Making space for research: lessons from a research-practice partnership in adult social care

Abstract

Background: Research-Practice Partnerships (RPPs) are increasingly recognised for their potential to build research capacity in adult social care (ASC), yet the mechanisms enabling or constraining their impact remain under-explored. This paper reports on the SCRiPT study, a National Institute for Health and Care Research (NIHR)-funded RPP in England that utilised a Communities of Practice (CoP) approach.

Aims: To operationalise an RPP by establishing Research in Practice Teams (RiPTs)—comprising social care professionals, lived experience contributors, and academics—and to evaluate the mobilisation of research learning and identify transferable lessons for embedding collaborative RPPs.

Methods: Using a convergent multi-method design across four RiPTs, the intervention included bespoke training and support for small-scale projects. Data from interviews, focus groups, observations, and questionnaires were analysed using Normalisation Process Theory (NPT) and informed by CoP principles.

Findings: RiPTs achieved strong organisational buy-in through senior leadership support and collaborative priority-setting. However, sustained engagement was hindered by systemic infrastructure gaps, operational pressures, and complex governance. While lived experience contributions enhanced research relevance, RiPTs functioned more as traditional research teams than CoPs, highlighting tensions between collaborative ideals and organisational realities.

Conclusions: RPPs can catalyse research engagement in ASC, but sustainability requires structural investment, protected time, and context-relevant academic support. SCRiPT highlights that embedding RPPs in complex service environments depends on equitable collaboration, adaptability, and multi-level organisational commitment.

Keywords: Research-Practice Partnerships; adult social care; research capacity development; service user involvement

Background

As increasing funding is being directed towards adult social care research in the UK, the need to develop social care research capacity has been highlighted. One of the most frequently cited barriers to research engagement is that the demands of direct care delivery and administrative tasks leave little room for research activities (Sumpter et al., 2025). Additionally, many social care professionals (SCPs) struggle with limited research skills and confidence, facing challenges in finding and critically appraising available research outputs, applying findings to practice, and conducting their own studies (Pulman & Fenge, 2023; Sumpter et al., 2025;

Wakefield et al., 2022). Even when SCPs develop an interest in research, many feel constrained by their limited knowledge and skills; and they may lack access to relevant and trustworthy research (Booth et al., 2003; Harvey et al., 2013; Sumpter et al., 2025).

Organisational factors can also significantly hinder research capacity. These include a lack of research culture, insufficient managerial support, a lack of essential infrastructure like research governance systems, and limited access to resources such as funding, training and mentorship (Cooke et al., 2002; Walshe et al., 2024). Moreover, the UK social care sector's fragmented nature complicates coordination among various service providers, making it difficult to build a cohesive research community and enable collaboration among partners (Cooke et al., 2002; Hashem et al., 2024). Research activity is frequently not recognised as part of SCPs' core roles, and there may be limited incentives for engaging in research, which can discourage interested SCPs and line managers (Adler et al., 1993).

Leadership and organisational culture can play a pivotal role in facilitating research capacity by providing resources, recognising research as part of SCPs' roles, and fostering a culture of learning and innovation (Owen & Cooke, 2004; Walshe et al., 2024). Studies have shown that training in information literacy, critical appraisal, and research methods can enhance SCPs' ability to use and conduct research (Booth et al., 2003; Adler et al., 1993). However, there is a need for training that is tailored to the specific context of SCPs, consideration of the environment that they work in, appropriate methodologies and the practical demands of their roles. Training programmes should also be supported by organisational policies that encourage and enable SCPs to apply their new skills in practice (Pulman & Fenge, 2023; Wakefield et al., 2022). This means providing protected time for research so that SCPs can engage more effectively without the burden of conflicting priorities (Sumpter et al., 2024; Wakefield et al., 2021). Involving service users and carers in research (as experts by experience or co-researchers) has been shown to enhance the relevance and impact of research (Brett et al., 2014; Pollock et al., 2015). Similarly, practice-focused research questions addressing the real-world challenges that social care professionals face are more likely to engage SCPs and demonstrate a trajectory to tangible improvements in care delivery (Cooke et al., 2002; Pulman & Fenge, 2023).

As integrated approaches to health and care delivery are becoming established in the UK through Integrated Care Boards (ICBs), collaborations between social care, health organisations and academic institutions are more commonplace at a regional level. This is most tangibly apparent with the National Institute for Health and Care Research (NIHR) funded regional Applied Research Collaborations (ARCs), with a clear responsibility to build research capacity and increase research implementation into health and social care practice within and across the geographical areas in which they have been commissioned. The recent inclusion of social care in the NIHR remit has focused attention on the particular research capacity needs in this sector and invited targeted initiatives. In 2021, the NIHR Health and Social Care Delivery Research (HSDR) Programme funded six research-practice partnerships (RPPs) between social care delivery organisations and academic teams across England to focus specifically on developing research capacity in adult social care. These three to four-year partnerships aimed to address the known barriers to social care engagement with research evidence through different approaches to building supportive research cultures. Characterising these collaborations as RPPs places emphasis on forming strong, trusted relationships between people working across institutional boundaries, through which research agendas are negotiated and long-term commitment is built.

(Boaz et al., 2023; Penuel et al., 2021).

One such RPP was the SCRiPT study, established in the East of England as a three-year collaboration between universities and local authorities in Hertfordshire and Norfolk. Previous work had identified the need for social care research capacity to be addressed in the region (Almack et al., 2020; Wyllie et al., 2020) and the study was awarded funding on the basis that the RPP would operationalise a Communities of Practice (CoP) model (Gabbay et al., 2003; A. le May, 2008), creating small groups of social care professionals and experts by experience (Research in Practice Teams) supported by academic researchers as a way of enhancing individual and organisational capacity to make use of research evidence.

CoPs are a collaborative approach to situated learning, enabling people with a shared domain of interest to engage in knowledge exchange through regular interactions (Wenger, 2011). They are increasingly commonplace in healthcare contexts, often framed as interventions for directly improving clinical outcomes, sharing best practice and improving knowledge translation (Elbrink et al., 2024; Noar et al., 2023). They are less observed in social care environments but have been noted as a potential mechanism for building a shared learning space for the social care research community, offering opportunities for generating and disseminating knowledge and developing research ideas with diverse stakeholders (Hashem et al., 2024). The SCRiPT study applied CoP principles to the setting up of the Research in Practice Teams (RiPTs), which have been reported on elsewhere (paper submitted for peer review). In this paper we reflect on the successes and challenges of our RiPT approach as a research capacity development (RCD) intervention, the impact at an individual and organisational level and implications for capacity building ambitions in adult social care.

Methods

Study design

A convergent multi-methods study design evaluated the feasibility of Research in Practice Teams (RiPTs) and whether this model can mobilise research learning and promote the conduct of research that reflects the priorities and challenges of their respective populations.

The study comprised four work packages to (1) establish the RiPTs around priority research topics identified in consultation with the partner local authorities; (2) design and deliver a bespoke training programme for the RiPTs; (3) support each RiPT to complete a small Masters' level research project; and (4) evaluate the model. A fifth work package was appended at a later stage, adding a researcher-in-residence intervention, evaluated separately and not reported here. Four RiPTs were created involving 13 social care professionals recruited from three local authorities in the Eastern region of England joined by 11 people with experience of accessing adult social care services. Each RiPT was led by one of the SCPs, who were funded 2.5 days a week for two years to fulfil this role. The other participating SCPs, whom we termed Associates, were funded the equivalent of a day a month. The experts by experience were financially compensated for their time in line with NIHR guidance (National Institute for Health and Care Research, 2025).

The Lead SCPs received academic supervision for the duration of their projects. In addition, RiPT Teams attended a bespoke training programme on a range of research topics, including research methods, service user involvement and research management (6 days during a period

of 6 weeks). Both RiPT Lead and Associates had the opportunity to attend different parts of the training, although most sessions were attended by Leads. Leads also attended the NIHR Applied Research Collaboration East of England (ARC – EoE) Research Fellowship training. The training was offered at a pre-doctoral level and included sessions on research and evaluation design, implementation and knowledge mobilisation.

Data collection and analysis

Qualitative and quantitative data were collected at baseline, midway and at the endpoint of the study (Table 1). Data collection was guided by a set of process and outcome indicators, informed by previous studies on research capacity development (Cooke, 2005; Holden et al., 2012; Whitworth et al., 2012) and communities of practice (Alary Gauvreau et al., 2019; Hayes et al., 2011; MacPhee, 2009). The collected data were integrated in the interpretation of the overall results to provide a comprehensive view of the extent to which teams were successfully created and sustained. Qualitative and quantitative data were given equal priority with sequential data collection and concurrent data analysis (Creswell, 2003). The quantitative arm related to the impact of the training on upskilling RiPT Leads and Associates—details of those methods and findings are presented elsewhere so the remainder of this paper focuses on the qualitative procedures and findings.

Semi-structured interviews with RiPT Leads (n=4) were conducted approximately six months after the establishment of the teams and when the intervention ended. RiPT Leads also completed reflexive diaries over two years (n=116 entries). Four focus groups with RiPT associates (n=9) were conducted approximately one year after the teams were established and ten individual interviews with Associates were undertaken at the endpoint. Semi-structured interviews with other key informants, including managers, colleagues of RiPT members and service user involvement leads (n=18), were conducted during the establishment of the teams (n=18) and at the endpoint (n=9). Interviews and focus groups were conducted by a Research Assistant and two Senior Research Fellows, audio-recorded with consent and transcribed verbatim.

Observations of RiPT meetings (1 per RiPT; n=5-8 attendees each) were conducted at three time points: shortly after establishment, approximately six months later, and at the end of the intervention. Observation notes focused on team interactions, ownership, working processes, and research knowledge and attitudes. Observations were undertaken by a member of the academic team (JW), audio-recorded and transcribed.

Qualitative data were analysed using a hybrid inductive–deductive thematic analysis informed by Normalisation Process Theory (NPT). The analysis was iterative and team-based. Three members of the research team (MB, KW, LOB) undertook initial familiarisation and open coding of transcripts, observation notes and diary entries. Coding was undertaken in Microsoft Excel, where summary notes, preliminary codes and analytical reflections were recorded. This initial phase was intentionally inductive, allowing issues of importance to participants to be identified without the constraint of a pre-defined framework.

Following this, codes were reviewed and discussed within the wider research team in regular analysis meetings. Through these discussions, a coding framework was developed (by JL, KW) that incorporated NPT's core constructs—coherence, cognitive participation, collective action and reflexive monitoring—while retaining inductively generated codes that did not sit neatly within these domains but captured important contextual or experiential aspects of participants'

accounts. The NPT constructs functioned as sensitising concepts rather than a rigid template, supporting the organisation and interpretation of coded data. Themes were developed through comparison across data sources, participant groups and time points and were refined collaboratively through team discussion. An audit trail of study procedures and reflexive practice maintained transparency (Mays et al., 2005).

Illustrative quotations presented in the Findings section were selected from coded extracts to exemplify key themes and interpretations.

Ethical considerations

The study received ethical approval from the NHS Health Research Authority Research Ethics Committee prior to data collection (reference 22/EM/0204, IRAS 302439). Participants gave informed written consent. Informed consent was audio-recorded when written consent had not been provided prior to data collection sessions, and participants were asked to audibly agree to each part of the process.

Table 1 HERE

Theoretical approach and interpretation

We used Normalisation Process Theory (NPT) as an interpretive lens to examine how the Research in Practice Teams (RiPTs) were understood, enacted and sustained within adult social care settings (C. May & Finch, 2009). NPT is an implementation theory concerned with the social processes through which new practices are embedded into everyday work. It has had limited application in a social care context, but is widely used in feasibility studies and process evaluations to explore how complex interventions are incorporated into everyday practice (Foster et al., 2025; Mahesh et al., 2024; McNaughton et al., 2020). NPT also aims to look at the work necessary for interventions to become ‘normalised’ i.e. embedded into routine practice to the extent that it 'disappears' from view (Murray et al., 2010).

NPT focuses on four interrelated constructs: coherence (sense-making); cognitive participation (engagement); collective action (work done to enable the intervention to happen); and reflexive monitoring (formal and informal appraisal of intervention value and effects). These constructs are understood as dynamic and mutually reinforcing, shaped by organisational context, roles and relationships rather than operating in a linear sequence (Murray et al., 2010).

In this study, NPT informed both the design of data collection tools and the interpretive approach taken during analysis. Interview and focus group topic guides were structured around the four NPT constructs, ensuring systematic exploration of participants’ sense-making, engagement, practical work and ongoing appraisal of the RiPT model. During analysis, NPT supported interpretation of how participants made the RiPT intervention meaningful, legitimate and workable in practice, and how these processes were enabled or constrained within the organisational contexts of adult social care.

We followed the Standards for Reporting Qualitative Research in writing this paper (O’Brien et al., 2014).

Findings

Our thematic analysis generated a set of themes that describe how the RiPT model was understood, enacted and sustained by participants. To support interpretation, these themes are presented in relation to the core constructs of Normalisation Process Theory (NPT), illustrating how participants made sense of the intervention, engaged with it, enacted the required work, and appraised its benefits and challenges. Selected quotations are presented throughout this section to foreground participants' experiences and highlight key patterns across the data.

In analysing the implementation and impact of our RiPT model, we identified key aspects that supported research capacity development and challenges to the mobilisation of research knowledge. Applying an NPT lens added explanatory value to our understanding of how context shaped the collaborative work required to establish and sustain the RiPTs. In particular, the findings reveal different strengths and constraints at organisational and individual levels, demonstrating the importance of attending to both micro- and meso-level processes in research capacity building efforts.

Understanding and Making Sense of the RiPT intervention

Our participants saw the study aims as relevant and valuable to their work and aligned with professional values:

> *'I had decided to myself that my research project needed to be linked to my own experience, because that just felt natural and sensible ...discharge to assess was taking off, this policy area called discharge to assess. Although, in practice, the question is, does it work as smoothly as that? Is it straightforward? It's just discharge and then assess? And in my professional circles, we all had some misgivings about that...'* [R1_L_S1 11/10/2023]

We saw a strong understanding at both a strategic level and among our practitioner-researchers and their line managers that the introduction of the RiPTs created new roles and activities that were distinct from existing practices, needing concerted efforts and commitment to establish and sustain this work through the study. For some participants in more senior roles in the partner local authorities this coherence reflected a broader commitment to research that they felt was already apparent in their working environment:

> '*I think it was just that mutual shared... we do want to do something around research and promote it within social care. So ... because our [Director] for adults was really passionate about it in the first place, that helped with the drive. And also my line manager [...] has a real interest in the evidence base for making decisions. So it was easier for me to get involved in it, because I've got the backing from obviously my senior managers, and that always helped.'* [CA1_S1 28/2/2023]

For others, such as line managers supporting their team members to join a RiPT, real understanding only came at a later point in the process:

> *'So I think the team are interested in the research going forward, and do generally have a positive view of it, or feel that it would be beneficial. I would say that they - I mean, a lot of them came from university not that long ago, so they have research skills [...] I've been in practice for a relatively long time in comparison... so it's been a long time since I've*

been involved in research. It's not something I've engaged in since I became qualified, so it's given me something to think about and drawing it more into relief again, and also it makes me be more engaged in our reflective practice.' [R2_LM1_S1 23/11/2022]

As part of the first work package, we worked with local authority partners to set priorities and develop research questions relevant to their practice and suitable for the RiPTs. This was intended to ensure the projects were locally owned and encouraged partners to promote the study within their organisations.

This approach helped to strengthen the intrinsic value of the RCD intervention for partner organisations. However, at an individual level some Associates felt less clear about their role and purpose. The nature of the study as an exploration of how to develop practice-based research teams meant individual roles in the RiPTs were not fully specified from the outset. Furthermore, our data suggested that some line managers were unsure what their role was in terms of line managing a member of staff with a dual role e.g. as a member of the operational team but also a participant in SCRiPT.

Role ambiguity was most evident among Associates, causing some tensions as the project evolved, with initial expectations of research participation differing from reality.

'I suppose just not, not really knowing much about research (was a challenge). Again, coming back to time, I found it hard to fit in for that one day a month. The training and the kind of background knowledge that I needed. At that kind of earlier period where we were sort of formulating the study design. And then it wasn't all that clear how we were going to analyse the findings ... I remember doing some training about some thematic, thematical analysis software, and then we didn't end up using that. We used something else. So yeah, it all just kind of felt a bit confusing.' [R2_A2_S1 24/4/2024]

The study team did try to address this gap in understanding through focused communication to Associates and producing a regular newsletter for the RiPT participants to foster a sense of community. While these interventions were well-received, some Associates continued to feel uncertain about their role as a core part of the RiPT, and this may have contributed to reduced engagement during the life of the study, potentially exacerbated by the significantly less protected time they had as participants than the RiPT Leads and the inevitable pressure to prioritise operational work.

Engagement and Buy-in

Engagement and buy-in were strong from the outset at an organisational level. The two local authority partners had been involved in developing the original research funding application, with a Principal Social Worker and Principal Occupational Therapist included as co-investigators. They helped to define the RiPT model and took a central role in recruiting to the teams. Top level support was crucial for continuous engagement throughout the study setting the tone for support for RCD over the long term. Our local authority partners may be seen as atypical in their broader appreciation of the value of research. For example, one of the social care departments described a research-friendly environment in which SCPs were encouraged to discuss research evidence:

'We had research champions in [our local authority]. This was part of something else that was going on [in relation to] our teaching partnership that had research champions; and these were social workers who were just really passionate about research and

> *would run research discussion coffee mornings and, you know, made it their particular area of interest to bring research informed thinking into practice discussions.'* [CA4_S2 8/3/2023]

A senior team member had a PhD and other SCPs were being supported to complete doctorates. This context and previously established trust between this particular ASC department and the university enabled early buy-in to the SCRiPT proposal and helped secure participation from other local authorities. Our second local authority partner was not as well-developed in terms of infrastructure to support research-mindedness but the study was championed by the Principal Social Worker, who was central for mobilising SCPs to participate. Both local authorities recognised the value of collaborating, sharing connections, and learning from each other's processes. Some original supporters at a decision-making level within the local authorities moved on to other posts during the SCRiPT project and others changed roles but we managed to sustain strategic support at a senior level throughout. The relevant heads of service and Directors of both ASC departments retained ownership of the project—having key senior people as co-applicants was important for this and the study stayed on the agenda through regular short meetings to update Directors.

However, there were challenges to maintaining engagement and commitment over time and this was experienced most noticeably at the operational team level, where our practitioner-researchers were employed. RiPT Leads and Associates reported inconsistent support from practice teams. While there was a shared understanding of the study's aims and methods at a senior level, this was more equivocal at a team management level, creating challenges SCP involvement. Some managers lacked awareness of the research—reflecting a broader absence of research-mindedness—and, despite nominal support, often saw it as a distraction from operational work.

> *'I did have a period that was quite difficult in terms of engagement because I switched teams and the nature of that work meant that although my manager wasn't telling me that I couldn't do the [research], it was all down to myself setting those priorities. But the nature of the work meant that I had to, I felt I had to, prioritise what I was doing over the [research].'* [R1_A3_S1 17/7/2023]

The lack of immediate demonstrable impact of the RiPT studies in the practice environment meant RiPT members found themselves justifying their involvement and explaining differences in the pace of research in relation to practice. This was exacerbated by delays in research processes, such as securing ethics and governance approvals from multiple institutions (reported in detail elsewhere), which had a significant impact on the early momentum.

> *'The issue from my perspective is wanting to show my manager that [the research] was progressing really well and that we were going to come out with some really interesting stuff and my managers kept saying to me, oh, have you interviewed many more people yet? Have you got much data yet? And the ethics process went on for a really long time. My manager kind of was always quite surprised when I said, oh, we're still doing the ethics… [I] felt like I was just trying to show him that it'd been productive and […] valuable because he didn't have an immediate sense of that.'* [R1_L_S1 20/05/2024]

The RiPT Leads were also disappointed that strategic buy-in did not translate into easier recruitment of social care participants for their individual projects. This had a demoralising

effect on some RiPT Leads who felt their ASC department colleagues were disinterested in their research activities (Woolham et al., 2025). The SCRiPT study team tried to tackle this by holding meetings with line managers, where possible, although these were often difficult to organise due to the availability of the SCPs. The team also attended RiPT members' operational team meetings to support wider-reaching connections between SCPs not directly involved in the study but affected by their colleagues' new role. It became difficult to sustain these meetings as regular activities throughout due to the research team's capacity.

For some RiPT Associates commitment to their research role over the long-term wavered in the face of relentless operational duties. Associates were drawn from different professional areas within ASC departments and some with frontline, highly responsive roles found urgent practice work was always prioritised over protected SCRiPT time. The study budget included salary backfill for all SCPs involved but for Associates who had minimal allocated time on SCRiPT, this funding proved to be an ineffective way of ensuring their sustained involvement. Nevertheless, these engagement challenges were not the whole story for the Associates cohort—many of the SCPs in this role sustained commitment throughout the study and two built on their SCRiPT experience by securing further research funding.

> *'It's definitely whet my appetite. I suppose it's something about 2 worlds, isn't it? There's working and the application and stuff. There's a study side of things, but there's learning something new and I think the research element of that came into play. So I've just really enjoyed the whole experience and the environment.'* [R4_A3_S2 19/04/2024]

Doing the Work

A major challenge for the SCRiPT study was establishing the right organisational environment for the RiPTs to be instituted and able to thrive. Alongside securing buy-in across the local authority hierarchy, this required navigating organisational structures to progress actions in lieu of a fully-developed R&D function. While senior-level commitment helped ensure we got access to the resources and support we needed, substantial time and effort were required to set up new processes and agreements to ensure the SCPs could fully participate in the study alongside their normal work routines.

> *'I think there's an appetite to get into that [research] space, I just don't think there's an infrastructure and an understanding of how much... That's not quick and that's not easy, and that's quite time-intensive to put in, and you have to have a really solid framework about how you're capturing that information and analysing it..'* [R1_LM2_S1 22/11/2023]

> *'You have to try and navigate your own path a bit in social care about who you go to, who approves it, how are they assessing it.'* [R3_L_S2 02/10/2023]

This was experienced at both a whole-study level and by individual participants as they enacted their research plans. During the research set-up, the study team faced HR, legal, and finance questions—for example, how protected time affected practitioner-researchers' employment status, who reported sickness absence on research days, and who covered study-related expenses. Most of these issues were resolved but some of the infrastructure challenges created ongoing barriers for consistent engagement by the practitioner-researchers. Operational teams struggled to fill the gap left by practitioner-researchers' absence (partly because some teams did not directly receive the salary backfill), resulting in some Associates continuing their existing workload. While funding was provided directly to participating local authorities to cover salaries

for the Leads and Associates it was acknowledged that this was more a gesture of goodwill than of practical use. Nevertheless, some team leaders reported that the money did make it into their budgets and a couple saw the tangible benefit of it funding existing team members to 'act up' into the more substantial roles vacated by the Leads.

Another, more practical concern was that university and local authority IT systems were not compatible because the institutions had different approaches to data protection, meaning participants had to access multiple accounts using different hardware. This became a stubborn problem for Associates who were not given university equipment but wanted to work with research data and found it onerous accessing university systems in a compliant way.

> *'Once we started the project, you couldn't go on your own work laptop. So I basically only have my work laptop [...] So then for the university wanting us to meet on Teams from our secure university account the issue with that is my work laptop is linked to all of my OneDrive for my work address. So then to open Teams as my university self, it doesn't like [it], so I had to open in a private browser and then basically like log in twice so it was very time consuming [...] So I think things like that are a bit of a barrier because they said basically as soon as you start talking about data, unless you're on your secure university e-mail [...] you can't join from work e-mail if that makes sense.'* [R2_A1_S3 18/04/2024]

Despite these practical irritations, RiPT members did find a way to work productively together. Each RiPT included SCPs from at least two local authorities in the region and experts by experience situated across a wide geographical area. The diversity of input into the RiPTs was highly valued and considered a real benefit of the model (Warmoth et al., 2025).

> *'I think all of us within the group very much valued the experts by experience joining us and definitely it was an equal partnership right across the board. And their contributions were really important. How we communicated with people, what we needed to sort of think about and check in with them on? It is different when you when you're dealing with somebody that might be using your services ... these people joined us and they were very vocal. They were certainly ... they didn't need empowering in any which way. They were just absolutely brilliant.'* [R4_A3_S2 19/04/2024]

It was notable that one RiPT member (R2_A1_S3) remarked how some of the experts by experience had more familiarity with research than the SCPs and seemed more comfortable with, for example, reading research papers. Experience with research varied within the RiPTs and the bespoke research training programme developed for RiPT members was generally well received and seen as beneficial in terms of developing confidence and skills in research. There was some feedback about the relevance and timeliness of parts of the training as this was not always well-aligned with the priorities and research stage of the individual projects. However, members talked about working collectively to share knowledge and manage research activities between them.

> *'And we are getting together to pool our collective memory, and to look at coding and so forth. Yeah, I mean the coding of free text is my bread and butter. It's my daily job. So that bit doesn't faze me.'* [R1_A2_S1 26/04/24].

For the Leads, collaboration within the RiPTs was often complex and challenging. The nature of their role—with more allocated time on the research projects, access to one-to-one academic supervision and more responsibility for the outputs—diluted the community of practice ethos.

The RiPTs therefore functioned more like research teams, with the Leads acting as Principal Investigators. This enabled the Leads to draw on research support outside of the core academic team but had the effect of putting the Leads in the position of 'team manager', whereby they were not only learning how to do research themselves but also taking responsibility for the learning experience of the other RiPT members. Nevertheless, RiPT Leads valued their involvement in the study and, in navigating their way through this unique experience, reported how they drew on support from each other to work through problems together, creating a peer network or organic community of practice.

> *'I think what probably helped us, as a group, was we had quite a lot of [...] peer group discussions about things. And I think that probably helped us to almost like supervise ourselves sometimes, like working out how to do certain things... I think what has been nice is, it's not just been a professional relationship and we have become friends throughout the period of time, even though actually, we've only met each other in real life only a few times. But, actually, we've all got quite close, I think, because we're all going through the process together.'* [R3_L_S2 2/10/2023].

Discussion

The SCRiPT study examined the implementation and impact of Research in Practice Teams (RiPTs) as a model for RCD in adult social care. Using NPT as an analytical lens, we explored how RiPTs were understood, enacted, and sustained within organisational contexts, and considered the role of CoP principles in shaping these processes.

Our findings indicate that coherence was largely achieved at both strategic and practitioner levels, with participants viewing the intervention as important and aligned with professional values. The preparatory work that went into launching the study, including priority-setting exercises to decide on research topic areas, further reinforced local ownership and relevance consistent with evidence that participatory approaches enhance engagement (Cooke et al., 2002; Pulman & Fenge, 2023). However, coherence was uneven. While senior leaders articulated a clear rationale for the intervention, some line managers and Associates reported uncertainty about their roles and expectations, reflecting gaps in communication and role definition. These ambiguities occasionally undermined confidence and contributed to variable engagement, echoing findings from previous studies on research implementation in social care (Sumpter et al., 2025; Wakefield et al., 2022).

Cognitive participation was strong at the outset, supported by senior-level commitment and co-investigator roles for Principal Social Workers and Occupational Therapists. This strategic endorsement signalled organisational readiness and aligns with literature on the importance of leadership in embedding research culture (Owen & Cooke, 2004; Walshe et al., 2024). Sustaining engagement was difficult. Operational teams, feeling detached, often saw research as secondary to frontline priorities, while governance and ethics bureaucracy slowed progress and eroded enthusiasm among novice researchers. For some Associates, persistent workload pressures and limited protected time led to disengagement, despite salary backfill provisions intended to garner commitment. These findings underscore the fragility of research engagement when organisational systems and daily practices fail to align with RCD objectives.

Collective action necessitated significant organisational effort to launch the study, echoing previous reports of structural constraints in social care research (Hashem et al., 2024). However, new ways of working were also required of the academic team, both in supporting the

local authorities to incorporate research practice into their organisational processes and in adjusting to the social care context. Despite these challenges, RiPT members demonstrated adaptability in navigating the research process and balancing priorities. We also saw improved confidence and research skills as well as an appetite for ongoing involvement in research. Collaborative working was generally valued, with SCPs highlighting the benefits of diverse perspectives and the contributions of lived experience members—reinforcing evidence that co-production enhances research relevance (Brett et al., 2014; Pollock et al., 2015).

These findings point to the fundamentally relational nature of research–practice partnerships. While RPPs are often framed in terms of collaboration between organisations, the enactment and sustainment of this work depended largely on relationships between people—practitioner-researchers, academics, and lived experience contributors—working across organisational boundaries. Participants frequently described how trust, mutual support and informal peer relationships helped them to navigate uncertainty, manage the emotional and practical demands of research, and sustain motivation over time. This was particularly evident in accounts of RiPT Leads supporting one another through shared challenges, and in reflections such as 'it's not just been a professional relationship and we have become friends'.

Viewing these findings through a relational lens aligns with Nolan et al.'s (2006) Senses Framework, which emphasises the importance of creating environments of care and learning characterised by security, belonging, continuity, purpose, achievement and significance (Nolan et al., 2006). Our analysis suggests that where RiPTs fostered these conditions—through shared reflection, reciprocal learning, and respect for different forms of expertise—participants were better able to persist despite operational pressures and fragmented organisational support. This highlights that research capacity development is not solely a technical or skills-based endeavour but a social process, sustained through relational work that enables individuals to feel connected, valued and supported within complex systems.

RiPTs functioned more like research teams than CoPs, with Leads assuming quasi-managerial roles due to their greater time allocation and project responsibility—a predictable outcome given the structured model implemented to guarantee protected time for the participants. This adaptation reflects the tension between aspirational models of shared learning and the practical demands of delivering research within constrained organisational contexts. The four RiPT Leads would likely have found individual research fellowships more manageable than the Principal Investigator role they had, particularly as inexperienced researchers. As a small academic team we lacked capacity to provide the breadth of support to the RiPT members and their operational teams that may have alleviated some of the burden on the Leads—for example, increasing visibility to line managers and ASC colleagues or providing regular forums like Action Learning Sets to aid reflection and goal planning.

Feedback from the Associates suggested future implementation of this model should allocate more than one day per month for similar roles (perhaps a day a week) and encourage greater flexibility in the use of their time. For some, flexibility was difficult due to the ASC organisational imperative to cover participants' time on a regular shift rota. Further, there are questions about whether taking more social care staff away from operational duties weekly would add more pressure to services, particularly given the difficulties of recruiting to posts offering very reduced hours. Our findings demonstrated a disconnect between the commitment of senior management and the sustained engagement of Associates. Our main research champions were professional leads (Principal Social Workers and OTs) but they did not have line management oversight of our practitioner-researchers. Formal involvement of operational managers could

have helped deliver more coherent messaging. Providing additional research training for Associates, line managers, and senior staff could have fostered project ownership and supported wider capacity building and knowledge mobilisation. Furthermore, access to learning and development is consistently emphasised as key to social care workforce retention (Fenton et al., 2025). Future RPPs may also benefit from treating relational work—not only training and infrastructure—as a core component of research capacity development, particularly through fostering forms of relational expertise, relational agency and shared ('common') knowledge that support effective collaboration across professional boundaries (Edwards, 2012)

Research capacity development is a complex intervention and takes time for impact to be realised (Cooke et al., 2018). Cooke's (2005) framework for assessing the progress of RCD interventions from the individual to macro level highlights the importance of acknowledging the early-stage progress among novice researchers; environmental and cultural enablers; and broader social and professional impacts. Some practitioner-researchers advanced their skills enough to secure NIHR fellowships, one RiPT Lead became a social work lecturer, and another who completed a NIHR short placement. RiPT projects also had organisational impacts, such as introducing reflexive practice sessions for SCPs and wider implementation of an OT reablement resource following its evaluation (Tooke et al., 2024). These individual-level successes served as encouragement to organisational partners to continue and evolve the RPP—further funding was secured to build on aspects of the SCRiPT study at a regional level (https://arc-eoe.nihr.ac.uk/training-development/social-care-research-development-programme). However, focus on organisational-level capacity, such as tackling boundary infrastructure fundamental to joint-working, will be crucial to the RPP becoming self-sustaining and embedding in the dynamic ASC context (Boaz et al., 2023).

Limitations

The study was limited by its short implementation period and small number of case sites, situated in county councils in two-tier authority areas in the East of England, which constrains generalisability. Variability in organisational readiness further limits transferability. Our participant numbers were small and self-selecting, which meant we did not examine in detail the similarities and differences across the participating local authorities. While local authorities have a statutory responsibility for adult social care, we acknowledge that a significant proportion of the social care workforce is employed in the third sector. While we made efforts to engage third sector organisations in the study (we had representatives on our study steering group) we were unable to attract any applications to the RiPT roles, presenting a gap in our knowledge.

Conclusion

The creation and sustainment of Research in Practice Teams over the course of three years demonstrates that well-considered research-practice partnerships can catalyse research engagement and offer a potential pathway for generating evidence grounded in the realities of social care. Our findings underscore the need for continued investment in RCD within adult social care and suggest an RPP approach encourages equitable collaborations and long-term commitment. RCD relies on purposeful, protected time for social care professionals, opportunities for knowledge mobilisation within organisations, and meaningful involvement of

people with lived experience as equal partners. The maturity of research infrastructure within local authorities varies significantly across regions, a disparity attributable to the absence of consistent support mechanisms prior to recent policy interventions. It should be noted too that academic institutions have a critical role in supporting this growth via interoperable systems, mentorship, flexible training and collaborative approaches that are responsive to social care needs.

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Conflict of interest statement

The Authors declare that there is no conflict of interest

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Tables

Table 1 SCRiPT study data collection

Type of data collected									
Timepoints	*Baseline*					*Midpoint*	*Endpoint*		*Continuous*
Participant(s) data	Baseline research skills	Semi-structured interviews	RiPT Obs	Focus group	Meeting notes	Midpoint research skills	Semi-structured interviews	Endpoint research skills	Reflexive diaries
RiPT Leads	N=4 (Mar 22)	N=4 (Oct 23)	N=4 (Apr 23) N=4 (Oct 23) N=3 (Feb-March 24)			N=4 (Mar 23)	N=4 (May-July 24)	N=3 (April 24)	N=4, 116 entries (Jan 22-Aug 24)
RiPT Associates	N=13 (May-Jul 22)		N=19 (Apr 23) N= 20 (Oct 23) N=13 (Feb-March 24)	N=9, 4 x FG (Jul-Aug 23)	n=7 (May 23)	N= 9 (May-Jun 23)	N=10 (Apr-May 24)	N=3	
Line managers		N=7 (Nov 22 & Feb 23)					N= 6 (March - Apr 24)		
HR		N=3 (Feb-Mar 23)					N= 0		
Other key informants		Co-app N= 4 (Nov 22, Jan 23, Mar 23, Aug 23) ARC fellow/lead N=2 (Feb-Mar 23) Involvement lead N=2 (Jan 23, Oct 23)					Co-app N= 2 (March 24) Involvement lead N= 1 (March 24)		