Adult Social Care Research and Practice Collaboration Evidence Synthesis

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About this document

This document was produced based on the POSTnote approach (please see here for more information) to synthesising academic literature and stakeholder insights on a topical issue within policy and practice. This document was written by Hannah Kendrick (Care Policy and Evaluation Centre, LSE) with support from Juliette Malley (Care Policy and Evaluation Centre, LSE) and Annette Boaz (King's College London) – members of the Creating Care Partnerships project. The intention was to develop a resource on behalf of the adult social care partnership community as a whole and so draws on a wide range of insights and expertise from all contributors (names & affiliations listed on p. 27 of the document). The document draws on studies funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research Programme (Grant Reference Numbers: NIHR31335, NIHR131373, NIHR131345, NIHR 131358, NIHR13110, NIHR133629). The views expressed in this document do not necessarily reflect the views of the NIHR or the Department of Health and Social Care.

Introduction

Application of research within social care comes in a variety of forms, including informing policy and practice, reviews, problem solving, supporting a policy stance or argument, promoting debate, providing quality assurance, justifying funding, or providing evidence for restructuring services. It can also be used more directly to develop care/occupational standards, educational and training requirements, every day caring decisions, and allocating budgets (Walter et al., 2004). However, there is both a lack of high-quality research and research use within UK adult social care (ASC) (Rutter & Fisher, 2013), and challenges for staff in knowing how to do and use research within practice (Wakefield et al., 2022). Barriers to research participation for both staff and those receiving social care services include managerial gatekeepers to research participation, lack of research skills, confidence, time and capacity, high turnover, and lack of quiet space (Goodman et al., 2017; Law & Ashworth, 2022; Peryer et al., 2022; Wakefield et al., 2022). Low levels of research funding compared to health (Pulman & Fenge, 2023), depletion of research infrastructure within local authorities (Rainey et al., 2015; Woolham et al., 2016), and low levels of prior research training (Wakefield et al., 2022; Wilkinson et al., 2012) are also inhibiting factors. Particular issues face care homes (Law & Ashworth, 2022; Peryer et al., 2022) with care home staff and residents traditionally excluded from the research process (Davies et al., 2014) and difficulty engaging residents with dementia. People living in care homes are also less likely to be involved in research than those in the community (Law and Ashworth, 2022).

The renamed National Institute for Health and Care Research (NIHR) has brought social care explicitly within its strategy, whilst introducing a range of capacity building fellowships for social care practitioners and targeted funding streams (Pulman & Fenge, 2023). This is welcomed by the sector as research suggests that increasing the level and quality of social care research, as well as building capacity for conducting and using research,

has the potential to lead to better services and outcomes for people. This is because research is more likely to be directly relevant to practice issues, as research development and use has capitalised on practitioner expertise (Griffiths et al., 2021; Walter et al., 2004; Wilkinson et al., 2012). Different approaches to research capacity building and the production of relevant research are currently being explored within ASC, both in the UK and internationally.

This evidence synthesis draws on interviews with 12 stakeholders and a narrative review of academic literature in the area. Stakeholders work across a range of roles including, Principal Investigators of research and practice collaboration projects and those responsible for commissioning and contracting NIHR capacity building initiatives. This provided a range of insights into approaches to research and practice collaboration, research funder policy and strategy, and barriers and enablers within English ASC. Although this work is taking place across the UK, this review is limited to the English context and begins by providing an overview of current policy support for research and practice collaboration in England, infrastructure, and variation in approaches to research and practice collaboration. It then moves on to highlight the challenges within ASC, Higher Education, research funding and wider government strategy, whilst also discussing the potential benefits. This review particularly highlights the impact of the funding and workforce crisis and the depletion of research infrastructure within local authorities. It recommends a more joined up social care strategy across government departments, reinstatement of research governance leads within local authorities, and structural changes to social care practitioner roles to include research within job descriptions.

Policy to support collaboration between research and practice in adult social care in England

The NIHR is funded by the Department of Health and Social Care to promote health, public health, and social care research to improve outcomes for patients and the public (NIHR, 2023c). The NIHR established the School for Social Care Research (SSCR) in 2009 to begin to readdress the imbalance between the level of academic training and funding opportunities within social care compared to health (Wakefield et al., 2022). Levels of funding and infrastructure and priority given to research in health still outstrips social care, but in the past five years, the NIHR have brought social care research explicitly within its central strategy through targeted funding streams and capacity building fellowships, in addition to the SSCR infrastructure (Pulman & Fenge, 2023).

In 2022, NIHR published the report 'Best Research for Best Health: The Next Chapter', which sets out its core principles and areas of strategic focus, including building capacity and capability in social care research, funding high quality research that benefits NHS and social care, and training and supporting researchers in health and social care by ensuring there are research career paths within both Higher Education Institutions (HEIs) and practice (Whitty & Wood, 2021). During the same year, the NIHR changed its name from the National Institute for Health Research to the National Institute for Health and Care Research, which it was claimed 'indicates its ongoing commitment to social care research' (NIHR, 2022) . As part of this strategy, the NIHR have issued a range of capacity building fellowships aimed at social care practitioners, including the Local Authority Academic Fellowship programme, which is encompassed by the Local Authority Short Placement Award for Research Collaboration (SPARC), and Pre-Doc (PLAF), Doctoral (DLAF) and Advanced (ALAF) Local Authority Fellowships (NIHR, 2023b), as well as targeted funding streams (Pulman & Fenge, 2023). The aim of the Local Authority Fellowship programme is

to encourage career development pathways for local authority employees who wish to perform a hybrid research and practice role (Ashworth & Burke, 2023).

One such targeted funding stream, the Adult Social Care Partnership call, was put out in 2020 under the NIHR's Health and Social Care Delivery Research (HSDR) Programme for projects to form ASC partnerships that would use research to address knowledge gaps and priorities. Six projects were funded which were spread geographically across England and adopted a variety of collaborative approaches. A stakeholder reported that the intention behind the ASC partnerships call was to provide funding for research and practice collaboration development, where research projects would be generated from the bottom up as the partnerships progress. This contrasts to outlining the specifics of the project at application stage as is usual with researcher-led NIHR applications. The funding call aimed to facilitate the development of research skills and capacity within social care and ensure that research was grounded in the problems of practice as identified by practitioners. In addition, a central tenet of the call was to provide funding to enable social care practitioners to be bought out of part of their practice role to participate in research. This was reported as particularly important given the context of workforce recruitment and retention issues within ASC (Fox et al., 2023; Peryer et al., 2022).

Alongside the ASC partnership call, NIHR funds existing infrastructure for research and practice collaborations through 15 Applied Research Collaborations (ARCs). Predating the ARCs, were 13 NIHR funded Collaborations for Leadership in Applied Health Research and Care (CLAHRC), which were partnerships between universities and NHS organisations. In 2019, CLAHRCs were replaced by 15 ARCs, following the NIHR's change in strategy to focus more broadly on social care as well as health (Kislov et al., 2018; NIHR, 2018). ARCs are regional collaborations between NHS providers, universities, charities, local authorities, and other organisations to produce applied health and social care research that is

used within practice. ARCs focus on several themes important to their region as well as collaborating with other ARCs on a number of national priority areas, including ASC (NIHR, 2020). Although it was envisaged that the ASC partnerships would often be embedded within existing ARCs, stakeholders stressed that the partnerships are distinct from the ARCs. ARCs instead provide broad infrastructure, with the opportunity for ARC researchers to bid into the ASC partnership call in collaboration with practice partners. A key component of the partnership call was also the requirement for partnerships to evaluate themselves and develop learning on best practice for developing and enacting partnership working within ASC.

Another recent development is the Health Determinants Research Collaborations (HDRC) that were first commissioned in 2022, with a follow-up call in 2023. Their stated aim is to develop research collaborations between local government and the academic sector that focus on improving the wider determinants of health and to help local authorities to build a research culture, become more research active and use evidence to inform their decision making (NIHR, 2023a). One stakeholder saw the HDRCs as providing infrastructure for potential future ASC partnership calls, given their focus on building capacity within local authorities. Another said they are a step in the right direction but are still funded through public health money, which will influence their focus. Beyond the NIHR, the Economic and Social Research Council (ESRC) and the Health Foundation have provided £15m over nearly 7 years to fund IMPACT - the UK centre for implementing evidence in adult social care. This defines evidence as including insights from research, lived experience and practice knowledge, and works alongside colleagues in front-line services to get evidence of what works used in practice to make a difference to services and people's lives. It is based on an embedded model of relationship building, practical support, learning by doing and co-production, and relationships. It works through networks across the four

nations, demonstrator projects, facilitators, and accessible guides and resources (please see here for more information).

A range of funding streams, infrastructure and capacity building initiatives are now supported within social care through research funders, such as the NIHR, ESRC and Health Foundation, to facilitate research and practice collaboration within ASC. Below, this evidence review highlights the variety of approaches taken when collaborations have drawn upon these targeted funding streams and capacity building initiatives, as well as discussing examples from different contexts. It will then go on to consider some challenges to making these collaborations and capacity building initiatives work, before setting out enablers within current strategy and infrastructure, and then outlining recommendations.

Variation in approaches to collaboration between research and practice in adult social care

There are a variety of approaches to research and practice collaboration within ASC that are currently being explored in England and internationally. Some approaches, such as Research Practice Partnerships (RPPs) (see: Coburn et al., 2013; Farrell et al., 2021, 2022) and communities of practice (see: Wenger, 1998) focus on the benefits of collective learning through shared experiences, skills, and knowledge of the different members brought together through shared focus or interest. Integral to both approaches is relationship building, joint activities and collaborative working that help to form a coherent identity for the community or RPP. Through this 'joint work' (Penuel et al., 2015) or 'mutual engagement' (Wenger, 1998), resources, tools, and ways of addressing the problem are enacted. The partnerships adopting the community of practice approach within ASC and funded through the NIHR partnerships call are the Social Care Research in Practice Teams (SCRiPT) (see here), the ASC Kent Research Partnership (see here), and the

Curiosity partnership (see here). An example of the RPP approach is the Creating Care Partnerships project (see here).

Whilst communities of practice can be applied to a wide range of interests and communities, RPPs involve research as the dominant activity and specifically focus on bringing together the diverse experiences of researchers and those from practice to identify relevant research and work towards practice improvements (Farrell et al., 2021). The infrastructure developed during this process contributes to long-term sustainability in which RPPs act as their own entity or 'third space' operating at overlapping organisational boundaries (Farrell et al., 2022; Martin et al., 2011; Penuel et al., 2021). By contrast CoPs are an informal arrangement with flexible boundaries and membership defined by who is participating at that particular time. Although learning is developed through insights and experience brought by different members, there is no requirement that CoPs cross organisational boundaries and develop their own infrastructure, although this is the case for the research and practice collaborations detailed above (Wenger, 1998).

RPPs vary in the types of roles taken on by academic and practice partners. For example, inquiry-led RPPs concerned with conducting evaluative projects of services and policies may involve more intensive collaboration at the beginning whilst research questions are defined and at the end during sense making of findings. These partnerships may involve conventional roles for academics in data collection and analysis, with practice partners involved to a greater extent in developing practice solutions. By contrast, practitioners may take the lead in data collection and analysis under methodological supervision from academics. Design-based partnerships often involve intensive collaboration and involvement between partners throughout all aspects of design, research, and development (Penuel et al, 2020; Farrell et all 2021; Sjolund, 2022).

Other approaches to research and practice teams funded through the partnerships call, stipulate more specifically the roles taken on by research and practice partners. For example, the Peninsula Adult Social Care Research Collaborative (PARC) (see here) are setting up embedded research teams inside social care organisations, involving a social worker trained to carry out research and an experienced researcher to support the practitioner. They will then be supported by researchers-in-residence and a wider team made up of managers, university staff, service users and carers who will help to set priorities. Another example is the Connecting evidence with decision making (ConnectED) (see here) project that brings together researchers-in-residence and evidence champions to form the core part of the research and practice teams, whilst drawing in broader members of staff from within the local authority.

The researcher-in-residence or embedded researcher model has gained prominence in the health sector in recent years and positions a researcher as a core member of delivery teams to provide research expertise and knowledge that complements the expertise of managers and clinicians/practitioners (Marshall et al., 2014). Prior to the advent of UK government austerity in 2010, local authorities had a named research governance lead and researchers situated in authorities. However, in-house research capacity reduced following cuts as authorities came to view research as a non-essential function when dealing with diminishing resources (Rainey et al., 2015; Woolham et al., 2016). In trying to redress this lack of capacity, new roles are being explored within the social care sector as a form of co-production and knowledge mobilisation within research and practice teams. 'Practitioner-researchers' (Wilkinson et al., 2012), 'pracademics' (Fox et al., 2023) or evidence/research champions are those social care practitioners who receive mentoring and guidance from academic team members to help them develop research questions around a practice issue, as well as provide them with the skills to enable the research project to be conducted (Joubert & Hocking, 2015).

Collaborations that have adopted the CoP approach have also placed embedded researcher roles within their teams, highlighting the flexibility and variety around research and practice collaborations within ASC. For example, the SCRiPT project includes lead research practitioners who are backfilled to conduct research two and half days per week and associate research practitioners who are backfilled one day per month to spend on research activities, whilst the Kent Research Partnership has a mix of researchers-in-residence from both a research and practice background and social care practitioners taking up research fellowships. The Curiosity partnership involves social care practitioners acting as research champions within their organisation, as well as providing NIHR fellowship and training opportunities for social care practitioners.

Outside of the English and NIHR context, a model developed in The Netherlands called the Living Lab in Ageing and Long-Term Care has existed for 25 years and is gaining traction internationally. The Living Lab is a collaboration between the University of Maastricht and Long-Term Care providers, with two defining features being the use of scientific and practice 'linking pins' and interdisciplinary partnerships that include a wider range of health professionals, older people and their families, policy makers and managers. Both linking pins work in collaboration with each other within the long-term care organisation to build the infrastructure, lead a working group of long-term care professionals, and work with older people to set the research agenda and questions. The blend of defined hybrid roles for practitioners and researchers and involvement from a wider group in developing research projects has similarities to some of ASC partnership call collaborations, such as PARC, Kent Research Partnership and SCRiPT. However, the Living Lab also has a defined organisational and governance structure to support these activities, including a living lab board to set strategic direction, where each partner organisation's CEO is represented, and an executive committee responsible for the day-to-day management of the living lab and research

use organisationally and amongst wider networks. The Living Lab has been successful in producing research that has led to numerous practice improvements. This includes developing knowledge on innovative forms of long-term care, such as small homelike facilities and instigating change in national legislation on reduction of restraints (Verbeek et al., 2020).

An English adoption of this model is the Nurturing Innovation in Care Home Excellence in Leeds (NICHE-Leeds) (see here), which is a collaboration between academia and care organisations. The aim is to work collaboratively with care homes to produce research that will promote quality of life, quality of care and quality of work (Griffiths et al., 2021). The funding model of the living labs also differs from the projects funded through the ASC partnership call. Infrastructure is funded through co-financing from partner organisations and research is funded through external grants and partner contributions. In addition, since 2018, the Dutch government has provided structural funding of 1 million euros towards the Maastricht University Living Lab placing it on a sustainable footing (Verbeek et al., 2020).

Potential benefits for adult social care

Research and practice collaborations and capacity building roles and initiatives have been found to develop research skills (Lightowler et al., 2018), create a sense of personal satisfaction and professional interest (Buck et al., 2023; Fox et al., 2023), and increase critical reflective practice for individual practitioners (Ashworth & Burke, 2023; Lightowler et al., 2018; Wilkinson et al., 2012). Building an organisational research culture (Pulman & Fenge, 2023) allows initiatives and organisational change to follow immediately from the research findings (Fox et al., 2023), enabling directly relevant and useable research to improve care practices and staff training (Ashworth & Burke, 2023; Buck et al., 2023; Griffiths et al., 2021) and create better outcomes for those using social care services (Curran et al., 2014). Similarly, stakeholders reported that

research and practice collaborations within social care could increase research capacity and literacy, as well as work towards creating cultural change around appreciation of research (Lightowler et al., 2018; Pulman & Fenge, 2023). Stakeholders were also keen to stress the potential to create more varied and interesting roles for social care practitioners that will improve retention and appeal of the sector.

Although research and practice collaborations are in an early stage of development in ASC, stakeholders were hopeful that partnership work within their locality spreads out in a ripple effect to draw in wider organisations across the system to create sector wide engagement in research. There is also potential for upscaling research projects and leveraging additional funding to build on initial work that can have broader impact and return on investment across the sector (Griffiths et al., 2021; Verbeek et al., 2020).

Challenges within the adult social care sector

a) Workforce and resource issues

Lack of research skills, knowledge and confidence is a substantial barrier to social care practitioners participating in research and practice collaborations (Cooke et al., 2008; Fox et al., 2023; Wakefield et al., 2022). Stakeholders reported that cost pressures, high vacancies and organisational turnover can also make partnership working and building research capacity extremely difficult (Fox et al., 2023). Stakeholders told of the difficulties they encountered with senior managers in local authorities, who after providing initial agreement to collaborate, later cited workload as the reason they were no longer able to participate. In one case, there had been turnover of senior leadership three times since academic partners received initial agreement to take part in the partnership. The importance of key enthusiastic individuals to the success of the partnership also means that gatekeeping can stall progress, or

collaborations can be dominated by senior managers who do not provide involvement opportunities for frontline staff (Law & Ashworth, 2022). For practitioners, despite initial support from their line managers, it is often the case that they are pulled back into frontline work, making attending meetings or completing tasks difficult (Fox et al., 2023; Lightowler et al., 2018). Hybrid working following the COVID-19 pandemic can make it difficult for university researchers to feel embedded within a local authority, as well as online partnership meetings leading to disconnection and difficulty building relationships (Pulman & Fenge, 2023).

b) Lack of research infrastructure within social care organisations

Substantial barriers through lack of research infrastructure within social care organisations to facilitate collaborative working with academics or new research practitioner roles were reported. Frustration was expressed that local authority research capacity had diminished when the New Labour government, continuing the New Public Management reform agenda begun under the Conservatives in the 1980s, emphasised performance management at the expense of research. One stakeholder reflected that there were also still issues with research governance leads in terms of levels of capacity and training, although this did vary geographically. However, what remained was then lost completely following the Coalition's austerity programme (Rainey et al., 2015; Woolham et al., 2016). Some reported great difficulty in getting new roles established when finance and HR systems are not set up to deal with hybrid roles that are part funded through research grants. Social care practitioners who are awarded fellowships can find themselves a lone wolf in large organisations without a supportive environment around them. One stakeholder emphasised the need to combine individual practitioner-researcher roles with broader critical appraisal skills, dispersing capacity across the organisation. Lightowler et al. (2018) found that few practitioner-researchers were able to take on knowledge mobilisation work following their research studies, highlighting the limitation of

building individual capacity without the organisational commitment to using and spreading research knowledge. Unlike the NHS, social care organisations do not have an ingrained research culture (Pulman & Fenge, 2023). Furthermore, social care organisations do not routinely collect high quality data as in NHS organisations, which was felt by stakeholders to be a barrier to completing thorough service evaluations.

c) Buying out social care practitioner time

Issues associated with workload, recruitment, and retention highlight the importance of being able to buy out practitioner time enabling fulfilment of 'practitioner-researcher', 'pracademic' or 'evidence champion' roles (Buck et al., 2023). As mentioned above, the ability to buy out time was a central tenet of the ASC Partnership call. However, stakeholders reported mixed success of being able to achieve this in practice. Local authorities have significant difficulty in releasing practitioners because they do not have the staff to backfill these posts, or they struggle to recruit new people even when the financial resources are available (Pulman & Fenge, 2023). Some existing practitioners were reluctant to apply for short-term joint roles through fears of not having their job to go back to. Stakeholders reported they often had to recruit for new joint research and practice roles to fill their 'practitioner-researcher' roles, as opposed to building capacity in the existing workforce. In one example in which existing staff had taken up the 'practitioner researcher' role, the local authority had received the funding but was yet to recruit to backfill the post. This reflected concern amongst one stakeholder about ensuring they tracked where the funding was being spent within local authorities.

Opportunities for the higher education sector

Barriers remain within HEI processes that are often not geared up to facilitate this type of partnership working. Stakeholders reported substantial delays to universities signing the collaboration agreements which then delayed the provider organisations receiving their NIHR

funding for participating in an ASC partnership. This created delays to getting people into partnership posts, or local authorities advertising for backfilled roles. A stakeholder reported that there is no system in place for social care staff, even those occupying 'practitioner researcher' roles, to access their partner university's library and to gain access rights to academic journals (Buck et al., 2023). Stakeholders also said that research and practice collaborations, where roles are not clearly defined and are more open to negotiation between academics and practitioners, have the potential for academic partners to dominate the process and pursue research in their own interests, as opposed to practice concerns.

Nevertheless, stakeholders did report that HEIs were generally welcoming and supportive of participation in ASC research and practice collaborations because they were bringing money into the university. There are also incentives for universities through potential to demonstrate real-world impact of academic work on wider society by producing relevant and engaged research (Rycroft-Malone et al., 2013). Producing research that has greater relevance and use within society also helps universities to counter claims of being isolated and out of touch (Gamoran, 2023). It was noted by stakeholders that universities are very influenced by their Research Excellence Framework (REF) return, which can influence the ability of academic staff to engage in partnership work that may not generate immediate high impact outputs that are publishable in highly ranked journals (Wilkinson et al., 2012). However, the REF also assesses impact of work beyond academia, with the opportunity to submit impact case studies, providing a space for partnership work to hold value within academic measures of success (UK Research and Innovation, 2023).

Research funders processes and social care research ethics committee requirements

Models for research production and use within local authorities and social care are different to health, but stakeholders felt that processes and

funding within research funders are still skewed in that direction. The main research funder for social care is the NIHR and so this discussion is framed largely around this organisation. A key example given was the Clinical Research Networks' reporting requirements for participant recruitment figures, which were believed to be more applicable to clinical trials than research conducted in social care. The NIHR infrastructure and range of fellowship options are complicated, difficult to understand and keep track of, which could be off-putting to social practitioners seeking to engage in this world.

Stakeholders were also concerned that long and convoluted ethics requirements across local authorities, HEIs, providers and NHS ethics were demotivating to practitioners and increased the chance of drop-out (Wilkinson et al., 2012). Carey (2019) has argued that both university and NHS ethics processes are onerous and geared towards narrow positivist research. This may exclude qualitative social work research and create a risk to building research culture within the social work profession.

Enablers within researcher funder strategy, infrastructure, and recommendations

Stakeholders welcomed NIHR's increased focus on social care and did feel they were committed to building research capacity. They were also enthusiastic and stressed the importance of funding that had been directed towards setting up partnerships and new capacity building roles (Buck et al., 2023). However, stakeholders suggested that further work needed to be done. Beyond funding, it is essential for NIHR to understand the social care context and that the starting point for social care organisations' engagement in research is very different to health organisations with fully developed infrastructure. There was also concern that the short-term nature of the funding and lack of research infrastructure in the sector means it is likely that partnership working will collapse following the end of the funding period. It was recommended that

longer-term funding or infrastructure development was needed to ensure that the gains were not lost.

International learning could come from the Living Lab model in the Netherlands that is supported through structural funding from the government and co-financing from the provider organisations. This provides a mechanism to ensuring the long-term sustainability of the model and strong buy-in from providers (Verbeek et al., 2020). Stakeholders from the Living Lab stressed the importance of the long-term nature and strong infrastructure underpinning their model, which allows them to be able withstand changes in leadership and organisational turnover. The professionalised structure surrounding those within the partnership, including a communications department and coaching and mentoring provided to linking pins by professors, who themselves had often worked as linking pins, was also cited as enabling success. Stakeholders emphasised, however, that the Living Lab is 25 years old, and it has taken a long time to build up these solid foundations.

Although lacking within social care organisations themselves, stakeholders did report that the ARCs are providing valuable infrastructure and support to facilitate research and practice collaborations within ASC (Sabey et al., 2019). Although perhaps still in development there is potential for HDRCs and IMPACT to provide similar support, through development of capacity within local authorities and the nationwide networks and resources. Previous research on the CLAHRCs reported that the long-term nature of the funding period and the training and development offered provided a solid infrastructure for building research capacity (Cooke et al., 2008; Gee & Cooke, 2018). Stakeholders said that the number of fellowships and training programmes that practitioners can access to build their capacity and skills were especially important. Research and practice collaborations also benefit from existing capacity roles and training within NIHR. Academic researchers located within the ARC are given greater space to work in partnership with practitioners to develop research agendas and projects in line with practitioner’s concerns than perhaps those located in

traditional academic departments. Stakeholders reflected that as there are still challenges to social care organisations writing and managing large research contracts, academic leadership and ARC infrastructure could potentially support in this respect. There was also a suggestion of providing smaller grants or seed funding to prepare social care organisations to apply for substantial grants. The inclusion of social care within the ARCs remit was welcomed. However, a stakeholder reported that it was easier for the two new ARCs (North-East and North Cumbria/Kent, Surrey and Sussex) to engage in social care, as opposed to those with a history and infrastructure set up to deal with health. Remaining challenges were reported in building awareness amongst some local authorities of the ARC's new remit. Work also persists in persuading social care leaders that ARCs would meaningfully engage social care, given their previous health focus.

Wider government policy and strategy

Wider government policy and strategy for social care presents challenges to developing research and practice collaborations and building research capacity within ASC. The funding and workforce crisis in social care was cited as an ongoing challenge. Currently in 2023 there are 165,000 vacancies in social care (Bottery & Mallorie, 2023); chronic underfunding means that an estimated £5bn would be needed to restore social care provision just to 2010 levels (Idriss et al., 2021), and there are serious issues with low pay, high workloads, and low morale (Towers et al., 2022). It was pointed out that a contradiction existed between on the one hand providing funding for social care research roles and capacity building, whilst not acting far enough on this workforce and funding crisis and the hostile context to achieving success. Nevertheless, there were examples from stakeholders were both practice and academic staff employed creativity, resilience, and flexibility to build relations and skilfully navigate organisational issues, despite challenges.

The marginalisation of social care compared to health in UK policy has been well documented, with the NHS achieving greater resources and higher political and cultural status (Pearson et al., 2022). UK government policy to integrate health and social care has been a major policy objective since 2010 (Fowler Davis et al., 2020). As well as having limited success in achieving its stated aims of reducing hospital admissions and improving patient experience, the integration agenda is criticised for prioritising the NHS over social care and the impact that lack of integration has on hospitals (Miller et al., 2021). Stakeholders criticised the integration narrative for framing social care as both the problem and solution to bed blocking and pressure on the health service, as opposed to worthy of attention in itself.

More joined up thinking across government departments to align social care strategy and system working would help create a conducive environment for research and practice collaboration and research capacity building in social care. For example, stakeholders suggested that structural changes to social care practitioner roles to include research within their job description and their annual reviews would serve to normalise involvement. Changes to roles would then necessitate adaptations to organisational HR and financing systems that would facilitate embedding research within social care organisations. Stakeholders also suggested reinstating research governance offices and well-trained research governance leads within local authorities to provide essential resource and support to staff and managers on a long-term basis (Rainey et al., 2015; Woolham et al., 2016).

Conclusion

In conclusion, this evidence review has drawn on insights from stakeholders working within the research and practice collaboration sphere and academic literature to set out current policy and funding support, the different types of approaches currently being explored,

potential benefits and challenges within social care, academia, and research funding strategy, before setting out recommendations for research funders and broader government policy. This review suggests that vacancies, turnover, lack of research infrastructure within social care organisations, and difficulty buying out time were a challenge to forming collaborations or for social care staff to take on new hybrid research and practice roles. NIHR social care strategy and funding has been welcomed, but it was still felt that processes were geared towards the health context.

On this basis, this review puts forward the following recommendations:

1. Government departments need to align their social care strategy to prevent current inconsistencies and contradictions between increased funding for research on one hand and chronic underfunding and little action on pay and workloads on the other

2. National policy on health and care is still biased in favour of health concerns. Policy priorities should reflect the value of social care, not just as means to reducing pressure on acute services

3. Research and practice collaborations need longer term funding or infrastructure development, whilst reinstating research governance offices and a named research governance lead within Local Authorities will help to provide support and a research culture within social care

4. Structural changes to social care practitioner roles to include research within their job description and annual reviews would normalise involvement and necessitate conducive organisational practices and processes

5. Greater skills development is needed for practitioner researchers to be creative, resilient, and flexible in navigating traditionally separate systems, processes, cultures and traditions.

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