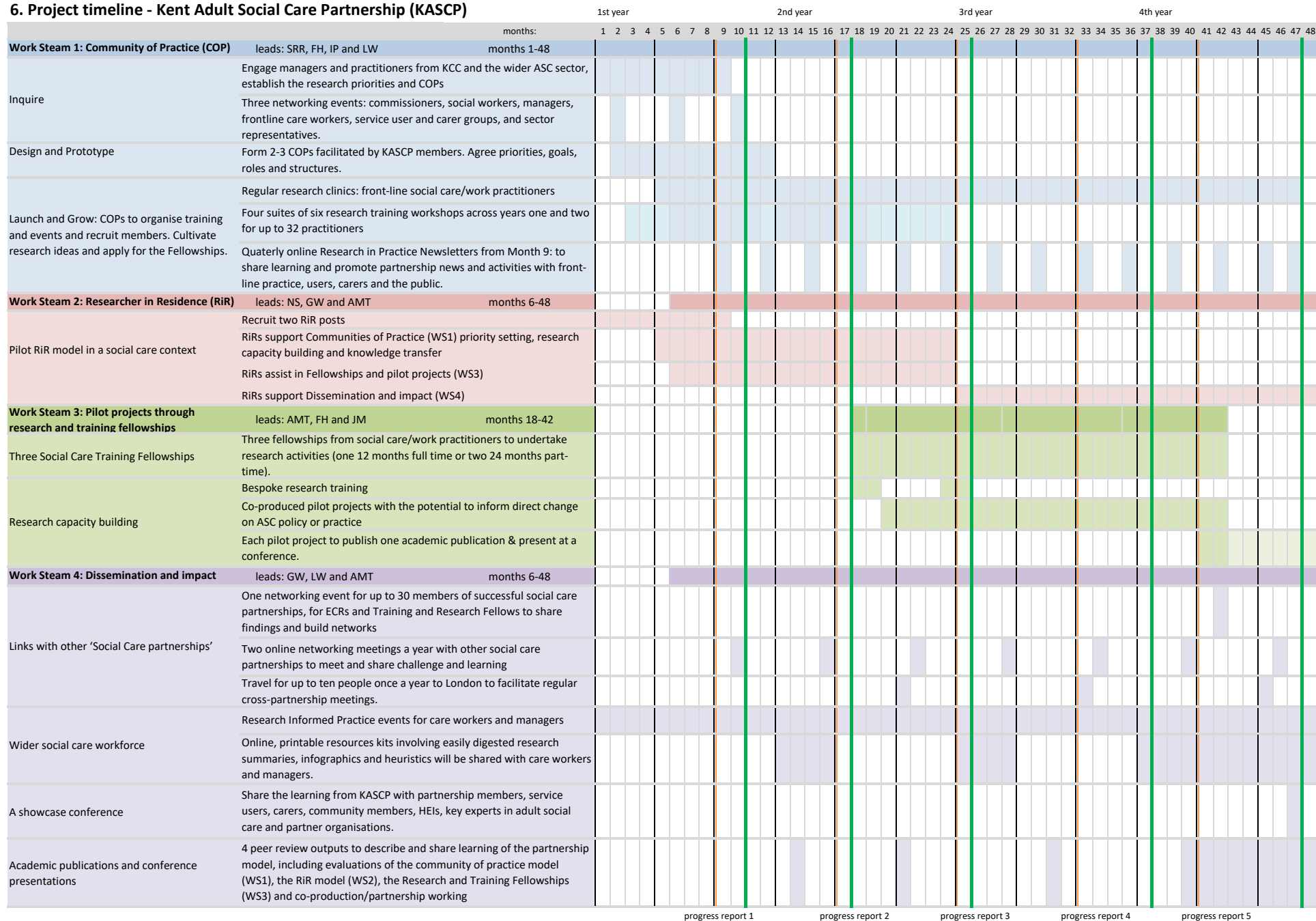
Investments in infrastructure	Two full-time Research in Residence Posts working across the University of Kent and Kent County Council	Sustainability and continued funding of these posts after the study end.
Building elements of sustainability and continuity	Communities of Practice Researchers in Residence	See evaluations of WS1 (COPs) and WS2 (RiR)

5. Dissemination, outputs and anticipated impact

We have proposed a dedicated work stream for wider dissemination impact (**WS4 above**). We will use the wider networks of our members, DLC, RDS-SE, CRN KSS and ARC KSS, to help us share learning, and support impact, at a local, regional and national level. In this section, we supplement what was described in WS4 by focusing on more traditional academic outputs.

- (1) **Showcase conference:** Through the RiR model we will co-produce sustainable models of knowledge sharing through which research-practitioners and academics can cascade learning. This will culminate in a showcase conference in year four where we can share the learning from KASCP with partnership members, service users, carers, community members, HEIs, and key experts in ASC.
- (2) **Academic publications:** In addition to the open access publications and conference presentations budgeted for the research and training fellowship in WS3, we have also costed **four open-access, peer reviewed publications** to describe and share learning of the partnership model proposed, including: an evaluation of the community of practice model (WS1), an evaluation of the RiR model (WS2), an evaluation of the Research and Training Fellowships (WS3) and another on co-production/partnership working.
- (3) **International Conferences:** Each work stream has a budget for one UK conference with international reach. We have included WS4 in this with a view to wider academic dissemination of the lessons learned from our wider impact and knowledge sharing approach. Conferences our findings will be relevant to and at which we already hold a strong track record, include; the British Society of Gerontology annual conference (BSG), International Long-term Policy Network (ILPN) (biennial), Social Policy Association annual conference (SPA) and the BASW Social Work conference (annual).

6. Project timeline - Kent Adult Social Care Partnership (KASCP)



Line colour logic of milestone meetings & reports: Research team meetings (monthly), Project management Group (quarterly), progress reports (every 8 months), Study Steering Committee Meeting at Months 10, 17, 25, 37 & 47)

7. *Project management*

Project Management Group (PMG): The partnership will be co-led by UoK (AMT) and KCC (GW) and supported by Prof JF and the Project Management Group. The PMG will include the work stream leads (SRR, SA, NS and LW), PPI co-applicant (JP), practitioner representatives from KCC (IP and JM) and representatives from the ARC (JF and MRR), RDS (FH), CRN (BD) and care providers (LF, JT and LJ). The expertise and experience of the applicants in this team are outlined in section ten below. This project management team (including all co-applicants) will meet quarterly, through a combination of virtual and ‘in person’ (subject to COVID) meetings. The PMG will be supported by the ARC KSS Implementation Lead (RS) who is a qualified project manager (PRINCE2). RS will help manage project milestones. The PMG are responsible for study delivery as a whole and within each work stream. The RiRs will provide approximately 20% FTE of administration and support to aid project coordination and links between partner organisations. This dedicated and protected time will be important for a project of this scale, especially given the number of partners involved. RS and the RiRs will be responsible for organising the PMG meetings and taking minutes of action points and decisions.

The core research team (the co-leads (GW, AMT), the WS leads (FH, NS, SRR) and the RiRs when appointed) will meet monthly, with additional meetings scheduled as required to address issues relating to specific work streams or activities. Other team members will be invited to these as needed (e.g. SA would be invited to meetings to discuss health economic input into fellowship projects or to feed into workshops on cost-effectiveness analysis).

The Study Steering Committee (SSC) will provide supervision for the research, ensuring it meets rigorous standards. They will meet 5 times during the life of the project. The SSC provide advice, monitor progress against the protocol, ensure strong ethical standards, agree proposals for changes to protocol and provide advice to the sponsor and funder in this regard.

Meetings will be held in person if COVID restrictions allow, or virtually using online meeting software. The SSC currently includes confirmation from; Prof Jackie Cassell (Public Health expert at Brighton and Sussex Medical School), Charles Tallack (Health Foundation), Karen Morse (regional representative for Skills for Care) and Dr Kish Bhatti-Sinclair (academic social worker, Chichester). We will recruit an independent Chair who is an expert in social care to provide independent oversight to the study.

3 public and service user representatives to the study steering committee through our KCC, ARC and University of Kent PPI groups. Specifically, we will be looking to recruit a service user, a family carer and a member of the public with an interest in social care. A budget to support their preparation for and attendance at meetings (time and travel) has been included. Training and support for PPI members of the steering group will be provided if required, as outlined in our PPI section.

8. *Ethics/regulatory approvals*

This proposal is for a Kent Adult Social Care Partnership and as such the overarching project itself does not require ethical approval. Individual pilot projects conducted within the three Training and Research Fellowship **will** require ethical approval and oversight and this will be sought from either the University of Kent's ethics committee (e.g. for secondary analysis of anonymised data) or from the National Social Care Research Ethics Committee (e.g. for primary research involving service users and their families), depending on the nature of the projects being developed. All academic COIs have significant research experience with social care users and their carers and are familiar with the ethical and research governance frameworks and approvals for social care research. We will support all research undertaken within the KASCP to ensure research is conducted ethically and, where appropriate, is fully compliant with the Mental Capacity Act. Research data collected during the projects will be stored securely at the University of Kent so that the academic team are able to support the fellows in their analysis. Where anonymised data will be shared with Kent County Council, this will be made clear on study consent forms and approval sought through an ethics committee. The University of Kent and Kent County Council are compliant with the Data Protection Act.

9. *Project/research expertise*

Senior Management Team

Ann-Marie Towers (Principal Investigator): Reader in Social Care, University of Kent (UoK) and programme lead for the Adult Social Care Outcomes Toolkit (ASCOT). AMT has been PI/COI on grants of over £3.6m from NIHR, the Health Foundation and the Big Lottery Fund. She is the social care lead for the RDS-SE, social care champion for CRN KSS and sits on ARC KSS capacity building strategy group. She also sits on regional and national NIHR funding panels. AMT will co-lead the partnership with GW, supported by Professor Julien Forder who is a co-applicant on this proposal, and Professor Stephen Peckham, Director of the ARC KSS and Centre for health Services Studies. Prof Peckham will meet once a month with Ann-Marie as part of his line management responsibilities and is therefore not costed into this application.

Gina Walton (Co lead and PPI lead): DLC manager for Clinical and Social Innovation at KCC. GW has secured funding of €3m and £331k, in order to implement a number of innovation projects. She currently oversees 8 programmes and projects, 4 of which are EU funded Interreg projects which involve working with a large number of partners. GW will co-lead the partnership with AMT, lead WS4 and is the PPI lead for the Partnership with JP.

Professor Julien Forder: ARC KSS Social Care theme lead and national lead for social care for the NIHR ARC programme. Deputy Director of the NIHR School for Social Care Research. JF will provide mentorship and support to AMT and GW and expert oversight to the partnership. His time is funded through the ARC KSS.

Dr Ferhana Hashem: Senior Research Fellow at UoK and the Kent Academic site lead for NIHR RDS-SE, who will fund some of her time. FH is ideally placed to co-lead WS1 and WS3.

Dr Sweta Rajan-Rankin: Senior lecturer in social work at UoK and Deputy Director of Research and Lead for Public Engagement (Medway campus) and a professional social worker. SRR will co-lead WS1 with FH.

Dr Lizzie Ward: Principal Research Fellow at the University of Brighton. Expertise: qualitative participatory research, co-research, developing knowledge exchange processes and co-production of learning resources. LW will assist with co-production (WS1), dissemination and provide a gateway to regional knowledge sharing (WS4).

Nick Smith: Research Fellow at UoK. Expertise in qualitative and mixed method research, outcome measurement, care homes, dementia and co-research. NS will co-lead WS2 and the evaluation of the RIR model.

John Potts: Member of the Kent Adult and Social Care Patient Panel. As Chair of the Kent and Medway Patient and Public Advisory group to the Kent and Medway STP and of his local Patient Participation Group, he has gained considerable experience. JP will co-lead the public input and oversight into the partnership with GW.

Ecaterina (Ina) Porumb: Social worker and practice lead at KCC. Ina will co-lead the COPs in WS1 and help engage practitioners.

Jane Miller: Principal Occupational Therapist (KCC). JM will provide expert advice throughout and specifically assist with the fellowships and pilot projects in WS3.

Dr Stephen Allan: Research Fellow at UoK. Expertise in quantitative economic and policy evaluation, ASC market dynamics and labour force. SA will provide advice and input on economic evaluation, especially regarding the secondary data analysis being conducted by one of the fellowships in WS3.

Dr Melanie Rees-Roberts: Research Programme Manager for ARC KSS. Her time will be funded through the ARC, as this partnership complements ARC goals regionally and nationally through the Social Care research theme and National ARC lead status for social care.

Louise Faulkner is the Project Lead for **Kent Integrated Care Alliance (KICA)**. Her role is to identify opportunities to enhance the alliance for the benefit of its members. KICA is an independent body to support Local Care Providers in Kent. Louise Faulkner will provide representation for provider organisations in the partnership and management team.

Dr Jane Townson is the CEO of the UK Home Care Association. Her role is to ensure sector relevance and provide sector intelligence and connections throughout the partnership.

Liz Jones is the Policy Director of the National Care Forum. Her role is to ensure sector relevance to not-for-profit care providers and provide sector intelligence and connections throughout the partnership.

Research Team

Dr Rasa Mikelyte: Research associate at UoK. Expertise in mixed-methodology research, service evaluation and action research. RM has taught on social work programmes locally and nationally.

Dr Wenjing Zhang: Research assistant at UoK, research advisor in social care at NIHR RDS SE and a qualified social worker. Expertise in qualitative research and secondary analysis for both quantitative and qualitative data.

RM and WZ will assist with partnership activities, including; organising and providing expert input into fellowships, public involvement and engagement, workshops and co-production and sharing of knowledge.

ARC KSS: Rebecca Sharp (Implementation Lead – Social Care) is an experienced Programme Manager (PRINCE2). Rebecca will provide PM advice/guidance to the team, including engagement and involvement of key stakeholders, linking between key partner organisations and supporting the development of the COP. She will also support the wider spread and implementation of the evidence-based framework for building research capacity; that delivers research based on the needs of the local population and key national priorities. Her time will be funded through the ARC KSS.

CRN KSS: Becky Dilley (Research Delivery Manager for Social Care and Public Health) will provide expertise on how the CRN can support recruitment. Their time will be funded by CRN KSS to support work streams 1, 3 and 4.

11. Success criteria and barriers to proposed work

Please set out the measurements of success you intend to use, the risks to the proposed research and how you intend to mitigate against them.

The success of the study will be judged by the:

- Level of engagement achieved at each stage of the study with social care practitioners and workers, including those employed by KCC and from the wider social care workforce.
- Establishment and sustainability of vibrant communities of practice supporting a culture of research in practice.
- Completion of three Training and Research Fellowships
- Impact (or potential impact) of pilot projects on ASC policy or practice.
- Success of the Researcher in Residence Model in social care, as a means of supporting partnership working and co-production.

- Submission of high quality applications for funding on areas of strategic priority to ASC.
- Delivery of online research and training resources considered useful by the ASC sector.
- Delivery of study outputs, including high quality peer reviewed publications.

Risks	Mitigation
COVID-19	<p>This application is being written during a global pandemic which has had a significant impact on the ASC sector. This might impact on the sector's ability to engage with the partnership. We will know more towards the end of 2020/early 2021 and can discuss and review year one activities with NIHR, if necessary, nearer the time.</p> <p>COVID may also mean that networking events/workshops are broken into small on-line or virtual webinars and online consultations. No pilot projects are due to start in 2021. We will be flexible in our approach and constantly evaluate the best ways to ensure the project stays on track.</p>
Partnership is too ambitious and will be difficult to manage.	We are supporting the partnership with a strong management and governance structure, whilst offering excellent value for money through the roles being funded by the ARC KSS, with input from the NIHR RDS and NIHR CRN. Team members have many years of combined experience in managing international and national collaborations involving multiple parties and organisations, including the NIHR Policy Research Units and membership of the NIHR School for Social Care, which involves holding budgets to fund research by school members. We have included time for administrative support and, a qualified project manager (RS, funded through ARC).
There is not enough support from the ASC sector to develop Communities of Practice.	This partnership is strongly supported by the ASC sector. This is evidenced through our COIs from: KCC, KICA and the Kent People's Panel and letters of support from the; National Care Forum (SSC member), UK Home Care Association (SSC member), Association of Directors of Social Services (ADASS), Skills for Care (SSC member) and The Health Foundation (SSC member).
Culture with ASC	There needs to be a culture change within Adult Social Care to ensure that this project and research in general is seen as important and supported by managers. There might be resistance to change. We hope that by including senior managers and practitioners from the start, involving them in co-designing the COPs and embedding RiRs, we will be able to support change, and identify implementation barriers and solutions to overcome these.

The ASC workforce do not consider research a priority	This speaks to the core aim of this research: to build research capacity in ASC through better partnership working. It is not that research is not recognised as important to the ASC sector, rather that sometimes the research conducted does not fit with what they regard to be important and meaningful. By working together in partnership and developing ideas from the ground up, we will ensure that the research conducted fits the priorities of service users and their carers, practitioners, care workers, providers and commissioners.
Care provider organisations do not have the money to support staff to attend training and workshops	We cannot overcome the funding challenges of the sector through one project but we can support engagement and involvement through the methods outlined in our proposal, including flexible online delivery, funding fellowships and offering training and support funded through the partnership. By aligning our activities to what the sector considers important, we expect participation and engagement to be considered more worthy of investment by providers.
There will not be sufficient or suitable applicants for the Training and Research Fellowships.	Meetings have already been held with social care practitioners to discuss research ideas. There is significant interest from the sector but a barrier to participation is a lack of funding to release people from their practitioner/care worker roles and free them up to lead or collaborate in research projects. Our training and research fellowship will be fully costed, as any other research project would be, including funding a %FTE of each successful applicant. To ensure that applicants are suitable for the fellowships, we will be spending year one identifying research priorities and building skills and capacity through training, workshops and events.