



SOCIAL CARE RAPID EVALUATION TEAM (SOCRATES)

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SCIENTIFIC ABSTRACT

Background

There is an urgent need to improve social care for adults, children and families. Decision-makers need to know which innovations and service developments are promising (in terms of effectiveness, affordability and equity), how to scale, spread and sustain them, and they need this evidence in a timely fashion. The **Social Care Rapid Evaluation Team** (SOCRATES) has been commissioned to address this need. It is a collaboration between researchers from the London School of Economics and Political Science, King's College London and the University of Central Lancashire.

Aim

The team's purpose is to develop and establish the evidence base about innovations and service developments in social care. We will do this by conducting rapid evaluations that deliver actionable knowledge for decision-makers to improve the lives of people in the short- and longer-term and to provide insight to enable the scaling, spread and sustainability of promising innovations and service developments.

Evaluation approach and methods

To deliver our aim we will work closely with decision-makers and people with lived experience of social care. We will maximise opportunities for co-production, throughout our evaluations, within the limits of available time and resources. This will include developing a network of public advisors and evidence users and understanding sector priorities. They will contribute to co-creating the plans for SOCRATES' evaluations and outputs.

Each evaluation will be tailored to the target population(s), context and to the needs of evidence users. We have a flexible evaluation approach to accommodate many types of evaluations e.g. formative, theory-based, rapid cycle, etc. It comprises six steps: scope; prepare (including ethical review); investigate; analyse; action and follow-up; review, reflect and learn. We expect to use and combine various rapid methods and use a range of theories to interpret our findings. Each evaluation will have a co-production group, who will take part in as many of the evaluation steps as possible, offering the maximum level of influence within activities associated with each step. We will co-create accessible findings summaries and work with the participating sites to help them use our research to improve their practice and operations.

We will promote research inclusion within our ways of working. We will encourage and enable diverse groups of individuals and organisations to join our networks, research team and to participate in our evaluations. We will investigate the equity and inclusion implications of the innovations / service developments we evaluate and seek to share understandings across generational and other boundaries.

Dissemination and impact

Learning is at the heart of our approach. We want our research to inform both rapid evaluation practice and action beyond the evaluation sites, encouraging others to adopt promising innovations / service developments. We will hold/participate in annual co-learning events with network members and co-production teams to capture and share the learning from our evaluations. These events will also be a forum to develop plans for scaling and spreading promising innovations / service developments and co-create accessible, appropriate outputs for different audiences.

To ensure we reach many audiences, we will create outputs in diverse, accessible formats and use social media channels and blogs to share our research. We will write peer-reviewed journal articles, and share findings at conferences and webinars. We will co-present and co-author outputs with our partners to maximise impact.

Conclusion

We want SOCRATES to become the leading centre for rapid evaluations in social care, co-producing rapid evaluations with the public and people delivering social care, that make a difference around the issues that matter to them, and encourage the scaling, spread and sustainability of promising innovations and service developments.

PLAIN ENGLISH SUMMARY

SOCRATES (**SO**cial **C**are **R**apid **E**valuation **T**Eam) is a group of researchers and experts by experience from the London School of Economics and Political Science, the University of Central Lancashire and King's College London.

Over the next five years, we will rapidly evaluate some new services and changes in social care for adults and children. For example, finding out whether a new technology helps care home residents to feel safe, or whether new links to community activities can help children in care build social networks.

- We will plan evaluations by listening to ideas from the public and from people working in social care across England, Wales, Scotland and Northern Ireland.
- When we evaluate new services or changes in social care that do make a difference, we will let people know what makes them work. This will help spread good practices from one place to another.
- We will find answers quickly, so changes can be made to improve services without having to wait for long projects to finish.
- We will always try to understand whether changes in services affect groups of people differently.
- We will also help people learn about how to do social care evaluations in partnership with the public.

Our team includes experts by experience and researchers with knowledge of experts in social care, social work, rapid evaluations methods, economics, and in involving the public in research. We will work closely with the public, people who work in social care, other rapid evaluation teams, the funder and our steering committee.

What will each evaluation look like?

Each rapid evaluation will look different. We expect each one to last no more than a year. We will use different methods to suit each evaluation. This is likely to include questionnaires, listening to people, and looking at records. We will carefully plan our evaluations, so we can collect the information we need quickly. We will analyse the information we collect as we go, to help us share what we learn as soon as possible.

Throughout each evaluation, we will work with people who have experience of social care. This includes residents in care homes and children's homes, family and foster carers, staff who provide care in people's own homes and early years services. It also includes people who might benefit from social care but currently do not access it.

They will help us plan the evaluations, so we ask the right questions to the right people. They will also help us to understand the information that we gather and to plan how to act on what we learn. For some evaluations they might help us to do the research, by, for example, interviewing other people.

How will learning be shared?

We will:

- Learn from the public and key stakeholders so that their ideas feed into evaluations from the start
- Cocreate documents, infographics, videos and other summary information for different audiences, to explain what we find out
- Hold events every year for the people involved in each evaluation so that we learn from each other.
- Do everything we can to make sure the knowledge we create together is used to make a difference

BACKGROUND

There is an urgent need to improve social care for adults, children and families. Decision-makers need to know which innovations and service developments are promising (in terms of effectiveness, affordability and equity), how to scale, spread and sustain them, and they need this evidence in a timely fashion.

The **S**ocial **C**are **R**apid **E**valuation **T**Eam (SOCRATES) is a collaboration between researchers from the London School of Economics and Political Science, King's College London and the University of Central Lancashire. The team's purpose is to develop the evidence base about innovations and service developments in social care. We will do this by conducting rapid evaluations that deliver actionable knowledge for decision-makers (including the public) to improve the lives of people in the short and long-term and insight to enable the scaling, spread and sustainability of promising innovations and service developments.

INNOVATION IN SOCIAL CARE

We understand social care innovation as the implementation in practice of an idea, practice or invention within a social care network, organisation or system that is novel to that setting. It is often very difficult to distinguish innovations from more general improvement. Both produce a process of change with uncertain outcomes, and both require similar resources and capabilities to successfully manage or manoeuvre the change process [1–3]. Nevertheless, it is generally considered that, in contrast to service improvements, innovations are experienced as disruptive for the individuals, organisation or system [4,5].

Social care is “what supports or equips you to live in the social: that is to live an ordinary life alongside others, taking part in conventional activities, that may include work, recreation and family responsibilities” [6 p.20]. This may include care homes, children's homes, home support, early years services, family support, crisis support, safeguarding, domestic violence services, social work and community-based forms of support such as inclusive arts, and programmes designed to help people be independent, safe, active and living well. Innovations and service developments in social care will be equally diverse; they may seek to change or challenge existing services, or forge closer links with closely related sectors including health services, housing and measures to address poverty and reduce inequalities.

OUR ETHOS AND WAYS OF WORKING

The collaborating researchers and experts by experience have undertaken impactful policy and practice evaluations across the UK and internationally. We have substantial experience of close, responsive work with care providers, charities, local and national government and other customers to deliver high-quality outputs, often rapidly within a context of changing priorities and policies. Our approach to rapid evaluations builds on this experience and aims to generate evidence that:

- is timely, rigorous and relevant;
- provides immediate actionable insights for key audiences to guide improvements in care and outcomes;
- and can be used to inspire further service development and innovation.

To deliver high-quality rapid evaluations, we believe it is important that the team has a shared understanding of ways of working. In this protocol we outline a range of strategies to build and embed a shared way of working within the team and to mitigate what we envisage as some of the key challenges to rapid evaluation in the social care context. Central to our ways of working are the following principles:

1. **Co-production with the sector:** We will embed the values of co-production across the team to ensure our evaluations are attuned to contexts, perspectives and circumstances of relevant people and stakeholders and respond to the needs of evidence users. We will build on existing structures and practices within our centres to support and recognise co-production from the start, reviewing implementation monthly through the Management Group to share learning and achieve the most transformative levels of co-production possible.

The pressure to move quickly, especially early on, can affect buy-in, public and stakeholder involvement and the quality of design, since it takes time to build relationships and enable participation of a range of people in the design and execution of the research. To facilitate rapid access to people willing and interested in co-producing our work and ensure the quality of our evaluation plans, we will establish a network of experts, stakeholders and public advisors. Members of our network will work with us at two levels: (i) on the development of SOCRATES's strategy and plans; and (ii) on our evaluations.

2. **Learning approach:** We aim to develop a learning culture in the team and evaluation sites. We advocate a reflexive model and participatory learning approach [46]. Sessions for everyone involved in the evaluations to get together to reflect on lessons learnt will be critical for capturing learning, improving our practice and identifying areas for methodological development. Reflection also provides the space to discuss findings and lessons learnt constructively and sensitively with the sites and develop strategies for action, which can inform the next phase of the innovation [48]. To support learning we plan:

- Virtual learning networks to support peer-learning across evaluation sites, e.g. modelled on 'mindlines' and communities of practice [49] to share challenges and solutions encountered in the evaluation/implementation, and develop strategies for sustaining, scaling and spreading service developments/innovations. We have experiences of this through our Communities of Practice in safeguarding and homelessness, and a 'Show and Tell' webinar series for local authority managers (interested in) implementing NICE social care guidelines to learn about others' experiences and support their own efforts.
- Annual (hybrid) co-learning events for SOCRATES and collaborators: these will focus on (i) methods development: reflecting on the evaluation methods (including co-production methods and the ethics of involvement [50]), identifying areas for methods development; (ii) abandoning, sustaining, scaling and spreading innovations: sharing findings from evaluations, celebrating achievements, for promising innovations developing proposals for taking them forwards, e.g. identifying further sites, sources of funding, etc, and for innovations that are not working developing proposals for communicating how they could be improved or why they should be abandoned; and (iii) improving research practice: planning how to embed learning in future evaluations, co-creating resources for future research [32], integrating training sessions into the learning events / inviting speakers e.g. linking with other rapid evaluation teams.

3. **Building capacity for rapid evaluation in research and practice communities:** The structures outlined for embedding a learning culture will also facilitate capacity-building among the team and those we work with, by building into evaluations an opportunity to reflect on the research, think about how to improve and co-create resources for future research. We will also provide training, support and accessible information on rapid evaluation methods and other topics [7,8].

We will support our staff and those we work with to develop their research skills and interests. Our mentoring system for all researchers involved in SOCRATES will aim to build their skills and knowledge and increase research capacity in this field. In addition to

supporting the core team, we will identify colleagues ready to take on more responsibility, include them in our mentoring system and support them in leadership roles. Additionally, we will encourage practitioners and public advisors interested in becoming more research-active to take up opportunities, e.g. as practitioner researchers, peer researchers or NIHR advisors. We will support our staff and those we work with to apply for development opportunities, including NIHR career development awards and to participate in NIHR Academy and School for Social Care Research activities.

4. **Promoting equality, diversity and inclusion (EDI):** Encouraging diverse groups of individuals and organisations to become members of our network and engage in our evaluations will be a high priority. In addition to considering compound inequalities and intersectionality within the SOCRATES evaluation teams and network, we will adopt an in/equalities lens to scoping evaluations, site/participant recruitment, data collection and analyses:
- We will use our and others' extensive networks to recruit a diverse group of people to our SOCRATES network and will provide support and resources to stakeholders (including public advisors) to enable them to engage meaningfully in our work [7,9].
 - During scoping, we will consult with experts in EDI and will establish the extent to which the existing evidence base considers in/equalities, is based on diverse populations (staff and end-users) and any considerations around inclusion in relation to the innovation/service development. In the preparation phase, we will also seek the views of local practitioners and managers with responsibility for EDI to gather an understanding of local considerations that may affect recruitment and be important for analysis.
 - Unless the evaluation focuses on specific groups of people or places, we will seek to recruit participants covering a range of characteristics deemed critical for diversity in the context, as guided by stakeholder engagement. Our general approach will be to work with diverse sites (e.g. rural/urban, locations and level of affluence) to capture diverse populations. For example, in a study of the impact of the pandemic on people holding personal budgets to directly employ care workers (Personal Assistants) we successfully recruited people from minority ethnic communities who have previously been under-represented [10].

We will draw on recommendations from the NIHR Toolkit for increasing participation of minority ethnic groups in health and care research [11] and the INCLUDE Ethnicity Framework in our evaluation design and conduct.

USE OF THEORY IN OUR EVALUATIONS

We will draw on theories, frameworks and models of innovation and implementation to guide our evaluations and interpret findings, but, in our experience, there is unlikely to be a single approach to suit all circumstances or questions [12]. Many theories, frameworks and models are likely to be relevant, including Greenhalgh's NASSS framework for health and care technologies [13], normalisation process theory [14], and Rogers' work on the diffusion of innovations [15]. In the past we have employed concepts from a range of disciplines to evaluations of innovations, including science and technology studies, economics, implementation science and organisational and management theories [16–20].

Our team has diverse expertise and disciplinary backgrounds, which are strengthened by the SOCRATES network of experts, stakeholders and public advisors. The planned dialogue with scientific experts during the scoping and analysis phases will ensure we look beyond our own expertise. We have capacity to bring additional experts into our projects and mentoring system where the knowledge and skills audit identifies that this will be beneficial.

CO-PRODUCTION

Our plans for co-production follow best practice Social Care Institute of Excellence (SCIE) recommendations and principles [21]. As outlined, to identify priority issues to investigate, to facilitate rapid access to people willing and interested in co-producing our work and to ensure the quality of our evaluation plans, we will establish a network of experts, stakeholders and public advisors. Members of this network will work with us at two levels: (i) on the development of SOCRATES's strategy and plans; and (ii) on our evaluations.

The SOCRATES Network

Drawing largely from our existing networks, we will instigate a network of organisations and individuals to provide ready access to expertise and advice for scoping, public engagement, knowledge exchange and impact, a critical ear and the good relationships required to move rapidly to set up evaluations and access the field. Based on our understanding of similar research programmes we anticipate that the network will comprise at least 100 people spanning expertise in policy, service delivery and practice environments across the UK, including experts by experience, academics and evidence intermediaries; respected knowledge leaders and brokers; social care provider representatives, including the main associations, practitioner bodies and close partners (e.g. ICSs, housing); and people from networks of staff groups, social movements and arms-length bodies.

The co-applicants have been active in the social care field for many years, and are well-known and respected by social care leaders from industry, LAs and the wider social care community. We will build on our existing networks, including:

- Our strong relationships with LAs through the national *Making Research Count* initiative spanning children's and adult social care gives us substantial regular contacts with practitioners from LAs and third sector organisations. This series of workshops and webinars reaches over 15,000 participants annually. We work closely with the British Association of Social Workers and Local Government Association.
- Our existing partnerships with regional players, which include CPEC's and KCL's partnership with London ADASS and Proud to Care Board, KCL's participation in the West London Teaching Partnership, and UCLan's well-established partnerships based on the delivery of social work education and a range of other professional programmes with LAs in the North-West including Lancashire County Council, a large and diverse authority, Blackpool, Blackburn with Darwin and Cumbria.
- Our participation in the NIHR HSDR partnership projects (KCL and LSE are each working on a project covering the rural south-west and the north-east and north-west), which are connected in a community. This will be valuable for linking with research active and innovative groups of managers, social care practitioners and care workers.

Additionally, we will build on the Supporting Adult Social Care Innovation (SASCI) project's developing community of innovators in social care. SASCI's database of innovations (covering 120+ innovations, where they are located and what they involve), will be valuable when identifying possible partners/locations and existing sources of evidence.

The core team brings complementary evaluation method and social care topic expertise. Should the evaluations require expertise beyond that available within the core team or the scientific expert group, we will reach out through our extensive networks. We have already established relationships with Chris Hatton's group at Manchester Metropolitan University to provide advice around learning disabilities and with Joe Langley at Lab4Living, Sheffield Hallam to advise around service co-design. Given the importance of ensuring the rapid uptake of findings, we have also made links with the IMPACT Centre and with Research in Practice who could provide implementation and other practice support. Any input from these teams to carry out evaluations would be on a costed basis.

Co-producing SOCRATES's strategy and plans

During the first six months of SOCRATES, the research team will recruit public advisors, experts and stakeholders to the SOCRATES network. We will work with members of the network to develop a strategy and plans for the delivery of key areas of the work programme, including public involvement structures, internal and external communications/knowledge exchange, and learning/training materials. This work will be led by Larkins and will include a rapid topic prioritisation and innovation identification exercise. Key activities/ process:

Developing the network and initial priorities: Through online meetings and consultation activities we will share information about SOCRATES. We invite anyone connected to social care to share their priority concerns and likely service developments and to join the network. We will share this long list of potential concerns and consult widely on priorities, then develop detailed understandings of a shortlist of potential evaluation areas for the first two years.

Inception event: This event will bring the core SOCRATES team together with a core diverse group of network members (the Public Advisory Panel and other key stakeholders who wish to become more closely involved in our work (max. 20)). The aim will be to build a culture of coproduction and co-develop key strategies and plans for structures and further engagement strategies. We will feed into this process the learning from prior discussions with existing rapid evaluation teams. To manage any conflict and promote partnership we will draw on seven principles identified from previous work [22–24]. These are separate spaces, transparency and openness, building mutual understanding, consensus-building, public agenda setting and risk management. These principles will be explored and expanded as necessary as part of setting terms of reference.

Further development via online meetings and correspondence: The initial strategy and plans will be shared with wider network members as they take shape and co-developed through online meetings and emailed consultations.

Learning and revision: At annual hybrid co-learning events, we will capture learning from evaluations and identify strategies and opportunities for scaling and spreading innovations, re-designing or abandoning them. Agreed actions will feed into revised strategies and plans.

Co-producing evaluations

To ensure we can move quickly, in the scoping phase of each evaluation we will work with our network members to co-produce evaluation plans. During the preparation stage we will recruit people (through SOCRATES network members, and the site's networks) to form co-production teams for each evaluation (and site). These should reflect the key constituencies of relevance to each evaluation. Roles of the SOCRATES network and evaluation co-production teams are outlined below.

Involvement of the SOCRATES network: Network members will contribute to the scoping phase of projects and evaluability assessments, in which we will assess the feasibility of coproducing all elements of the evaluation, seeking to maximise coproduction within available timescales and resources. They will help to identify and secure intervention sites and guide co-production of evaluations until co-production teams are established. They will be invited to link to each co-production team to promote direct communication and understanding; some public members may act as peer researchers within these teams (as needed and appropriate).

Evaluation co-production teams: The remit of the co-production teams will be set out in the evaluation plan. We use the lattice of participation to be transparent about what forms of

direction or involvement are considered possible, within the budget and time envelope [25].

Error! Reference source not found. outlines how network members, including public advisors, might be involved in each evaluation.

We anticipate that, in addition to online meetings/interactions, teams will meet at least three times face-to-face over the course of an evaluation to complete activities outlined in the evaluation plan, and develop a communication plan. Some team members will be involved in investigation, including as peer researchers where feasible (e.g. where risk of re-traumatisation is limited). All team members will contribute to analysis, action planning and dissemination (with two in person events and ad hoc activities). This may involve creating and reviewing reports and developing research methods to address gaps in data collection.

At the end of each evaluation, we will use the lattice of participation to transparently communicate the nature of stakeholder involvement achieved in different stages, output creation and ensuing action in each evaluation site. Members of co-production teams will be invited to annual co-learning events and to join the SOCRATES network if not already involved.

Support for coproduction

The SOCRATES core team will create accessible information to enable informed decision making by public advisors and other stakeholders. We anticipate that this will include information about potential interventions, sites, creating theories of change, literature reviewing, evaluation approaches and methods, and strategies for data analysis.

Learning from our recent evaluation of the Peer Action Collective, to ensure adequate support for public advisor members who act as liaisons or peer researchers in co-production teams, they will have online discussions with the Involvement Officer after any group meetings, and debriefing sessions with the lead researcher after any direct fieldwork. We have worked with peer researchers successfully in multiple studies [26,27], and will provide peer researchers with access to laptops and recording equipment.

We will provide opportunities for SOCRATES network members to develop their skills and knowledge. This will be achieved through the co-learning events and bespoke/online training.

To stay in touch with SOCRATES network members, throughout the five years, news from the evaluations and wider work programme will be shared through quarterly online drop-ins and newsletters or video updates (as determined by the co-produced communication strategy).

RESEARCH DESIGN / METHODS

Our rapid evaluation approach, outlined in **Error! Reference source not found.**, builds on our combined experience and the lessons learnt by NIHR's currently commissioned rapid evaluation teams. The process we outline provides a flexible structure for each evaluation that can be tailored to the innovation, the target population, context and the likely set of evidence users. The process is consistent with our principles, giving a central role to co-production and adopting a learning approach. Having a structured approach is essential for efficient project and resource management and constructing a shared understanding of evaluation practices among a large team of researchers.

Rapid evaluations tend to differ from standard evaluations in terms of purpose, flexibility, engagement and timescale. They can be exploratory or diagnostic and designed to inform decision making. Flexibility and feedback loops are used to adapt to changes in the innovations and delivery contexts, facilitate greater stakeholder and user engagement and encourage ongoing use of findings [28]. Qualitative and quantitative methods both have a

place. Data collection and analysis often take place alongside each other. Rapid dissemination of findings regularly occurs through short reports, memos and infographics.

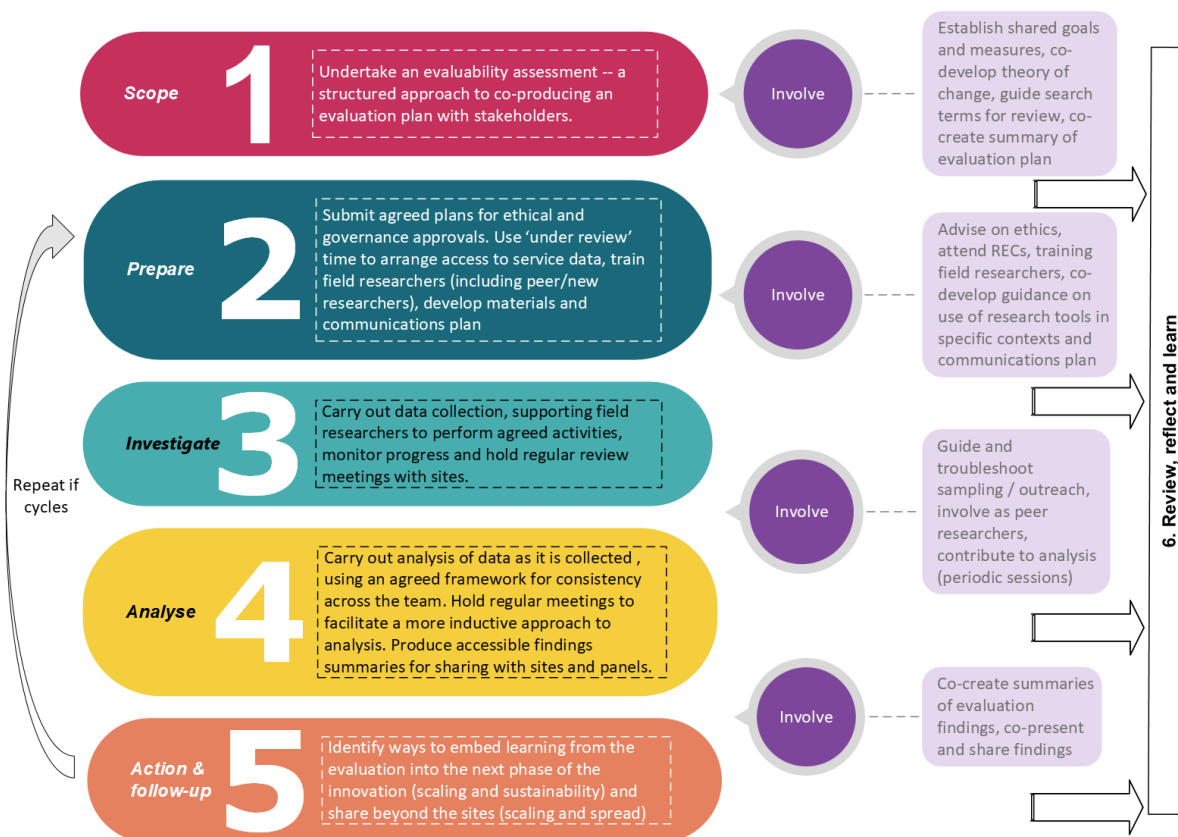


Figure 1: Our flexible approach to rapid evaluation

A range of types of evaluation can be accommodated, including economic evaluations, and approaches like appreciative inquiry, whose focus on positive dialogue and change is seen by some stakeholders as fitting better with the ethos of much social care activity [29]. We anticipate that most evaluations will adopt a mixed method approach using some of the methods outlined in **Error! Reference source not found.**, adapted to the respective innovations and contexts. Where it does not have an impact on quality we will seek to speed up the research, e.g. not routinely transcribing data; instead, we expect to use structured / tabling approaches to collate and triangulate data from different sources in a consistent manner, e.g. RREAL/rapid assessment procedure sheets using a co-developed theory of change as an analysis and reporting framework [30,31].

Not all innovations, contexts and questions/outcomes are suitable for rapid evaluation: some impacts only occur over the long-term; innovations can take time to prove themselves; it can take a long time to build the trust necessary to engage some groups of people in research. This makes it essential to assess the evaluability of proposed projects. We will conduct an *evaluability assessment* (EA) during the scoping phase of each project to determine the feasibility of evaluation, and develop the design and methods. The goal of EA is to prioritise questions, establish shared goals and measures, ensure focus for data collection and anticipate challenges [32]. It usually involves: structured engagement with stakeholders (national and local evidence users and public advisors), development of a theory of change and rapid review of literature and data sources, but these aspects can be adapted to

timescales. To ensure a range of expertise informs the scoping process, all members of the core SOCRATES team will participate and we will also work with members of our scientific experts group and panels. Involvement of all members of our core team in the scoping process will ensure our project plans make the most of the extensive networks of members of our team and their years of experience.

Table 1: Possible methods for rapid evaluation

Data Sources	Research Methods
Coproduction Group	Workshops and individual discussions to develop theory of change, research tools, participant information, analysis and outputs
Service data	Case records, monitoring systems, bespoke tools, finance data
Staff	Interviews, observation, action learning groups, surveys
Users and Carers	Interviews, focus groups, creative activities, observation, feedback events
Stakeholders	Interviews, questionnaires

We also recognise that some processes within research projects cannot be speeded up. These include ethics review, cleaning large administrative datasets and setting up data sharing agreements. Key to ensuring these challenges do not cause substantial delays is prior experience with these processes. We have experts in the core team (Bostock, Baginsky -- ethics, Fernandez – administrative datasets and data sharing agreements) who will advise on these aspects during the scoping phase and we will consult with existing rapid evaluation teams to learn from their experiences in these areas. Additionally, we can stage data collection using a cyclical design to accommodate ethics timescales. For example, when using a cyclical approach of learning loops, the first loops will focus more on existing service data and staff and stakeholder perspectives. Findings from analysis of these data will be used to inform the research tools (e.g. interview/creative activities) used in a second learning loop, where we anticipate more direct engagement with services users and carers.

PUBLIC INVOLVMENT

We will involve members of the public, including those with experience of social care, in three ways:

- within the study steering group as part of the governance structure
- in the SOCRATES Network that will guide the development of ways of working for the SOCRATES, and subsequently help plan and guide further public involvement and the evaluations
- in co-producing project evaluation teams.

Bostock is the Public Involvement and Ethics Lead with responsibility for setting the strategy for SOCRATES, co-developing plans and monitoring their implementation. Additionally, she will work with the evaluation research teams to facilitate public involvement in each evaluation throughout the lifecycle of each project, ensuring that involvement is guided by UK Standards for Public Involvement. (Larkins will take the lead in the inclusion of children and young people.) Bostock will work with the co-Directors, reporting on progress, using e.g. an impact log or GRIPP2 guidance, to the Management Group.

The Public Advisory Panel will comprise c.8-12 people (including children and young people) who have experience of social care (e.g. as carers or direct users) or who could benefit from social care but are excluded due to their circumstances or lack of provision. We will recruit to

this panel through the SOCRATES network, working with our existing contacts to draft a description of the role and invitation and recruit a diverse membership.

Our Involvement Officer will provide logistical and practical support for involvement such as co-ordinating meetings of the Public Advisors Panel, providing regular contact with members, dealing with payments and other associated administrative duties.

Bostock and Larkins will work together with the Public Advisory Panel to codevelop and co-deliver bespoke induction and training for the whole team.

RESOURCING AND PROJECT MANAGEMENT

Description of SOCRATES and its capacity to deliver rapid evaluations

To coordinate the activities of the staff across the three universities and ensure timely delivery of high-quality evaluations, we will implement the governance and project management structures illustrated in Figure 2. There are three elements:

- *A Management Group (MG)* with representation from the three centres to maintain an infrastructure to support the evaluations, plan, oversee and quality assure them.
- *Strong project management* for each evaluation to ensure timely delivery of high-quality evaluations.
- *External oversight* will come from the Study Steering Committee (advisory group), NIHR (as funder).

Additionally, our network of public advisors, sector stakeholders and scientific experts will act as critical friends and collaborators on projects with us through participation in the scoping phase of projects and co-production groups for each evaluation. They will also provide a degree of challenge, offering different perspectives on problems and the evaluation projects.

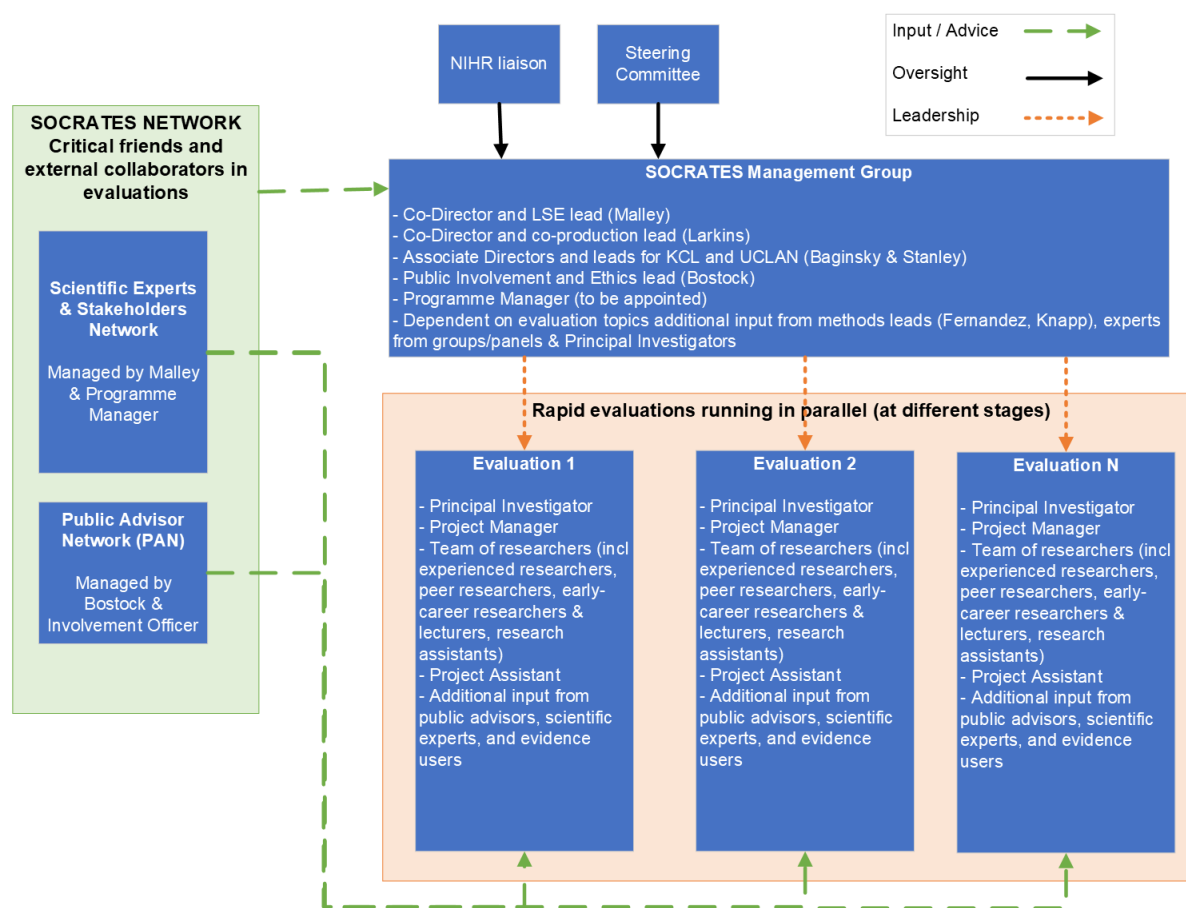


Figure 2: Governance and management structure for SOCRATES

Management of SOCRATES

All co-applicants have a proportion of their time commitment ringfenced to the management of SOCRATES to ensure strong leadership, participation in the mentoring, capacity-building and learning activities, co-ordination across the centres, oversight and quality assurance of projects. The Co-directors, Malley and Larkins, will lead the development of the strategy and plans for SOCRATES. In addition to inputs from the senior leadership team to this process, we will also consult with the existing rapid evaluation teams to ensure our strategy and plans are informed by their experiences. The Co-directors will not lead evaluations over the first six months of the contract to ensure adequate capacity is allocated to developing and embedding plans for SOCRATES. We will also have a mentoring system for SOCRATES staff (including senior leadership) to support capacity-building, which Stanley will lead as part of the capacity-building workstream.

The MG will be the main forum for coordination and communication across universities with regards to strategic activities and operational oversight of projects and other activities. The MG will meet monthly (although we will retain flexibility to enable additional meetings where an early response to a request/commission is required) and will include: Co-directors, Associate Directors, Public Involvement and Ethics Lead; and Programme Co-ordinator. Quantitative Methods and Economic Evaluation Leads, members of the SOCRATES network and principal investigators (i.e., the leaders of individual projects; PIs) will be asked to join when appropriate, dependent on the work programme. Attendance of PIs at these meetings will ensure a direct line of communication from projects to the MG and NIHR.

Meetings of the MG will cover planning for new evaluations, including resourcing and arrangements for ethics, data management and quality assurance. Regular items will include monitoring and sharing learning across key areas (involvement, co-production, EDI and knowledge exchange); review of project progress and their risk logs, facilitating swift action if risks to timeliness/quality are identified; reporting to NIHR; and capacity-building/staff training and development needs (lead Stanley).

Administrative capacity for SOCRATES will be provided by the Programme Co-ordinator. They will support the Co-directors to develop and maintain SOCRATES's infrastructure, relationships with network members and evaluation sites, communication with collaborators and wider stakeholders, monitor budgets and manage other aspects of the contract.

Management of evaluation projects

Most of the budget will be responsive, allocated to the evaluations. The budget split between collaborating partners will depend on the evaluations, with staff leading and contributing in accordance with their expertise, research skills and availability, but should be roughly even. A proportion of each co-applicant's time will be ringfenced to leading evaluations. This provides greater flexibility: it enables us to bring in other research leaders as PIs should their expertise be more relevant than the co-applicants', and allows us to allocate more time to specific periods to provide greater leadership and input to the evaluations.

We expect to staff evaluations as follows (FTEs dependent on evaluation size/scope):

- PI @0.1-0.2FTE: Recognised research leader to guide and direct the evaluation project, troubleshoot problems, ensure timeliness and quality of outputs. Projects may have co-PIs (for expertise or career development).
- Project manager (PM) @0.3-0.4FTE: Experienced researcher to provide day-to-day project management and direct supervision of team of researchers across all the evaluation sites. Lead drafting of outputs with 'RF in Evaluation' under guidance of PI.
- Team of researchers, including a 'RF in Evaluation' post holder @0.5FTE doing data collection, analysis under guidance of PM and PI. A researcher will be allocated lead responsibility for a site to streamline liaison and efficiency of the research. The RF in Evaluation will take on the 'cross-checker' role, ensuring consistency of data collection and analysis across the team [6]. The research team will receive training, support and development opportunities (e.g. around communications, analysis) where appropriate. Team size, FTEs and duration on project will depend on the evaluation (see examples).
- Project assistant to support administration if needed

To ensure adequate time from experienced researchers is dedicated to each project, PIs, PMs and the RFs in Evaluation will only work on one evaluation at a time. We will also aim to have PIs, PMs and the RFs based at the same centre to facilitate communication among senior leadership for each evaluation. Regular team meetings will be organised with space for reflexive practice to capture learning to feed into future evaluations [6].

The team of researchers will be drawn from across the collaborating centres to enable national data collection, ensure we have a team with the right mix of skills and experience, and facilitate learning across centres. We have >100 staff at all career stages across our three collaborating centres. The breadth and depth of our combined workforce (including staff with experience of providing care as care and support workers, nursery staff, occupational therapists, nurses, social workers and carers, and receiving care and support) means we can deploy teams with the right mix of experience, methods, disciplinary and subject expertise to deliver projects across a range of topics and geographies. Additionally, relationships and existing processes are in place to recruit, at pace, research assistants, peer researchers and early-career teaching staff to provide additional capacity. Deployment

of staff will be managed through existing processes within the centres. Since all centres are currently directed by the applicants this will facilitate rapid deployment.

The core team will be joined by allied researchers over the high intensity phases of data collection and analysis, probably about three months into the evaluation, giving us time to deploy staff from our existing complement and collaborators. The scoping and preparation stages will be carried out by the RF in Evaluation under the direction of a PI drawn from the pool of co-applicants with dedicated time allocated to SOCRATES. PMs and co-PIs will contribute to the research, but their main role is to provide strong leadership and management for the data collection, analysis and production of outputs.

External oversight

A small Study Steering Committee (c.8 people) will be established to include experts in rapid evaluation, knowledge exchange and impact, EDI, and public advisors (drawn from our Public Advisor Panel; advisors will rotate attendance). Cynthia Bullock, Deputy Challenge Director, Healthy Ageing, UKRI, will chair this group. The Committee will provide a strategic steer and space to reflect on SOCRATES's impact. Members will contribute to work planning, help ensure the contract is on schedule, predict and troubleshoot problems and quality assure project plans and outputs. Our assumption is that the group will meet annually (face-to-face, hybrid facility), but at the first meeting we will agree terms of reference, including meeting frequency and mode.

We will report to and meet regularly with NIHR to ensure oversight of delivery.

PROJECT / RESEARCH TIMETABLE

Table 2 shows, for an exemplar two-cycle rapid evaluation, what the timetable and milestones might look like, assuming Health Research Authority (HRA) Research Ethics Committee (REC) approval can be completed quickly.

Table 2: Model timetable with milestones for 2-cycle rapid evaluation

Phase / activity	Timeframe (weeks)
0. Preparation for scoping	1
1. Scoping	2-7
<i>Milestone 1: co-developed evaluation plan</i>	7
2. Preparation for evaluation (ethical review)	8-15
3. Investigation and analysis (cycle 1)	16-27
<i>Milestone 2: summary of preliminary findings</i>	27
4. Investigation and analysis (cycle 2)	28-39
<i>Milestone 3: summary of preliminary findings</i>	39
5. Embedding learning at the sites	40-49
<i>Milestone 4: co-produced summary of findings</i>	43
6. Sharing learning and planning for scale and spread	42-52
<i>Milestone 4: final report (accessible & scientific)</i>	52

In our progress reports, we expect to cover the following:

- Synopsis of evaluation: PI, Research Team, Rationale and Aims

- Progress to date: Stating progress against evaluation stages (see **Error! Reference source not found.**), with reference to the project timetable, and outlining milestones achieved.
- Achievement of principles: How the project is aligning and delivering against our principles: co-production, learning, building capacity, and EDI.
- Risks and mitigating actions: Risks identified to delivery (e.g. staff illness, infection outbreaks, organisations in difficulty, inspection visits), steps to mitigate them, and any impact on the budget and timeframe. We will raise significant risks with NIHR as they arise, however, to ensure there are no surprises within progress reports.
- Dissemination and outputs: Activities and outputs will be documented, stating any impacts on practice and wider sector improvement.

DISSEMINATION, OUTPUTS AND ANTICIPATED IMPACT

It will be challenging to get fast uptake of research evidence in a complex system like social care. Research identifies key factors for success as co-producing knowledge, establishing shared goals and measures, enabling leadership of change at all levels in organisations, ensuring adequate resourcing, contributing to the science of knowledge-to-action, and communicating strategically [33]. Our approach to facilitating research engagement and knowledge mobilisation recognises these enabling factors.

Nurturing and building on relationships with the SOCRATES network and co-production teams is central to our approach [34]. We will co-produce the communication strategy and plan for SOCRATES as a whole as well as for each evaluation. The latter will establish shared goals and measures for monitoring implementation. We expect all strategies to focus on different constituencies, but envisage that each will cover these three aspects:

- **Inform action at evaluation sites:** For example, we might plan for local sites to work with implementation support specialists (e.g. Research in Practice) to facilitate implementation of findings at sites, or building on insights from our Creating Care Partnerships project [35] work with service designers to co-design the innovation or improvements to the approach that respond to challenges sites are facing. In recent work we used an animation co-created with children in care in workshops to help social workers and social work managers reflect on their current practice and decide on strategies for responding to the priorities children had flagged in the animation [8].
- **Inform action beyond evaluation sites:** The potential for this will depend on the findings of the evaluation and will be discussed at our annual hybrid co-learning events. Where there are implications for continuing professional development/training, this might involve developing materials with partners. It could also involve working with our standing panels to identify partners (potentially in other parts of the UK) interested in replicating the innovations, and developing proposals for a larger scale project. These activities will be built into SOCRATES's communication plan.
- **Inform future rapid evaluations:** Ideas from the evaluations will be discussed at our annual co-learning events.

Producing materials that enable others to have conversations about adopting, implementing, growing or sustaining innovations is critical to getting fast uptake of findings. We envisage a basic package for each evaluation: (i) accessible summaries (using visual ways of displaying information) to share with co-production groups to facilitate analysis and interpretation at each cycle, and a co-created final summary of findings to share more widely; and (ii) a short accessible briefing report of findings (including illustrations). We will use the FOR-Equity resource [36] to make research evidence more relevant for action to reduce social and health inequalities, adapting for social care if needed. For more promising innovations we

will use the co-learning events to identify and (potentially) co-create guidance on how to do rapid evaluation / additional outputs to engage a wider audience. All applicants have good records of developing accessible and engaging materials (e.g. films, animations, stories), often co-creating them with research participants and stakeholders [8,37–39].

We are committed to showcasing findings for a range of audiences. We will speak at conferences, publish in peer-reviewed academic outlets and will use social media channels, including LSE's well-read blog series and lists (e.g. CHAIN). We will share findings via webinars as these are good ways of reaching practitioners. To avoid duplication, we will link with existing NIHR and UK infrastructure, including the NIHR SSCR webinar series, NIHR CED, National ARC Priority Partnerships on Social Care and Social Work, IMPACT Centre and others. To maximise impact, we will ensure that co-authorship, co-presenting and creative methods are used to tailor outputs to the needs of end users, guided by our communication strategy.

SUCCESS CRITERIA AND BARRIERS TO PROPOSED WORK

The SOCRATES's success will be measured in terms of its ability to deliver high-quality timely evaluations that are both useful and used. We will co-produce indicators for monitoring delivery of the strategy and plans, but, as an example, we expect to capture the following:

- Extent of co-production across the evaluations
- Timeliness of recruitment of sites and participants to evaluations
- Extent of public involvement in the work programme
- Participation of a diverse population in our work programme and evaluations
- Evaluations completed and reports produced within specified timeframes
- Feedback on our research, the usefulness of our findings and resources created, and how they have been used.

Barriers to Rapid Evaluation and Risk Management

The sector is facing many challenges which both create demand for change and numerous barriers to making it happen. Staff are under significant pressure and waiting lists are long [40]. The tight fiscal context has created insecurity across the system, encouraging commissioning practices that favour short-term contracts, competition on costs and a focus on the short-term, with knock-on effects for staff pay and conditions. Turnover and vacancy levels are high and increasing numbers of providers are failing or have exited the market, reducing supply and placing greater demand on remaining staff and organisations [41–43]. Many providers are requesting emergency fee increases and they and local authorities (LAs) are showing signs of severe financial stress [44]. These pressures create very practical barriers to doing rapid research that are unlikely to ease.

Researching innovation/service development can also be difficult because there are many sensitivities and tensions to negotiate as a result of the disruptive and uncertain nature of change. There are always likely to be people and organisations negatively affected who resist change, and evidence suggests that powerful actors (often health partners) can also derail efforts by failing to fully play their part, e.g., because it is not a priority for them [1]. Indeed, implementation failure is a common finding of much innovation research, and steps need to be taken to identify likely problems when implementing innovations in a new context [1,45]. With such a large private sector, there are also likely to be commercial (secrecy and viability concerns) sensitivities to be negotiated. Our research on innovation has also shown that many innovations are provided by organisations that are new entrants to the market.

These entrepreneurs are likely to be personally (and financially) invested in the innovations, creating additional sensitivities for researchers to navigate. Pressures within the adult social care context will intensify these existing tensions and sensitivities.

A further area of tension is the relationship between public bodies (mainly LAs) and the independent (private and third) sector, which delivers most social care, and from which spring many service and technology innovations. These organisations often need LAs to work with them to test, trial, scale and spread their innovations, but most relationships are seen through the prism of commissioning. Current commissioning approaches can create barriers to testing and rolling out innovations, as commercialisation of the innovation needs to fit within existing commissioning / contract frameworks, which can be rigid and leave no room to support fledgling enterprises or novel approaches. While there is some evidence of more collaborative approaches to innovation through partnerships between public bodies and independent sector innovators and some remaining grant-funds, a procurement-heavy approach dominates. Although partnership arrangements for innovation were particularly evident over the pandemic [46], existing regulations do not facilitate these relationships. Individual LA policies can therefore have a significant influence over the potential for scale and spread, due to their highly variable commissioning practices and support for innovators.

This context and set of challenges to people working for better social care through innovation and service development create very practical barriers to doing rapid research that has impact. Overcoming these challenges requires imagination, a transfer of resources and commitment. We have outlined mitigating strategies against the most likely risks.

Risks	Mitigating Strategies
Significant pressures on social care organisations / commercial/other sensitivities result in low engagement & attrition, leaving insufficient number of organisations agreeing to implement innovation / service development	<ul style="list-style-type: none"> • Leverage applicants' and SOCRATES network members' existing stakeholder networks and relationships. • Initial invitations will provide clear information about time and resource implications, and value of taking part including tailored feedback, and outputs specific to participating organisations. • Offer flexibility around participation – tailoring communications and methods for different groups of stakeholders. • We will make use of any NIHR Clinical Research Network assistance available to projects and sites, and offer payments to sites to backfill positions / enable participation • We will secure possible 'reserve' sites as replacements to address possible attrition
Innovation / service development insufficiently implemented, impacting on viability of the evaluation	<ul style="list-style-type: none"> • Co-production of the evaluation should identify likely problems and opportunities to co-design solutions for specific contexts. • Co-production with sites to increase buy-in to the evaluation. • We will monitor implementation to spot problems early, and discuss with NIHR potential actions, including remedial actions (re-design / implementation support), ceasing evaluation. For sites that lack a culture of learning and engagement with research, implementation support could be planned in from the start to support the transfer of knowledge and skills.
Collection and analysis of data from diverse people that reflects a range of perspectives and enables analysis of	<ul style="list-style-type: none"> • Mapping of available monitoring data to be undertaken at inception for all evaluations, with focus on EDI. • Data collection tools and analysis co-produced. • Peer researchers recruited from local communities to enable data to be collected in BSL and languages other than English • Offer flexibility and support for participation, e.g. costs for taxis, carers/guardians to attend

equity considerations	<ul style="list-style-type: none"> • Employ snowballing techniques to recruit participants, and consider stakeholders from the broadest perspective.
Delays due to drawn-out ethics processes or unanticipated problems at sites (e.g. inspection)	<ul style="list-style-type: none"> • The pooled resources of the three centres employing large numbers of researchers with a range of skills will allow for relevant staff to be moved onto projects swiftly to provide additional capacity where projects are lagging behind. • Planning through scoping process, will aim to reduce any delays in acquiring ethical and research governance approvals.
Research capacity stretched by simultaneous evaluations and multiple sites per evaluation.	<ul style="list-style-type: none"> • Co-Directors, Associate Directors and Programme Co-ordinator to plan programme of work in collaboration with NIHR & SOCRATES. • Regular monitoring of progress and review of work programme at monthly Management Group meetings, and address any capacity problems and conflicts • PIs, PMs & RFs in Evaluation allocated one evaluation at a time • Named researchers allocated to work closely with specific sites.
Concerns over reputational impact of findings	<ul style="list-style-type: none"> • Open, frank discussion at the outset about how research findings will be used and shared. • We will manage negative or ambivalent findings carefully working with collaborators to find a way of sharing our findings that is mutually acceptable.

ETHICS AND DATA MANAGEMENT

We will adhere to standards of the UK policy framework for health and social care research.

Sponsorship approvals for each evaluation will be secured from the lead partner university. Where necessary, ethical approval will be obtained from the HRA. For some evaluations it will not be necessary to approach HRA, e.g. if we are seeking staff views only or the research question can be addressed by secondary anonymised data analysis. Where HRA approval is required, the evaluation protocol, data collection instruments and other documents will be submitted for ethical review as early as possible following the end of the scoping / agreement with NIHR about scope of evaluation.

Currently, there is a variety of approaches to research governance in LAs: some have well-developed systems, while others lack consistent requirements. Even with HRA approval, there are usually LAs processes to go through, which can require substantial, protracted efforts. Our approach will be constructive; the combined extent of our research contacts with different LAs means we will be able to link with colleagues who have the local knowledge to navigate requirements. For multi-site (>3) studies, we may need to seek the endorsement of the Association of Directors of Children's Services (ADCS) or Association of Directors of Adult Social Services (ADASS).

The nature of social care means many evaluations will raise ethical issues. Key are:

Confidentiality and security of data: Data sharing agreements between the applicants' organisations will be established at set up to cover data storage and transfer as well as relevant consents and management processes. To mitigate breaches, all evaluations will have data management plans; all staff will complete annual data security training. Our centres hold confidentiality agreements with transcription services as part of their contracts. Similar agreements will be drawn up with interpreters/translators. Consent processes will outline how data are used, reported and shared. We will maintain anonymity of participants where possible. In cases where this is not (e.g. an interview with a Principal Social Worker who could be identifiable), we will agree with participants how to report what they have told us, and give them sight of outputs before publication.

Capacity to give informed consent: Participant Information Sheets and other materials will be developed with public advisors to be in plain English and age-appropriate. We have expertise in developing such materials for children and young people [8] and our approach to meaningful information provision for parents with learning disabilities that involved video-recorded information was recently commended by HRA (November 2022). We are familiar with the requirements of the *Mental Capacity Act (MCA) 2005* and its principles. Our approach to consent is that this needs to be ongoing.

Disclosures about potential harm and abuse: Our studies involving children and adults have established protocols to manage potential disclosures/allegations of harm or abuse (where we would have responsibilities to report safeguarding concerns). We have procedures for providing support, advice and tools for researchers who may encounter such disclosures. Our staff have DBS clearance and have relevant training on ethics and research governance; however, some studies may require specific training and strategies.

Risk of harm to participants/researchers: As we are potentially asking about sensitive issues, we are aware that some participants may become distressed (including staff and our researchers). Before conducting research on sensitive issues we will assess potential risks on an individualised basis and identify designated support people. If distress arises, we will give people time to compose themselves and ask whether they wish to continue. We have procedures to protect the safety of staff (e.g. lone working). We will support researchers in distress and our universities have strong counselling and pastoral care systems which have been used by some of our colleagues.

Risk of coercion: Participation will always be on a voluntary basis, and people will be free to withdraw from the research at any stage if they wish. We recognise the ethical issues raised by using vouchers as an incentive to take part in evaluations as they may be seen as inducements, but we have found them a valuable way to respect and acknowledge the time and trouble involved in research participation. We will offer Certificates of Participation in Research to staff taking part in the evaluations: we do not see these as inducements but as recognition of their time and evidence supporting their continuing professional development.

REFERENCES

- 1 Zigante V, Malley J, Boaz A, *et al.* How can the adult social care sector develop, scale and spread innovations? A review of the literature from an organisational perspective. London: 2022. <https://www.lse.ac.uk/cpec/assets/documents/cpec-working-paper-8.pdf> (accessed 14 Apr 2022).
- 2 Brown L. Balancing Risk and Innovation to Improve Social Work Practice: British Journal of Social Work. *Br J Soc Work* 2010;**40**:1211–28. doi:10.2307/43687516
- 3 van de Ven AH. The innovation journey: you can't control it, but you can learn to maneuver it. *Innovation: Management, Policy and Practice* 2017;**19**:39–42. doi:10.1080/14479338.2016.1256780
- 4 Hartley J. New development: Eight and a half propositions to stimulate frugal innovation. *Public Money and Management* 2014;**34**:227–32. doi:10.1080/09540962.2014.908034
- 5 Osborne SP, Brown K. *Managing Change and Innovation in Public Service Organizations*. London: : Routledge 2005. doi:10.4324/9780203391129
- 6 Beresford P, Slasberg C. *The Future of Social Care: From Problem to Rights-Based Sustainable Solution*. Cheltenham, UK: : Edward Elgar Publishing 2023.

- 7 Larkins C, Nowland R, Robertson L, *et al.* Peer research by children and young people and their allies. Rapid Evidence Review of best practices in health and social science literature. 2021. <http://www.uclan.ac.uk/research/index.php> (accessed 17 Nov 2022).
- 8 Accessible resources for Peer Action Collective. <https://www.ucanmakechange2.org/wp-content/uploads/2022/06/When-Listening-is-Hard.pdf> (accessed 20 Nov 2022).
- 9 Bereményi BÁ, Larkins C, Percy-Smith B, *et al.* Key Learnings from the Peer Project. A Combined Research Paper. EMIGRA Research Papers 136. . 2017.
- 10 Woolham J, Samsi K, Norrie C, *et al.* The impact of the coronavirus (Covid-19) on people who work as social care Personal Assistants. London: 2020. [https://kclpure.kcl.ac.uk/portal/en/publications/the-impact-of-the-coronavirus-covid19-on-people-who-work-as-social-care-personal-assistants\(443a2304-a07a-4063-90b9-9281a0a47cd1\).html](https://kclpure.kcl.ac.uk/portal/en/publications/the-impact-of-the-coronavirus-covid19-on-people-who-work-as-social-care-personal-assistants(443a2304-a07a-4063-90b9-9281a0a47cd1).html) (accessed 22 Nov 2022).
- 11 Toolkit for increasing participation of BAME groups in health and social care research. 2018.<https://arc-nenc.nihr.ac.uk/resources/toolkit-for-increasing-participation-of-bame-groups-in-health-and-social-care-research/> (accessed 20 Nov 2022).
- 12 Nilsen P. Making sense of implementation theories, models and frameworks. *Implementation Science* 2015;**10**:1–13. doi:10.1186/S13012-015-0242-0/TABLES/2
- 13 Greenhalgh T, Wherton J, Papoutsi C, *et al.* Beyond adoption: A new framework for theorizing and evaluating nonadoption, abandonment, and challenges to the scale-up, spread, and sustainability of health and care technologies. *J Med Internet Res* 2017;**19**. doi:10.2196/jmir.8775
- 14 May C, Finch T. Implementing, embedding, and integrating practices: An outline of normalization process theory. *Sociology* 2009;**43**:535–54. doi:10.1177/0038038509103208
- 15 Rogers E. *The diffusion of innovations*. 4th ed. New York: : Free Press 1995.
- 16 Malley J, Zigante V, Jones A. An evaluation of a Local Authority run outreach facilitation intervention for raising the quality of social care practice: ELSCQua Case Study 3 - Final Evaluation Report. CPEC working paper 3. . London: 2019.
- 17 Manthorpe J, Samsi K. Implementing the Social Care Workforce Race Equality Standard in England: Early Observations. *The British Journal of Social Work* 2022;**00**:1–16. doi:10.1093/BJSW/BCAC161
- 18 Wistow G, Perkins M, Knapp M, *et al.* Circles of Support and personalization. *Journal of Intellectual Disabilities* 2016;**20**:194–207. doi:10.1177/1744629516637997
- 19 Bauer A, Taggart L, Rasmussen J, *et al.* Access to health care for older people with intellectual disability: A modelling study to explore the cost-effectiveness of health checks. *BMC Public Health* 2019;**19**:1–16. doi:10.1186/S12889-019-6912-0/TABLES/7
- 20 Bauer A, Knapp M, Wistow G, *et al.* Costs and economic consequences of a help-at-home scheme for older people in England. *Health Soc Care Community* 2017;**25**:780–9. doi:10.1111/hsc.12372

- 21 Social Care Institute for Excellence (SCIE). Co-production: what it is and how to do it. London: 2022. <https://www.scie.org.uk/co-production/what-how> (accessed 25 Nov 2022).
- 22 Szilassy E, Das J, Drinkwater J, *et al.* Researching Education to Strengthen Primary care ON Domestic violence & Safeguarding (RESPONDS). Final Report for the Department of Health, Policy Research Programme. Bristol: 2015. <http://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/responds/responds-final-report.pdf> (accessed 25 Nov 2022).
- 23 Gray TA, Dumville JC, Christie J, *et al.* Rapid research and implementation priority setting for wound care uncertainties. *PLoS One* 2017;**12**:e0188958. doi:10.1371/JOURNAL.PONE.0188958
- 24 McCarry M, Larkins C, Berry V, *et al.* The Potential for Co-production in Developing Violence against Women Services in Wales. *Social Policy and Society* 2018;**17**:193–208. doi:10.1017/S1474746417000070
- 25 Larkins C, Kiili J, Palsanen K. A lattice of participation: reflecting on examples of children's and young people's collective engagement in influencing social welfare policies and practices. <https://doi.org/10.1080/136914572014928269> 2014;**17**:718–36. doi:10.1080/13691457.2014.928269
- 26 Stanley N, Barter CA, Bracewell K, *et al.* Roadmap Evaluation. Final Report and Executive Summary. 2021. <http://www.uclan.ac.uk/research/index.php> (accessed 20 Nov 2022).
- 27 Cornes M, Aldridge RW, Biswell E, *et al.* Improving care transfers for homeless patients after hospital discharge: a realist evaluation. *Health Services and Delivery Research* 2021;**9**:1–186. doi:10.3310/HSDR09170
- 28 Vindrola-Padros C, Brage E, Johnson GA. Rapid, Responsive, and Relevant?: A Systematic Review of Rapid Evaluations in Health Care. . *American Journal of Evaluation* 2021;**42**:13–27. <https://doi.org/10.1177/1098214019886914> (accessed 7 Nov 2022).
- 29 Fowler-Davis S, Cholerton R, Philbin M, *et al.* Impact of the Enhanced Universal Support Offer to Care Homes during COVID-19 in the UK: Evaluation using appreciative inquiry. *Health Soc Care Community* 2022;**30**:e1824–34. doi:10.1111/HSC.13612
- 30 Vindrola-Padros C, Chisnall G, Polanco N, *et al.* Iterative cycles in qualitative research: Introducing the RREAL Sheet as an innovative process. doi:10.31219/OSF.IO/9DP2W
- 31 Vindrola Padros C. *Doing Rapid Qualitative Research*. London: : Sage 2021.
- 32 Craig P, Campbell M. Evaluability Assessment: a systematic approach to deciding whether and how to evaluate programmes and policies. What Works Scotland Working Paper. 2015. <https://eprints.gla.ac.uk/116323/1/116323.pdf> (accessed 7 Nov 2022).
- 33 Holmes BJ, Best A, Davies H, *et al.* Mobilising knowledge in complex health systems: a call to action. *Evidence & Policy* 2017;**13**:539–60. doi:10.1332/174426416X14712553750311

- 34 Best A, Holmes B. Systems thinking, knowledge and action: Towards better models and methods. *Evidence and Policy* 2010;**6**:145–59. doi:10.1332/174426410X502284
- 35 Malley J, Bauer A, Boaz A, *et al*. Theory-based evaluation of three research–practice partnerships designed to deliver novel, sustainable collaborations between adult social care research and practice in the UK: a research protocol for a ‘layered’ contributions analysis and realist evaluation. *BMJ Open* 2022;**12**:e068651. doi:10.1136/BMJOPEN-2022-068651
- 36 Focus On Research and Equity. <https://forequity.uk/> (accessed 25 Nov 2022).
- 37 Essence toolkit. <https://essenceproject.uk/toolkit/> (accessed 25 Nov 2022).
- 38 Strengthening responses to dementia: India. <https://stride-dementia.org/country-page/india/> (accessed 25 Nov 2022).
- 39 Stories 2 Connect. <https://stories2connect.org/> (accessed 25 Nov 2022).
- 40 Association of Directors of Adult Social Services (ADASS). ADASS Survey: People Waiting for Assessments, Care or Reviews. London: 2022. <https://www.adass.org.uk/surveys/waiting-for-care-july-22> (accessed 25 Nov 2022).
- 41 Skills for Care. The state of the adult social care sector and workforce in England. Leeds: 2022. <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx> (accessed 25 Nov 2022).
- 42 Care Quality Commission (CQC). The state of health care and adult social care in England 2021/22. London: 2022. <https://www.cqc.org.uk/publication/state-care-202122> (accessed 25 Nov 2022).
- 43 Jones R. *In whose interest?: The privatisation of child protection and social work*. Policy Press 2018.
- 44 Association of Directors of Adult Social Services (ADASS). Autumn Survey Report 2022. London: 2022. <https://www.adass.org.uk/autumn-survey-report-2022> (accessed 25 Nov 2022).
- 45 Peryer G, Kelly S, Blake J, *et al*. Contextual factors influencing complex intervention research processes in care homes: a systematic review and framework synthesis. *Age Ageing* 2022;**51**:1–16. doi:10.1093/AGEING/AFAC014
- 46 Stanley N, Foster HR, Barter C, *et al*. Developing new portals to safety for domestic abuse survivors in the context of the pandemic. *Health Soc Care Community* Published Online First: 2022. doi:10.1111/HSC.14089