Full/Long Title of the study

Enhancing research capacity in adult social care and social work in the East of England: testing the feasibility of Research in Practice Teams (The SCRiPT study)

Short Study Title/Acronym

Enhancing research capacity in adult social care: The SCRiPT study

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Protocol version

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Key words	Adult social care, Adult social work, Communities of practice, research capacity

Study summary

Background: The NIHR has a remit to develop the evidence base to inform and improve adult social care practice in England by commissioning and conducting internationally leading research. However, there are too few social care staff with research skills, and the infrastructure to support research in social care settings is lacking. Research capacity development is complicated as Adult Social Care is delivered though a highly devolved model and by a wide range of providers. There is a need for sustainable and targeted models that have the potential to develop research capacity in individuals and build supportive research cultures within organisations.

Aims & objectives: The overall aim is to establish teams of researchers and social care practitioners (Research in Practice Teams) and evaluate if this model can mobilise research learning and promote the conduct of research that reflects the priorities and challenges of the populations they serve.

Design: Mixed method study using a four-site case study approach that draws on theories of Communities of Practice.

Methods: The project will be conducted over 36 months in two counties in the East of England (Hertfordshire and Norfolk). It will involve four work packages (WP).

- WP1 focuses on the development of four Research in Practice teams (RiPTs) grouped around an area of shared interest. Each RiPT will involve 6-7 members of differing levels of experience and seniority. Teams will be funded for two years to develop and implement a way of working that will support research knowledge and use.
- WP2 focuses on the provision of tailored training for members of the RiPTs designed to support their development as research competent professionals
- WP3 focuses on the development and delivery of research projects that reflect local priorities and build research skills and capacity in members of the RiPTs
- WP4 focuses on evaluating the feasibility and impact of the RiPT model and the new Researcher in Residence (RiR) model (see below). Data will be collected to assess whether RiPTs and RiR have an impact on RiPT members research knowledge or involvement in research; create a vehicle for learning and knowledge exchange, and lead to locally relevant research being conducted. In addition, we will document the resources involved in delivering the RiPT model and the RiR.

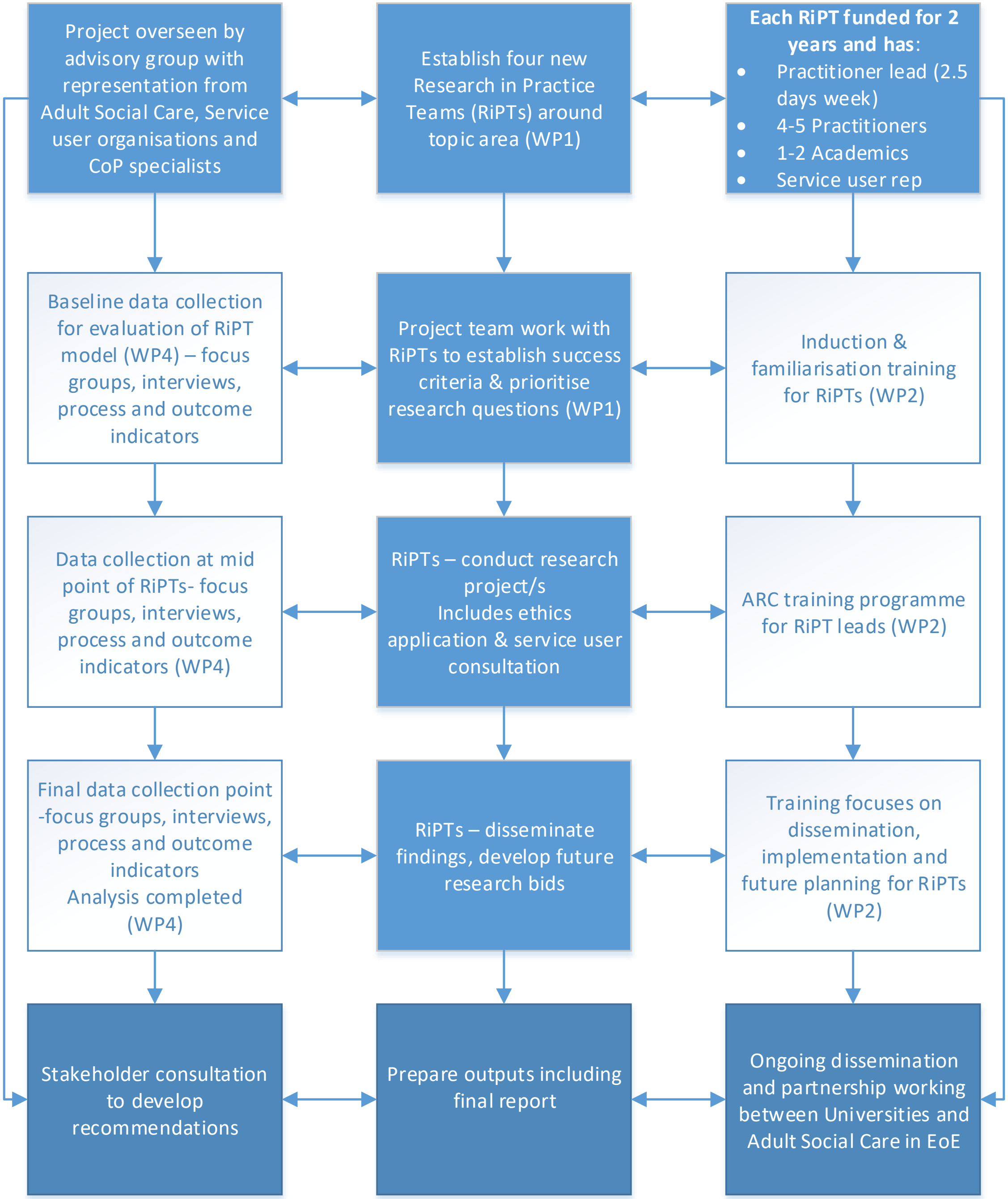
- WP5 has been added in 2023, as a result of a new partnership between SCRiPT and the Clinical Research Network East of England (formerly known as CRN Eastern). A new post, Researcher-in-Residence, has been created with the aim to encourage more and regular Adult Care Services engagement in research and evaluation. The Researcher in Residence (RiR) model is identified as a way to achieve meaningful and effective co-production, and this new model will be evaluated under WP4.

Anticipated impact and dissemination

To create short and long term impact we will: 1) ensure the participation of relevant stakeholders (including experts by experience); 2) disseminate findings in a variety of formats, including those that are accessible to non-academic audiences; 3) provide access to a tested model for building capacity within the sector to evaluate improvements and innovations in social care; 4) generate a legacy of awareness raising amongst beneficiaries of how to develop, conduct and use research and 5) create sustainable partnerships between researchers, adult social care providers and research networks (e.g. ARC, CRN). Social care practitioners, RiPTs and the RiR will be actively involved in dissemination. Involvement with local, national and international networks will underpin the relevance and reach of the work.

Study Flow Chart

Enhancing research capacity in Adult Social Care and Social Work in the East of England: testing the feasibility of Research in Practice Teams (The SCRiPT study)



Project overseen by advisory group with representation from Adult Social Care, Service user organisations and CoP specialists

Establish four new Research in Practice Teams (RiPTs) around topic area (WP1)

Each RiPT funded for 2 years and has:
- Practitioner lead (2.5 days week)
- 4-5 Practitioners
- 1-2 Academics
- Service user rep

Baseline data collection for evaluation of RiPT model (WP4) – focus groups, interviews, process and outcome indicators

Project team work with RiPTs to establish success criteria & prioritise research questions (WP1)

Induction & familiarisation training for RiPTs (WP2)

Data collection at mid point of RiPTs- focus groups, interviews, process and outcome indicators (WP4)

RiPTs – conduct research project/s
Includes ethics application & service user consultation

ARC training programme for RiPT leads (WP2)

Final data collection point -focus groups, interviews, process and outcome indicators
Analysis completed (WP4)

RiPTs – disseminate findings, develop future research bids

Training focuses on dissemination, implementation and future planning for RiPTs (WP2)

Stakeholder consultation to develop recommendations

Prepare outputs including final report

Ongoing dissemination and partnership working between Universities and Adult Social Care in EoE

1. Background

The NIHR has a remit to develop the evidence base to inform and improve adult social care practice in England by commissioning and conducting internationally leading research (1). This research is needed to develop a robust evidence base for the delivery of social care to address growing and complex demands brought about, in part, by demographic and socio-economic changes. The knowledge exchange agenda and the use of evidence to inform practice is now well established in health settings (2); providers of adult social care services are, however, relatively new partners. This is despite the fact that social care employs more people than health care (3). Policy developments such as degree-level social work qualifications and post-qualifying education frameworks were intended to enhance the capabilities of social workers to value, use and undertake research, but in practice in social work and social care there are still low levels of research capacity. Relatively few staff in social care settings are involved in research and/or have research skills (4) and research activity is rarely expected to inform professional development (5, 6). There is a need for sustainable and targeted models that have the potential to build supportive research cultures within organisations and a cadre of active researchers with social care expertise who can lead research and create the right environment for research implementation.

How does the existing literature support this proposal?

Research capacity development (RCD)

Research capacity development interventions are focused on empowering and enabling different levels of a system (individual, team, organisational and within networks) to conduct research (7) that addresses local health issues (8). This creates the right environment and research culture, further downstream, for knowledge mobilisation and implementation (9). An active research culture fosters research activity that feeds into organisational performance (10). RCD interventions include technical assistance, virtual and in-person training, online learning, skills-based courses and coaching and mentoring (9, 11-17). In social care examples of RCD include practitioner led research (e.g. as part of knowledge exchange (KE) initiatives) (18, 19), academic practice partnerships involving social workers (20, 21) and ongoing collaborations between care homes and Universities (22, 23). Such collaborations have increased staff expertise and participation in research and led to the production of impactful research (24). Key elements of RCD interventions in health and social care include learning by doing and creating a sense of ownership through co-production (9, 25), protected research time and financial support (16, 26-28), managerial and organisational commitment and support (14, 16, 29), mentorship and collaboration with academic partners (16, 20, 21, 26, 30, 31), relationships (18, 21, 32, 33) and flexibility (34). In addition, team-based approaches to research capacity building have been shown to improve individuals research skills in health settings (35), particularly if the team is situated in a supportive organisation and team members are freed from practice duties (29). These components will underpin our strategy in which researchers and social care practitioners will work together to create 'Research in Practice Teams' (RiPTs).

2. Rationale

Why this research is needed now

The gap between research evidence and its use in practice (36) is particularly wide for social care and social work. Barriers to active engagement in research and research informed practice include limitations in funding, a lack of collective identity, underdeveloped research governance infrastructure, austerity policies, devolved and fragmented local authority systems, and a mixed economy of providers (4, 5, 37, 38). A scoping exercise we completed for the NIHR Clinical Research Network (CRN) has shown that research capacity in social care in the East of England is low (39). However, this scoping exercise, and our discussions with senior managers in Adult social care found a readiness (and enthusiasm) to engage in research capacity development. Crucially, this is contingent on the availability of resources to support practitioners to take time out from front line duties to participate in research related activities (e.g. salary backfill). Building on this willingness to engage in RCD initiatives the next step is to develop and test the most appropriate models for research capacity building in Social Care.

We propose to extend current knowledge on RCD in health and social care and learning from the NIHR EoE ARC Individual Fellowship Scheme to develop 'Research in Practice Teams' that can build research capacity and capability in adult social care in the East of England. Using teams will allow greater reach and impact. The rationale for focusing on a single region is that it has an adult social care workforce of over 160,000 (40), includes rural, urban, new town and coastal communities and has a research infrastructure that has begun to work with social care.

3. Theoretical Framework

Communities of Practice

The RiPTs will adopt a Communities of Practice (CoP) model (41). CoPs are characterised by three fundamental elements: a domain of knowledge, which defines a set of issues; a community of people who care about this domain; and the shared practice that they are developing to be effective in their domain (42). The concept of CoPs has emerged from a socially situated view of learning in which individuals continually combine and modify knowledge through their everyday operations and interactions between each other (43, 44). Communities of Practice have been identified as a vehicle for building collaborative relationships and the creation and transfer of knowledge (45-48). They provide a means for shared staff and organisational learning and development that 'transcend hierarchies, disciplinary and organisational divides'(49). In our RiPTs practitioners and researchers will come together in CoPs to undertake research projects. This mutual engagement in research will build on and use members' existing knowledge, cross boundaries between Adult Social Care and academic organisations, and foster commitment to the project and to each other (12) (45). The flexible nature of learning from and within members of the RiPT will enable the movement and evolution of both theoretical and practical knowledge and skills ensuring that the research conducted by the group is 'contemporary and contextualised' (50). Our approach will focus on ensuring we build on the interests, knowledge and priorities of the practitioners involved, and the communities they work with, for example by respecting and valuing experiential and organisational knowledge (25, 51). This COP approach, including group discussion, peer to peer learning and experience working on research studies, will provide a rich learning experience that complements the associated training programme. Our discussions with managers and practitioners in Adult Social Care have identified several potential areas for RiPTs including: drug and alcohol dependency, virtual service delivery, self-neglect and hoarding, the discharge Home to Assess pathway, and assistive technology.

4. Aims

The overall aim is to establish teams of researchers and social care practitioners (Research in Practice Teams) and evaluate if this model can mobilise research learning and promote the conduct of research that reflects the priorities and challenges of the populations they serve.

In this study we will focus on larger organisations (specifically two Local Authorities). Our scoping exercise suggests that these larger organisations are more likely to be able to engage in research capacity development (39).

4.1 Objectives

The Objectives are to:

1. Establish ‘Research in Practice Teams’ (RiPTs) and collaboratively identify short and long-term success criteria for evaluating their impact (WP1)
2. Evaluate the impact of tailored training and peer to peer learning in communities of practice on the development of research skills and capacity in social care (WP 2).
3. Identify local research priorities and undertake research with RiPTs (WP3).
4. Evaluate the feasibility of using ‘Research in Practice Teams’ and the ‘Researcher-in-Residence- models to build sustainable partnerships between university researchers and adult social care services (WP1-4)
5. Understand what resources are required to support the development of research capacity in adult social care services using a team-based approach (WP4).

5. Research Plan/ Methods

Design: We propose to undertake a feasibility study of a Research Capacity Development (RCD) initiative in adult social care in two counties in the East of England (Hertfordshire and Norfolk). The model involves ‘Research in Practice Teams’ (RiPTs) drawing on theories of Communities of Practice and their key characteristics for successful uptake (41). There will be four teams, each formed around an area of shared interest/responsibility. Implementation theory (52) and recent studies (53, 54) recognise that interventions that align with organisation and staff priorities are more likely to be sustained. Each RiPT will be a case study (55). A virtual Research Support Hub involving all project team members will provide training and support for RiPTs. It will also facilitate links between the four RiPTs and between the RiPTs and the wider research and practice community in the region. In 2023, the new post the Researcher-in-Residence post will be established at Hertfordshire County Council’s Adult Care Services (ACS), and the evaluation of this post will follow the same approach as the evaluation of the RiPTs.

The project is led by Almack at the University of Hertfordshire (UH). UH has close links with statutory and third sector social work and social care agencies and service user and carer organisations in Hertfordshire and across the region. The project has been developed in collaboration with key partners in Adult social care and NIHR infrastructure that supports research in the region (e.g. East of England Applied Research Collaboration (ARC) and Clinical

Research Network) (see Table 1). The support of the ARC allows us to draw on the resources and networks of the ARC and develop links between health and social care.

Table 1: Partner organisations in SCRiPT study

Organisation	**Key people**	**Role**
Social Care and Social Work		
Hertfordshire County Council (HCC)	Tanya Moore Principal Social worker	Co-app
	Catherine Greenlaw Principal Occupational Therapist	Co-app
	Iain MacBeath Director Adult Social Care (since gained approval and support from Chris Badger, new Director of ASC)	Letter of support
Norfolk County Council (NCC)	Andrew Smith Principal Social Worker	Co-app
	James Bullion Director Adult Social Services	Letter of support
Herts Partnership University NHS Trust	Ingrid Richardson Lead Professional for Social Work and Social Care	Advisory group
Department Health and Social Care	Mark Harvey Chief Social Worker and Operations Director Adult Disability Services Herts CC	Letter of support
Norfolk County Council	Fay Gower-Smith, Principal Occupational Therapist	Advisory Group
Hertfordshire County Council (HCC)	Nicola Lee, Senior Public Health Evaluation Officer, HCC	Advisory Group
Research and implementation support		
East of England Applied Research Collaboration (ARC)	Christine Hill, Deputy Director	Co-app
	Andree Le May Implementation lead	Advisory group
CRN Eastern	Esther Thomas & Ruth Hudson	Advisory group & training
Service user and carer representatives		
Shaping our Lives	Becki Meakin, CEO,	Co-app

Service user	Sean Bolton, service user, and member of Creating Links Expert by experience group	Advisory group
Age UK Herts	Mark Hanna, Director of Operations Age UK Herts	Advisory group
Age UK Norfolk	Dan Skipper, Age UK Norfolk	Advisory group
Viewpoint Herts	Leslie Billy, CEO Viewpoint Herts (Mental health)	Advisory group
Carers in Herts	Michele Stokes, CEO	Advisory group
St Martin’s Housing	Jan Sheldon CEO, Norwich (Homelessness)	Advisory group
Member of Public Involvement Research Group, UH	Louise Cobb	Advisory Group
Member of Public Involvement Research Group, UH	Marian Cowe	Advisory Group
Universities		
University of Hertfordshire (UH)	Prof Kathryn Almack	PI
	Prof Brian Littlechild, Dr Jennifer Lynch, Dr Echo Yeung, Dr Julia Warrener	Co-apps
University of East Anglia (UEA)	Prof Eneida Mioshi, (also Chairs ARC EoE Research Capacity Development Committee)	Co-app
University of Swansea	Dr Nick Andrews	Advisory Group
Consultancy		
	Dr John Woolham (previously at Kings College London)	Co-app

The project will be conducted over 36 months. It involves the following four work packages: <u>Work package (WP) 1</u>: Development of the Research in Practice teams (RiPTs), <u>WP 2</u>: Development and delivery of training and support for the RiPTs, <u>WP 3</u>: Delivery and dissemination of RiPT research projects, <u>WP 4:</u> Evaluation of the feasibility of the RiPT model. Each WP is described below. See appendix for timeline.

WP 1: Development of the Research in Practice Teams (RiPTs) (months 1-5, & ongoing)

Team focus. There will be four Research in Practice Teams (RiPT). The focus of these teams will be on carrying out a research project from beginning to end. This might incorporate elements of knowledge mobilisation; the RiPTs will be encouraged to think about working with practitioners and commissioners relevant to their research topic area to increase research-informed commissioning and commissioning-informed research. These will be new teams created around a topic, or an area, of common interest. Building the teams around areas of interest will give the RiPTs coherence and embed them in the practice and priorities of participating organisations. We have discussed potential topics with our social care partners and with groups of practitioners. The study was discussed at a regional meeting of Principal Social Workers and Occupational Therapists, and at a Forum for Advanced Social care practitioners in Hertfordshire. These discussions identified the following as potential areas for a RiPT:

- Drug and alcohol dependency and how they interact with frailty and cognitive impairment/dementia – of interest to older people and adult disability teams;
- Online working/ virtual delivery of social care services, including relationship building, safeguarding, ethical issues. This would build on a current collaboration between UH and Herts Partnership University NHS Trust looking at online consultation between health professionals and care home staff.
- Evaluation of the Discharge Home to Assess Pathway
- Self-neglect/hoarding was identified as an ongoing area of concern by social workers;
- Assistive technology - This would build on an NIHR funded Knowledge Mobilisation study with Hertfordshire County Council on assistive technology for older people living at home (56). In this project (led by co-app JL) commissioners have identified the need for expertise in evidence review and implementation to take their work forward.

Team format: Each RiPT will involve 5-6 members of differing levels of experience and seniority. Teams will be funded for two years to develop and implement a way of working that supports research knowledge and use. Funding will include protected research time (2.5 days a week) for one practitioner who will lead the RiPT and backfill to allow other members of the group to attend meetings and training (19 days for the two years of the RiPT). In return the employer agrees to ring-fence this time for RiPT members to take part in the project. Secure funding is recognized as a key facilitator of RCD (27). The extent to which teams can be successfully created and sustained will be evaluated throughout the project (see WP4).

The RiPT lead will be a qualified professional with enough seniority (and appropriate personal qualities) to energise the team and help them to learn. The lead will take primary responsibility for the research project conducted by the team. They will be fully supported by an experienced researcher from the project team (JL, EM, BL, EY, JW have been identified for this role). The project team member will attend RiPT meetings and provide ongoing support. Involvement in discussions about research design and conduct will build skills and capacity in the whole team and foster a sense of ownership. Service users/experts by experience will be integral to the development of research projects undertaken by the team.

RiPTs will include practitioners from a variety of disciplines. For example, a RiPT on the use of assistive technology in the community might involve an occupational therapist, information officer, social worker, community care officer, IT manager, service user representative, and an academic with expertise in the use of assistive technology with vulnerable groups. It is anticipated that RiPTs will meet every 8-12 weeks, supported in between by online forums and discussions. RiPT leads will be employed by the local authority but have associate member status with either the University of Hertfordshire (UH) or the University of East Anglia (UEA).

Recruitment of RiPT members: RiPT posts will be advertised widely in each organisation involved. This will include internal emails, e-briefings, and via forums such as the Advanced Practitioner Forums. The recruitment process will be similar to that employed for ARC fellows https://www.clahrc-eoe.nihr.ac.uk/2019/07/clahrc-fellows-2020-application-guidance/. Members of the project team will be involved in interviewing and appointing team members.

Translation to operational departments: We will ensure the RiPTs are linked to Practice Governance in each organisation involved. RiPT leads, and the study PIs will regularly update the Practice Governance Boards at each organisation on progress and outputs. Research projects (WP3) will be discussed with the boards to ensure they fit with organisational priorities.

Team priorities: The project team will work with RiPTs and service users to:

- Establish criteria to evaluate the success (or otherwise) of the RiPT
- Identify training needs (see WP 2)
- Identify priority topics for research projects and conduct developmental or exploratory research projects that will act as groundwork for future research questions and submissions and will help develop research capability and capacity (see WP 3).

Work package 2: Development & delivery of training and support for RiPTs (months 6-30)

We will provide the RiPT leads with a training package (outlined below) designed to develop their research capacity and support their development as research competent professionals. In turn, the RiPT leads will be expected to facilitate ‘learning through practice’ with other members in their teams, with some support from their nominated academic leads. The aim is for the RiPT leads and team members to develop and apply sound research evidence with which to inform and shape practice and policy in their field and locality.

WP2 will take advantage of and build upon our strong, interlinked NIHR infrastructure in the region. We will draw upon resources from the University of Hertfordshire, the University of East Anglia, the East of England ARC and NIHR Clinical Research Network Eastern (CRN Eastern).

RiPTs will be allocated a member of the study team (matching expertise with the RiPT chosen topic of interest insofar as possible) to support their development as researchers. As associate members of UH or UEA RiPT leads will be able to access library resources, online platforms, SAGE resources including https://methods.sagepub.com/project-planner, and training provided at a University level (e.g. by the Doctoral College). They will be encouraged to participate in ongoing research activities (e.g. seminars, journal clubs) in the department where their academic lead is based. RiPT leads will be required to keep a reflexive diary to chart and evaluate their learning and development as a researcher and the relevance of this within the environments in which they work.

Programme outline

1. Induction & familiarisation. We anticipate that the research knowledge and experience of our team leads will be relatively low. We will thus provide an initial 2-month period of bespoke training (delivered one day per week to familiarise team leads with research). This will be delivered by the SCRiPT study team with support in kind from specialist colleagues, UH doctoral resources, the UH Public Involvement in Research Group and the CRN Eastern. It will be delivered via a range of methods, including an induction day and attendance at workshops for the four leads (at least one day/month for the first three months, ideally face to face in location to be determined); online lectures/seminars, webinars and some independent learning. Learning will be supported by an online learning management platform (Canvas) and communication platform (Microsoft Teams). Sessions will include:

- social care & social work research landscape - including structure & function of the NIHR;
- accessible social care & social work research resources, including the work of SCIE and NIHR SSCR;
- reflexive and critical thinking;
- introductions to research skills, methodologies, and design;
- feasibility of doing research and the practical elements of delivering a research project;
- introducing service user and carer involvement in research including co-production.

We will draw on relevant resources from SCIE https://www.scie.org.uk/training/co-production/ (e.g. co-production), EoE CRN (Good Clinical Practice course), Skills For Care (finding, appraising and applying research) and NICE (social work engagement sheets). Sessions we develop will be designed with a view to further utilisation by other social care staff across the region who may wish to take forward research capacity development. Previous work demonstrates that targeted lectures (e.g. on different research methods) and group work with academic support that collectively addresses real world issues identified as relevant to those learning lead to engaged staff (29).

2. ARC training programme: Following the 2-month training programme, it has been agreed that the RiPT leads will join the research training programme designed for ARC Fellows in the East of England (support in kind from EoE ARC) https://www.clahrc-eoe.nihr.ac.uk/teaching-and-training/about-the-clahrc-fellowships/ . This is a 12-month programme that will start April 2022. There are overlaps here with the induction & familiarisation programme but this will help embed training and apply it in development of research projects. Workshop and seminar topics include: research ethics and research grants; methodologies; boundary spanning; engaging people and communities in research and implementation; experience-based codesign. Sessions are normally held face to face in Cambridge, a central location for the region. We will explore ways to transition these sessions to a virtual format post-COVID19, if required.

3. Dissemination, implementation and future planning: In the last 9 months of the RiPT training will focus on dissemination and future research planning, e.g. writing for publication and developing grant proposals. This training will be provided by the SCRiPT team with additional support from colleagues in the local Research Design Service and EoE CRN and ARC (e.g. access to implementation seminars). RiPT leads (and other team members) will be encouraged to write up research findings for peer review and practice-based journals and to present to academic and practice-focused audiences. For example, UH annual postgraduate research conference, ARC Fellows event, Hertfordshire County Council's Festival of Practice (a week-long programme of talks about social care), and relevant social work and social care conferences. Participants experiences of the learning process and its impacts will be evaluated in WP4.

Work Package 3: RiPTs research project delivery and dissemination (months 6-30)

Once RiPTs are established they will work together to develop and undertake research projects. The Community of Practice approach will foster collaborative learning and knowledge sharing with active participation in research creating the opportunity for 'learning through doing' (57). The RiPT will foster two-way learning between University researchers and practitioners.

Identification of research questionls. Key to the success of WP3 is that projects are manageable and achievable with the time and resources available, and that they reflect the priorities and perspectives of users and providers of adult social care services in the area (58). Nationally identified priorities (59) will inform discussions, but the aim will be to focus on local priorities. The identification and development of research questions will be done in a collaborative process that involves group members 'thinking together' (60). In order to ensure all voices are heard we will use a participatory approach known as Community of Enquiry. This technique builds relationships, knowledge sharing and collective learning through generating and exploring a conceptual question (25, 61). RiPT leads and the project team will be trained in this approach by a social work researcher experienced in the approach (Nick Andrews from the All Wales Academic Social Care Research Collaboration).

Identification of research approach/methods*.* Each RiPT will include at least one researcher from the project team. They will work with practitioners and the RiPT lead to identify the most appropriate research methods for each research project. Where necessary we will draw on our established network of ARC researchers across the region to identify mentors who will provide additional expertise and guidance for RiPTs. Involving academics in the teams will provide the opportunity for relationships to develop between practitioners and academics that encourage critical discourse and knowledge exchange (27, 62).

Service user involvement: It will be part of the remit of the RiPT lead to ensure that the views and experiences of service users and carers are incorporated into team projects. They will be expected to work with the University of Hertfordshire Public Involvement in Research Group (PIRG) and with appropriate service user representative organisations (see Table 1) to ensure service users are involved in designing, conducting and disseminating research. Where possible service user representatives will be invited to attend RiPT meetings. Training in service user involvement will be provided in WP2.

Dissemination and impact: RiPT leads will be supported to produce outputs (e.g. peer reviewed publications) that will act as building blocks for future grant capture. At the end of two years we envisage that team members, and in particular RiPT leads, will have developed research skills, outputs and networks that position them to lead (or co-lead) future research bids. This is vital to the sustainability of the RiPT model. RiPT leads will be networked with academic and research focused colleagues in the region, including the EoE ARC, RDS and CRN. The ARC Training lead (EM) will ensure that participants are supported to apply for NIHR Academy opportunities. As RiPT leads become increasingly skilled they will act as leaders and ‘agents of change’, further supporting integrated knowledge transfer (63, 64), for example by taking learning back to colleagues in their practice area.

Work package 4: Evaluation of the feasibility of the RiPT model and the RiR model (months 6-33)

WP4 runs alongside and is an integral part of WP1-3. It is focused on evaluating the feasibility and impact of the RiPT and RiR models. Evaluation will focus on whether RiPTs and RiR: 1) have an impact on RiPT members research knowledge or involvement in research; 2) create a vehicle for learning and knowledge transfer, and 3) lead to locally relevant research being conducted. In addition, we will document the resources involved in delivering the RiPT and RiR models.

Work Package 5: Establishing the Researcher-in-Residence model (months 23-35)

WP5 was added in 2023. It aims to achieve meaningful and effective co-production with Hertfordshire County Council’s Adult Care Services (ACS), supporting change in the research culture. Impact generated by this role will be evaluated via WP4.

Data collection

Data will be collected at three time points, baseline, the midway point (12 months) and at the end (24 months); it will involve a variety of qualitative and quantitative sources. Data collection will be guided by a set of process and outcome indicators. A data collection template will be developed to collate information relating to the agreed indicators and criteria. These indicators will be informed by previous studies on research capacity building (29, 33, 35) and by success criteria identified by each RiPT in WP1. Potential indicators are shown in Table 2. Data will be collected by the RF (TBA) and members of the project team who are not involved in WP3 (KA, JW, CG).

Table 2: Likely process and outcome indicators

1. ***Feasible way of developing sustainable partnerships***
• Evidence of links between practice and universities in the East of England (e.g. joint research bids) • RiPT leads able to take protected time to undertake research

• RiPT leads attend training sessions • RiPT team members attend and engage with team meetings
2. ***Impact on RiPT members research knowledge or involvement in research.*** • Evidence of research outputs – e.g. research grants; published outputs including peer-review publications, publications in practitioner orientated journals, blogs, newsletters • Increased research knowledge and skills • Impact on career development (e.g. future academic development)
3. Identify local research priorities and undertake research • Research question/s developed from practice • Research question/s developed with service user involvement • Research findings disseminated locally • Research projects and findings have an impact on local practice
4. Resources • Cost of the RiPT teams and RiR post (e.g. any additional costs outside of those budgeted for) • Senior managers views on impact on resource use/budgetary savings
5. Impact on culture and practice of care (includes actual and potential) • Presence of concrete plans to implement research findings in each RiPTs and RiR home site and across the RiPTs – e.g. specified success criteria related to practice-based change based on the research, targeted measures to evaluate success (or not) of these • Generation of further research to meet local needs and generate research-based solutions • Adoption of RiPT's ethos and/or RiR and ways of working across host organisations

Quantitative data. We will collect the following information from RiPT members at baseline, 12 months and 24 months:

- Funded research activity, either internally or externally funded research with social care commissioners or practitioners as lead or co-applicants
- Bids submitted for competitive research funding with social care commissioners or practitioners as lead or co-applicants
- Published research outputs: e.g. peer-review publications, publications in practitioner orientated journals, blogs, newsletters
- Dissemination activities: e.g. oral or poster presentation of research findings at conferences and meetings
- Research knowledge: survey about research practice, knowledge, and attitudes (65, 66)
- Post-graduate training: e.g. training courses, applications for MSc or PhD
- Evidence of implementation of research findings at each RiPT site: e.g. documented plans, specified success criteria, identification of targeted evaluation measures

We will collect data on the number of RiPT meetings, attendance at RiPT meetings, attendance at training sessions, and whether they were able to access protected research time as intended.

Qualitative data. Qualitative methodology will be used to explore perceived changes to the research culture of organisations involved, research confidence of individuals, barriers and facilitators, learning experience, and perceptions about the impact and success of the RiPT and RiR models. This will include the impact/reach beyond the immediate team, for example changes to care and practice and impact on culture of care and ways of working. At each of the three data collection points (baseline, 12 & 24 months) we will conduct a focus group with each RiPT (n=12 in total), semi-structured interviews with service users involved in the process, and semi-structured interviews with social care staff who are not members of a RiPT but have been engaged in the process in some way (e.g. managers, colleagues of RiPT members) (n= 40-60, up to 15 for each RiPT). We will also carry out observation of RiPT meetings (n= 6 per RiPT) and RiR meetings. Observations will focus on team interactions, ownership, processes the group goes through, and research knowledge and attitudes.

Arrangements for interviews and focus groups

Interviews will be conducted face to face in the practice setting (if applicable), or, if COVID regulations mean face to face interviews are not possible, via videoconferencing technology (e.g. MS Teams or Zoom) or telephone. Focus groups will be conducted face to face or via videoconferencing technology (e.g. MS Teams or Zoom). Interviews and focus groups will be conducted by the research fellow (TBA) with support from other members of the project team. With participants' consent interviews and focus groups will be recorded using an external recorder (because of security concerns around recording zoom interviews) and transcribed. Interview schedules/focus group prompts will be adapted to reflect type of participants and data collection time point. The following issues will be explored:

Focus group with RiPTs

Baseline

- Perceived barriers and facilitators to research use
- Previous/current experience of research use in social care
- Views on value of research use to inform practice

Follow up

- Perceived impact of RiPTs on care and practice
- Perceived impact of RiPTs on research capacity building/changes to research use
- Perceived impact of training programme on research knowledge/skills
- Views on value of research use to inform practice

Interviews

- Perceived barriers and facilitators to research use (baseline)
- Experience of research use in social care (baseline)
- Perceived impact of RiPTs and RiR on care and practice (e.g. 12 & 24 months)
- Perceived impact of RiPTs and RiR on research capacity building/changes to research use (e.g. 12 & 24 months)

Analysis : The constructs of Normalisation Process Theory (coherence, cognitive participation, collective action and reflexive monitoring) will be used as a framework for data collection tools and coding and analysis of qualitative data (67, 68). For example, NPT will be used to explain how the process promotes a shared sense of purpose, engagement and ownership in group members, and how this affects development, learning and implementation. Data will be analysed both within and across RiPTs to identify common themes, implementation processes and context-sensitive factors related to feasibility and acceptability of the intervention.

Developing recommendations: We will work with the Project Advisory Group and commissioners and providers to develop a set of actionable recommendations to inform practice and the development of future capacity building initiatives in social care. This will include the development of an evidence informed model for facilitating research capacity development. This will be achieved through one face to face stakeholder meeting (with 20-30 stakeholders) and via virtual meetings. Stakeholders will include service user and carer representatives, social care commissioners and practitioners, researchers and third sector organisations.

6. Study setting

The study will take place in Hertfordshire and Norfolk. The research team are supported by the NIHR East of England ARC. The population of interest for this study is social care professionals working in Hertfordshire and Norfolk.

7. Sample and recruitment

7.1 Inclusion criteria

Focus groups (WP4)

We will create four RiPTs each including five practitioners, one of who will act as the team lead. Inclusion criteria for RiPTs

- Practitioner working in adult social care or social work in Hertfordshire or Norfolk. This can include practitioners at any level and any occupation
- Interest in developing skills in research and willing to participate in research projects
- Willingness to disseminate research findings into practice and be an advocate/champion for research in their area of practice
- Able to commit 2.5 days a week to RiPT (team lead) or at least half a day/month (team members)

Inclusion criteria for semi structured interviews (WP4)

- Practitioners/managers (any role) in adult social care who are not members of a RiPT but have been engaged in the process in some way, including meetings and working with the RiR.
- Service users who have worked with the RiPTs and RiR

7.2 Sampling

Participants will be recruited from the area covered by the EoE ARC, in particular Hertfordshire and Norfolk. Data will be collected at three time points, baseline, 12 months and 24 months. At each time point it is anticipated that up to 35interviews will be carried out (e.g., 5 per RiPTs and approximately 15 for the RiR model). Individuals recruited for interviews will be purposively sampled to capture a range of experiences in adult social care and social work. Where possible the same interviewees will be involved at each time point.

7.3 Recruitment

Potential participants will be identified through the practice networks of the project team, The RiPTs and the EoE ARC. Initial approaches will be made via email. This will be done by the Research Fellow in consultation with Catherine Greenlaw (Herts CC) and Andrew Smith (Norfolk CC). Other gate keepers will be involved as necessary. Those that agree to participate will be followed up with a phone or video call to answer any questions, confirm eligibility and arrange a time to conduct the interview.

7.4 Consent

Interviews

Potential participants will be provided with an information sheet alongside an invitation letter/email. Due to the restrictions associated with COVID-19 it may not be possible to give participants hard copies of the consent forms. Instead we will send the forms electronically and ask potential participants to complete and send them back electronically. If this is not possible, we will give a verbal explanation of the study and participants will be told that they can change their minds at any point without having to explain why. The informed consent exchange will be audio-recorded, and participants will be asked to audibly agree to each part of the process. We will read out the consent form to participants over the phone or video call and obtain verbal consent for each aspect. This process will be audio recorded using an external recorder (because of security concerns around recording zoom interviews).

Observation of RiPT and RiR meetings

A week prior to the first meeting to be observed, the participant information sheet and sample consent form will be sent to all members detailing how participant observation will be conducted. At the first meeting, the purpose of the study and the methodology will be reiterated and members will have a chance to ask questions before signing consent forms. Participants will be consented at this stage for all subsequent periods of observation but will be reminded of their right to withdraw consent at any time. New attendees at subsequent meetings will be consented separately following the same process.

We will also stress that non participation will not affect participants relationship with their employer.

8. Ethics/Regulatory Approvals

8.1 Assessment and management of risk

It is not anticipated that any serious risks to participants will arise from participation in this study. Participants will be assured that they are not required to discuss sensitive or personal information and can refuse to answer any questions as they wish. If an individual becomes upset during an interview or focus group data collection will stop and only resume if the individual agrees to it.

Very rarely, during data collection, researchers may hear about issues that have serious implications for an individual's safety and care. Participants will be informed on the information sheet that if this were to occur confidentiality would be broken as researchers are obliged to report these issues to the appropriate authority. In this case the researcher will follow the Council's protocols on safeguarding and protection from harm. However, the researcher will keep the person being interviewed fully informed about this. Such issues will be discussed with the PI Almack.

Several potential risks to the project have already been identified (see risks to project and strategy for mitigation). Prior to the start of recruitment, a further risk assessment will be conducted to identify any potential risks to participants.

Risks to project and strategy for mitigation

Risk: Lack of engagement from social care

Mitigation: We have developed this bid in close partnership with colleagues from adult social care. The Principal Social Worker and Principal Occupational Therapist for Hertfordshire CC and the Principal Social Worker from Norfolk CC are applicants on the bid and are fully engaged with the study. We also have support from Iain MacBeath Director of Adult Care Services in Hertfordshire (and Chris Badger who will be acting up as Interim Director from July 2020) and James Bullion Executive Director of Adult Social Services, Norfolk CC and president of ADASS.

Risk: Unable to recruit RiPT leads and team members

Mitigation: We have discussed this study at a Forum of Principle Social Workers in the region and at the Hertfordshire Advanced Practitioners Forum. At both meetings there was enthusiasm for the project with people reporting interest in being part of a team. Some comments from the MS Teams chat with Advanced Practitioners included ‘what a fantastic opportunity for practice led research’, ‘brilliant opportunity’ and ‘sounds great’. At both meeting practitioners came up with ideas for research.

Risk: Team members unable to attend meetings/training because of front line duties

Mitigation: We know that engagement of practitioners in research related activities is contingent on the availability of resources to support them to take time out from front line duties. We have included salary backfill required for RiPT members. These resources have been agreed with our social care colleagues. We are also aware that practice will always be a priority for practitioners. For example, in the light of a pandemic, such as COVID-19, workers are likely to be redeployed to support practice. To mitigate this, we will take a flexible approach – for example adapting meetings to be virtual rather than face to face or changing the timing of meetings.

Risk: The RiPT lead leaves before end of two years

Mitigation: Our model includes teams of practitioners working closely together. If a RiPT lead leaves before the end of the project, then we would anticipate replacing them with another member of the team. The replacement lead would receive additional support from the project team to ensure they were brought up to speed as quickly as possible.

Risk: RiPTs underperform

Mitigation: We will have a rigorous recruitment process to identify RiPT leads. Teams will be provided with tailored training and will be supported by a member of the project team. Team Leads will be associate members of UH or UEA. To ensure that RiPT leads feel supported, and part of a research community, they will have access to desk space in the academic departments of the PI (Almack at UH) or the co-applicant (Mioshi at UEA).

Risk: Ongoing impact of COVID 19

Mitigation: The start date for the project is April 2021, by which time we anticipate that the impact of COVID-19 will be significantly reduced. However, there is the possibility that face to face activities will still be limited when the study starts. If this is the case, then we will adapt our activities to use online platforms such as MS Teams (as we have done in planning this study). If necessary, project team meetings, recruitment of RiPT members and training can all be done via MS Teams. We anticipate that even if social distancing is no longer required team meetings, including some RiPT meetings and Advisory Group meetings, will be done via videoconferencing. This will have the advantage of reducing travel time and costs, and for the Advisory Group making it easier for members from across the East of England to participate.

8.2 Research Ethics Committee (REC) and other Regulatory review & reports

The study will adhere to the UK Framework for Health and Social Care research. Approval will be sought from HRA and Association of Directors of Adult Social Service (ADASS). Before the start of the study, a favourable opinion will be sought from the UH ECDA and HRA for the study protocol, informed consent forms, participant information sheets and other relevant documents. Before participants are recruited to the study the Chief Investigator(s) will ensure that appropriate approvals from participating organisations are in place. We are in the process of developing research governance protocols with Norfolk and Hertfordshire County Councils.

Substantial amendments that require review by ECDA will not be implemented until that review is in place and other mechanisms are in place to implement at site. All correspondence with the ECDA will be retained.

The Chief Investigator will produce a report as required and will notify the ECDA of the end of the study. If the study is ended prematurely, the Chief Investigator will notify the ECDA, including the reasons for the premature termination.

We will work with RiPT leads and RiR to ensure that appropriate procedures and approvals are in place for research projects conducted in WP3 and WP5.

8.3 Peer review

8.4 Protocol compliance

Accidental protocol deviations will be adequately documented on the relevant forms and reported to the Chief Investigator and Sponsor immediately. Deviations from the protocol which are found to frequently recur will be actioned immediately.

8.5 Data protection and participant confidentiality

Anonymity

All names or identifiable information will be removed from the data and all participants will be guaranteed anonymity in written reports and summaries of data analysis. All participants will be assigned an anonymised code which will be used throughout the analysis and presentation of the results (e.g. direct quotation). The document linking participant codes to participant details will be kept separately to data. UH is fully compliant with GDPR requirements for transparent, fair and legal data protection. The research team will adhere to these obligations. This will be covered within the participant consent form and will be discussed with participants.

The councils named in this research have been named in the study protocol and in application documents to the funder so has been known from the outset. Individual contributions to the study will have non-essential information changed but any potential consequences of the study site being identifiable will be discussed with participants prior to recruitment and with relevant council officers when findings are being written up for dissemination.

8.6 Access to the final study dataset

Only the project team will have full access to the final dataset. Any other person wishing to have access to the full dataset must submit a formal request to the Chief Investigator(s) for approval.

9. Service user involvement

Service user lead: Becki Meakin the General Manager of Shaping Our Lives https://www.shapingourlives.org.uk/ will lead on service user involvement. Shaping Our Lives is a user led national network of service users and disabled people. BM has an established history of joint working with the University of Hertfordshire and with the EoE ARC. BM will be supported by JL and the Research Fellow (TBA) and will be able to draw on the resources of the University of Hertfordshire Public Involvement in Research Group (PIRg). They will work with our service user representatives to develop and refine service user involvement throughout the project.

The PIRg is a well-established Public Involvement in Research Group (PIRg) at the University of Hertfordshire. It trains and provides support to public members and has a broad membership of service users and carers. The PIRg adopts a 'hub and spoke' approach to membership and involvement. The 'hub' is a permanent centralised group with a core membership of around 15 people. The 'spokes' utilise local users of services, and existing PPI groups and networks for specific projects. These spoke members increase diversity and participation when and where appropriate. We discussed this study with 11 members of this group (via Zoom videoconference) and incorporated their feedback into our project plan. The group were supportive of the study and underlined the importance of ensuring that the RiPTs received training in service user involvement in research. Our training package (outlined in WP2) includes training in service user involvement in research. Members of the PIRg will be involved in providing this training. They have experience of providing training to students and researchers. We will also work closely with service user organisations including: Age UK Hertfordshire, Age UK Norfolk, St Martin’s Housing Trust Norfolk, and Herts View point.

The University of Hertfordshire also has a Service User and Public Involvement group (SUPI) which was set up to increase public involvement in courses in the School of Health and Social Work. We have discussed our proposal with a member of this group, Sean Bolton. Mr Bolton is a user of Adult Social Care services and an ‘expert by experience’. As a member of SUPI he has been involved in the assessment and training of social workers. Mr Bolton is supportive of the SCRiPT study and will be a member of our Project Advisory Group.

The study has four work packages (WP). Service users and service user representatives will be involved in each WP as follows.

- WP1: Development of the Research in Practice Teams (RiPTs): A service user (Sean Bolton) and our service user lead (Becki Meakin) will be involved in recruiting Adult Social Care practitioners to be members of the RiPTs. For example, helping us to review applications and interview candidates.
- WP2: Development and delivery of training and support for the RiPTs: The training programme begins with an induction and familiarisation programme. As part of this programme members of the UH Public Involvement in Research Group (PIRg) will provide training to RiPT leads on service user involvement in research. The RiPT leads will also participate in a 12-month training programme provided by the East of England Applied Research Collaboration (ARC). This training programme includes sessions on co-design and engaging service users and carers in research and implementation.
- Work Package 3: RiPTs research project delivery and dissemination: It will be part of the remit of the RiPT lead to ensure that the views and experiences of service users and carers are incorporated into research projects conducted by the teams. They will be

expected to work with the University of Hertfordshire Public Involvement in Research Group (PIRg) and with appropriate service user representative organisations to ensure service users are involved in designing, conducting and disseminating research. For example, RiPT leads will be expected to present and discuss research ideas with the PIRg on a regular basis. Where possible service user representatives will be invited to attend RiPT meetings.

- Work package 4: Evaluation of the feasibility of the RiPT model: WP4 is focused on evaluating the feasibility and impact of the RiPT model. As part of this we will be looking at the extent to which service users were involved in developing the research projects carried out by the RiPTs in WP3. Service user involvement will be assessed via observations of team meetings and semi-structured interviews with service users involved in the RiPT process.

Service users and their representatives will also be involved in dissemination events and stakeholder meetings (face to face and virtual) to develop actionable recommendations that can inform the development of an evidence informed model for facilitating research capacity development in Adult social care.

Project management

The advisory group will include a service user (Sean Bolton), members of the UH Public Involvement in Research Group and representatives from organisations representing older adults (Age UK), people living with a disability or mental illness (Shaping our Lives & Viewpoint), family carers (Carers in Herts) and people who are homeless (St Martin’s Housing)

10. Dissemination Policy

10.1 Dissemination policy

On completion of the study the data will be analysed and tabulated and a final study report will be prepared in accordance with the requirements of the NIHR Journal. In addition, study findings will be disseminated in a variety of formats including peer review papers and outputs that are accessible to non-academic audiences. In addition to publishing the research findings in a variety of formats, our dissemination strategy will focus on the distribution of targeted material for a wide range of stakeholders from Adult Social Care. We will support dissemination by:

- **Engagement with organisations able to drive policy**: Throughout the project we will engage with a broad range of participants from the adult social care sector including senior managers, practitioners and service user representatives. We will share our insights with national organisations that support or promote the use of research and information in local authorities and adult social care departments, including the Local Area Research and Intelligence Association (LARIA), the Association of Directors of Adult Social Care (ADASS), the Local Government Association (LGA), Making Research Count (MRC), The Social Care Institute for Excellence (SCIE), The National Institute for Clinical Excellence (NICE), RiPfA (Research in Practice for Adults), Age UK, National Care Forum, Skills for Care, and ESRC/Health Foundation UK Centre for evidence & implementation in Adult Social Care (once established).
- **Networks**: The team's established networks will ensure traction and ongoing debate with partners across social care, health care, third sector providers and academia. Involvement with local, national and international networks will underpin the relevance and reach of the work. **Applicants are members of the following organisations/networks**: ADASS (Association of Directors of Adult Social Service), East of England Applied Research Collaboration (ARC), ARC Social Care & Social Work National Priority Network, Hertfordshire and West Essex Research Strategy Group, Joint University Council Social Work Education Committee, Principal Social Workers Network, RiPFA (Research in Practice), SCIE (Social Care Institute for Excellence), TLAP (Think Personal Act Local), BASW (British Association of Social Workers).
- **Resources:** We will make resources available online and promote their use, and the adoption of our recommendations, through targeted social media campaigns linked to lectures at conferences and articles published in professional and peer reviewed publications. We will strengthen dissemination through the production of reports and outputs throughout the lifecycle of the project. RiPT leads will produce, with technical and academic support from UH staff, short video presentations setting out lessons learned from the project and recommendations on research capacity development. These will be designed for participating organisations and other providers and commissioners of adult social care.

Whilst the focus is on research capacity development in adult social care, rather than standalone research projects, we anticipate that there will be outputs (e.g. publications, briefings and funding applications) from the research projects instigated in each RiPT.

10.2 Authorship eligibility guidelines

Authorship will be guided by a study authorship policy that draws on the requirements for manuscript submission to biomedical journals, advice published by the British Sociological Association and the International Committee of Medical Journal Editors and publication agreements from other research projects. Contributors who do not meet the criteria for authorship will be listed in the acknowledgment section.

11. Project management

Almack is the PI and will have overall responsibility for the study; Lynch will line mange the Research Fellow based at UH. The Project Management Group (PMG), comprising the PI, the co-applicants and the RF will meet via videoconference every six to eight weeks. They will review progress against milestones, plan work, discuss methods and anticipate/resolve any problems. Individual members will also be available for consultation between meetings.

Each WP will have designated leads and co-leads. These are as follows

- WP1: Lead, Almack with Mioshi, Moore
- WP2: Lead Lynch; with Hill, Mioshi. All applicants will be involved in developing online training and support resources. Hill (in kind contribution via EoE ARC) will support training workshops and facilitate action learning sets. Training will build on a successful NIHR CLAHRC/ARC model of training.
- WP3: Lead Lynch, with Mioshi, Littlechild, Yeung, Warrener. They will provide mentorship and support to the RiPT lead
- WP4: Lead Almack; with Woolham, Greenlaw

The study Advisory Group chaired by Professor Andree Le May (Implementation lead EoE ARC and CoP specialist) will meet every six months. In addition to the members listed in Table 1 the advisory group will include Nick Andrews (Research & Practice Development Office, The Wales School for Social Care Research) and Vida Douglas Professional Lead Social Work UH. Because members of our advisory group are spread across the region (and nationally) at least half of meetings will be held via videoconference.

The team has extensive experience of working in, and with, adult social care and social work. Expertise includes social work (TM, BL, EY), social care research (JW, BL), social care policy and commissioning (JL, KA), occupational therapy (EM, CG) and working with adults with complex health and social care needs (EM, KA, JL, JW, TM, BL). In addition, we have skills in knowledge dissemination and implementation (JL, CH), training and capacity building (EM, CH, BL, KA), social care ethics and research governance (JW, BL), minority ethnic communities (EY) and service user involvement (BM, BL). The applicants have a track record of working together and have extensive links in social care in the East of England and Nationally. Our close links with the EoE ARC will ensure we are able to work across health and social care boundaries and promote interprofessional research collaborations.

Success criteria and barriers to proposed work

The success of the study will be judged by:

- The level of engagement from Adult Social Care at each stage of the study
- Ability to recruit a lead for each RiPT and four practitioner team members
- Attendance at team meetings and training is high. Attrition from teams is low
- The development and delivery of practice-based research projects
- Impact on team members research knowledge and skills

References

1. NIHR HD. NIHR Research for Patient Benefit funds £2.5m of new social care research https://www.nihr.ac.uk/news/nihr-research-for-patient-benefit-funds-25m-of-new-social-care-research-and-announces-annual-social-care-funding-calls/217512019 [

2. Rycroft-Malone J, Burton C, Wilkinson JE, Harvey G, McCormack B, Baker R, et al. Collective action for knowledge moblisation: a realist evaluation of the collaborations for leadership in applied Health Research and care. Health services and delivery research. 2015;3(44).

3. Skills for Care. The size and structure of the adult social care sector and workforce in England, 2019 https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/Size-of-the-adult-social-care-sector/Size-and-Structure-2019.pdf; 2019.

4. Rainey C, Woolham J, Stevens M. Research capacity, knowledge, skills and use in councils with adult social care responsibilities. London: SSRG/PSSRU, SCEiP. 2015.

5. Gordon J, Rixon A, Cooper B. Social Workers Writing for Publication: The Story of a Practice and Academic Partnership. Practice. 2017;29(3):219-35.

6. MacIntyre G, Paul S. Teaching Research in Social Work: Capacity and Challenge. The British Journal of Social Work. 2012;43(4):685-702.

7. Condell SL, Begley C. Capacity building: a concept analysis of the term applied to research. International Journal of Nursing Practice. 2007;13(5):268-75.

8. Crisp BR, Swerissen H, Duckett SJ. Four approaches to capacity building in health: consequences for measurement and accountability. Health Promotion International. 2000;15(2):99-107.

9. Cooke J, Gardois P, Booth A. Uncovering the mechanisms of research capacity development in health and social care: a realist synthesis. Health research policy and systems. 2018;16(1):93-.

10. Harding K, Lynch L, Porter J, Taylor NF. Organisational benefits of a strong research culture in a health service: a systematic review. Aust Health Rev. 2017;41(1):45-53.

11. Chen Q, Sun M, Tang S, Castro AR. Research capacity in nursing: a concept analysis based on a scoping review. BMJ open. 2019;9(11):e032356.

12. Leeman J, Calancie L, Hartman MA, Escoffery CT, Herrmann AK, Tague LE, et al. What strategies are used to build practitioners' capacity to implement community-based interventions and are they effective?: a systematic review. Implement Sci. 2015;10:80.

13. Bergeron K, Abdi S, DeCorby K, Mensah G, Rempel B, Manson H. Theories, models and frameworks used in capacity building interventions relevant to public health: a systematic review. BMC Public Health. 2017;17(1):914.

14. Matus J, Walker A, Mickan S. Research capacity building frameworks for allied health professionals - a systematic review. BMC Health Serv Res. 2018;18(1):716.

15. DeCorby-Watson K, Mensah G, Bergeron K, Abdi S, Rempel B, Manson H. Effectiveness of capacity building interventions relevant to public health practice: a systematic review. BMC public health. 2018;18(1):684-.

16. Ahmed R, Farooq A, Storie D, Hartling L, Oswald A. Building capacity for education research among clinical educators in the health professions: A BEME (Best Evidence Medical Education) Systematic Review of the outcomes of interventions. Med Teach. 2016;38(2):123-36.

17. Gotovac S, Espinet S, Naqvi R, Lingard L, Steele M. Evaluating Training Programs for Primary Care Providers in Child/Adolescent Mental Health in Canada: A Systematic Review. Journal of the Canadian Academy of Child and Adolescent Psychiatry = Journal de l'Academie canadienne de psychiatrie de l'enfant et de l'adolescent. 2018;27(2):99-111.

18. Wilkinson H, Gallagher M, Smith M. A collaborative approach to defining the usefulness of impact: lessons from a knowledge exchange project involving academics and social work practitioners. Evidence & Policy: A Journal of Research, Debate and Practice. 2012;8(3):311-27.
19. Lightowler C, Stocks-Rankin C-R, Wilkinson H. How practitioner-led research could have greater impact: the importance of considering knowledge mobilisation holistically. Evidence & Policy: A Journal of Research, Debate and Practice. 2018;14(4):641-63.
20. Joubert L, Hocking A. Academic Practitioner Partnerships: A Model for Collaborative Practice Research in Social Work. Australian Social Work. 2015;68(3):352-63.
21. Fouché C, Lunt N. Nested Mentoring Relationships. Journal of Social Work. 2010;10(4):391-406.
22. Vincent K, Steynor A, Waagsaether K, Cull T. Communities of practice: One size does not fit all. Climate Services. 2018;11:72-7.
23. Kirkevold M. Teaching nursing homes: the Norwegian experience 20 years on. Journal of Research in Nursing. 2018;23(2-3):254-64.
24. Verbeek H, Zwakhalen SMG, Schols JMGA, Kempen GIJM, Hamers JPH. The Living Lab in Ageing and Long-Term Care: A Sustainable Model for Translational Research Improving Quality of Life, Quality of Care and Quality of Work. The journal of nutrition, health & aging. 2020;24(1):43-7.
25. Andrews N, Gabbay J, Le-May A, Miller E, Petch A, O'Neill M. Story, dialogue and caring about what matters to people: progress towards evidence-enriched policy and practice. Evidence & Policy: A Journal of Research, Debate and Practice. 2020.
26. Cooke J, Nancarrow S, Hammersley V, Farndon L, Vernon W. The 'Designated Research Team' approach to building research capacity in primary care. Primary Health Care Research & Development. 2006;7(1):78-86.
27. Wye L, Cramer H, Beckett K, Farr M, Le May A, Carey J, et al. Collective knowledge brokering: the model and impact of an embedded team. Evidence & Policy: A Journal of Research, Debate and Practice. 2019.
28. Van Der Graaf P, Shucksmith J, Rushmer R, Rhodes A, Welford M. Performing collaborative research: A dramaturgical reflection on an institutional knowledge brokering service in the North East of England. Health Research Policy and Systems. 2019;17(1).
29. Cooke J, Nancarrow S, Dyas J, Williams M. An evaluation of the 'Designated Research Team' approach to building research capacity in primary care. BMC Family Practice. 2008;9(1):37.
30. Farmer E, Weston KM. A conceptual model for capacity building in Australian primary health care research. Australian family physician. 2002;31(12):1139.
31. MacArthur J. The role of mentors in integrating research and practice. Journal of Integrated Care. 2014;22(3):117-22.
32. Gradinger F, Elston J, Asthana S, Martin S, Byng R. Reflections on the Researcher-in-Residence model co-producing knowledge for action in an Integrated Care Organisation: a mixed methods case study using an impact survey and field notes. Evidence & Policy: A Journal of Research, Debate and Practice. 2019;15(2):197-215.
33. Whitworth A, Haining S, Stringer H. Enhancing research capacity across healthcare and higher education sectors: development and evaluation of an integrated model. BMC Health Services Research. 2012;12(1):287.
34. Palinkas LA, He AS, Choy-Brown M, Hertel AL. Operationalizing social work science through research–practice partnerships: Lessons from implementation science. Research on Social Work Practice. 2017;27(2):181-8.
35. Holden L, Pager S, Golenko X, Ware RS, Weare R. Evaluating a team-based approach to research capacity building using a matched-pairs study design. BMC Family Practice. 2012;13(1):16.
36. Oliver K, Innvar S, Lorenc T, Woodman J, Thomas J. A systematic review of barriers to and facilitators of the use of evidence by policymakers. BMC Health Serv Res. 2014;14(1):2.

37. SCIE. Barriers to research mindedness https://www.scie.org.uk/publications/researchmindedness/whyrm/barrierstorm/ 2012 [
38. Ghate D, Hood R. Using evidence in social care. In: Boaz A, H D, Fraser A, Nutley S, editors. What works now? Evidence-informed poilicy and practice2019.
39. Almack K, Wills W, Littlechild B, Chester K. Social care research readiness project. Mapping the social care landscape across Bedfordshire, Cambridgeshire & Hertfordshire. 2020.
40. Skills for Care. The adult social care sector and workforce in Eastern https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/Regional-reports/Eastern-regional-report-2019.pdf (accessed 9/1/2020). 2018.
41. Gabbay J, le May A, Jefferson H, Webb D, Lovelock R, Powell J, et al. A Case Study of Knowledge Management in Multiagency Consumer-Informed `Communities of Practice': Implications for Evidence-Based Policy Development in Health and Social Services. Health. 2003;7(3):283-310.
42. Wenger E, McDermott RA, Snyder W. Cultivating communities of practice: A guide to managing knowledge: Harvard Business Press; 2002.
43. Tagliaventi MR, Mattarelli E. The role of networks of practice, value sharing, and operational proximity in knowledge flows between professional groups. Human Relations. 2006;59(3):291-319.
44. Wenger E. Communities of practice: A brief introduction. 2011.
45. Kislov R, Harvey G, Walshe K. Collaborations for Leadership in Applied Health Research and Care: lessons from the theory of communities of practice. Implementation Science. 2011;6(1):64.
46. Cornes M, Manthorpe J, Hennessy C, Anderson S, Clark M, Scanlon C. Not just a talking shop: practitioner perspectives on how communities of practice work to improve outcomes for people experiencing multiple exclusion homelessness. Journal of interprofessional care. 2014;28(6):541-6.
47. Bazyk S, Demirjian L, LaGuardia T, Thompson-Repas K, Conway C, Michaud P. Building Capacity of Occupational Therapy Practitioners to Address the Mental Health Needs of Children and Youth: A Mixed-Methods Study of Knowledge Translation. American Journal of Occupational Therapy. 2015;69(6):6906180060p1-p10.
48. Hennessy C, Anderson S, Cornes M, Manthorpe J. Toolkit: Developing a community of Practice https://www.kcl.ac.uk/scwru/res/roles/copdp/cptoolkit-final.pdf (accessed 6/1/20). 2013.
49. Aveling E-L, Martin G, Armstrong N, Banerjee J, Dixon-Woods M. Quality improvement through clinical communities: eight lessons for practice. Journal of health organization and management. 2012;26(2):158-74.
50. Le May A. Communities of Practice: a device to increase nursing's strategic influence. In: Hall C, M G, P W, P. Y-W, editors. The Sage Handbook of Nursing Education: Sage; 2020.
51. Sharland E. All Together Now? Building Disciplinary and Inter-Disciplinary Research Capacity in Social Work and Social Care. The British Journal of Social Work. 2011;42(2):208-26.
52. May C. Agency and implementation: understanding the embedding of healthcare innovations in practice. Soc Sci Med. 2013;78:26-33.
53. Amador S, Goodman C, Mathie E, Nicholson C. Evaluation of an organisational intervention to promote integrated working between health services and care homes in the delivery of end-of-life care for people with dementia: Understanding the change process using a social identity approach. International journal of integrated care. 2016;16(2).
54. Hung L, Phinney A, Chaudhury H, Rodney P, Tabamo J, Bohl D. Appreciative inquiry: Bridging research and practice in a hospital setting. International Journal of Qualitative Methods. 2018;17(1):1609406918769444.
55. Yin RK. Case study research: Design and methods: Sage publications; 2014.
56. NIHR. Mobilising knowledge to improve assistive technology commissioning, service provision and sustained implementation https://fundingawards.nihr.ac.uk/award/KMRF-2017-06-ST2-006 2018 [

57. Wenger E. Communities of practice: Learning, meaning, and identity: Cambridge university press; 1999.
58. Hardwick L, Worsley A. The Invisibility of Practitioner Research. Practice. 2011;23(3):135-46.
59. Alliance. JL. James Lind Alliance Priority Setting Partnership Adult Social Work Top 10 Priorities http://www.jla.nihr.ac.uk/priority-setting-partnerships/adult-social-work/ (accessed 2/7/20) 2018 [
60. Pyrko I, Dörfler V, Eden C. Thinking together: What makes Communities of Practice work? Hum Relat. 2017;70(4):389-409.
61. Golding C. The community of inquiry: Blending philosophical and empirical research. Studies in philosophy and education. 2015;34(2):205-16.
62. MacRae R, Smith M, Cree VE. The Role of Practitioner Research in Developing Cultures of Learning in Children and Families Social Work. Practice. 2015;28(3):181-97.
63. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. The Lancet. 2010;376(9756):1923-58.
64. Practice TNCfP-QSWaP. CLAHRC East of England Fellowship Evaluation http://www.clahrc-eoe.nihr.ac.uk/2018/05/clahrc-fellowshipevaluation/. 2018.
65. Morris K, Smyth G. A survey of research capacity and partnerships among mental health occupational therapists in the UK. Mental Health Review Journal. 2017;22(2):136-47.
66. Gill SD, Gwini SM, Otmar R, Lane SE, Quirk F, Fuscaldo G. Assessing research capacity in Victoria's south-west health service providers. The Australian journal of rural health. 2019;27(6):505-13.
67. May CR, Cummings A, Girling M, Bracher M, Mair FS, May CM, et al. Using Normalization Process Theory in feasibility studies and process evaluations of complex healthcare interventions: a systematic review. Implement Sci. 2018;13(1):80.
68. May C, Finch T. Implementing, embedding, and integrating practices: an outline of normalization process theory. Sociology. 2009;43(3):535-54.