METHOD ARTICLE

REVISED Increasing research capacity in adult social care: a research capacity-building partnership in Kent and its theory of change.

[version 2; peer review: 3 approved]

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Abstract

This paper describes the development of an adult social care (ASC) research capacity-building partnership and the corresponding theory of change that underpins this work. In 2021, the National Institute for Health and Care Research (NIHR) funded six social care capacity building partnerships across England to improve the quality and quantity of social care research. These partnerships facilitate collaborative working between universities, local authorities, practitioners, providers, and people with lived experience. The Kent Research Partnership was established as one of the partnerships. Taking a co-produced approach, the Kent Research Partnership is a four-year partnership that aims to improve care quality by investing in and valuing the social care workforce and developing a culture of research and evidence-based practice and innovation. The Kent Research Partnership includes four interlinked streams of work-Communities of Practice, Researcher in Residence, Fellowships, and Access to Research. In addition, a fifth, cross-cutting workstream is dedicated to involving those with lived experience of ASC. To ensure robust programme planning and evaluation, we developed Theory of Change models for the overall partnership and each workstream. Within these models, we also how the Kent Research Partnership intends to change behaviour using the Behaviour Change Wheel as the underpinning model.

Plain Language Summary

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Any reports and responses or comments on the article can be found at the end of the article.

This paper outlines the development of a research partnership between academic researchers, professionals working in Adult Social Care and users of Adult Social Care services. The 'Kent Research Partnership' (KRP) is a four-year project that aims to improve the quality of research and care by:

- identifying research ideas that reflect both users of Adult Social Care and practitioners' priorities

- building knowledge, understanding and confidence in practitioners to conduct their research

- working with staff, users of Adult Social Care and carers to develop research ideas.

- sharing knowledge and resources through accessible training and workshops.

This partnership will improve care quality by investing in and valuing the social care workforce and developing an evidence-based practice culture.

To achieve these aims, the Kent Research Partnership has developed four linked areas of work: 1) Communities of Practice to bring together people who have different expertise to achieve a shared goal (e.g. sharing best practice, research and learning); 2) Researchers in Residence hosted in both partner organisations to work with colleagues to support design and delivery of research; 3) Research Fellowships funding practitioners in social care to carry out a project that is focused on an Adult Social Care priority area; 4) Enabling access to the research evidence and sharing knowledge.

This paper describes the first stage of the partnership, which focuses on building a robust understanding of what outcomes we expect the partnership to change, why the four areas of work will impact these outcomes, and how we think the changes might happen. This process of thinking through the project's logic and refining the outcomes is called developing a 'Theory of Change'. The paper presents a Theory of Change for each area of work. It explains how the partnership will promote positive changes in behaviour and increase research capacity.

Keywords
Social care, research capacity, Theory of Change, Behaviour Change

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REVISED **Amendments from Version 1**

The revised paper includes several new citations and associated commentary drawn from a special edition on research capacity. We have reduced the number of acronyms and corrected minor errors in the text.

Any further responses from the reviewers can be found at the end of the article

Introduction

Lack of research capacity in adult social care

This paper describes the development of an adult social care (ASC) research capacity building partnership and the corresponding theory of change underpinning this work that will contribute to the knowledge on how to build research capacity in the sector. Current research and theory on how to build research capacity within the ASC sector in the United Kingdom is underdeveloped, relative to the health care sector (Rainey *et al.*, 2015). Only a handful of recent publications concerns research-practice integration in ASC, and highlights important considerations for future work, including workforce research anxiety, sustainable partnership working, and accessibility of research (Deacon, 2023; Gray *et al.*, 2024; Julkunen *et al.*, 2023; Julkunen *et al.*, 2024). This situation requires attention to address historical research investment inequalities between health and social care (Dixon *et al.*, 2015; NIHR, 2022a), and because the development of research capacity is considered essential for the promotion of evidence-based care practice (Cooke *et al.*, 2018).

There are several reasons to explain the limited research capacity in adult social care. Firstly, austerity measures within local authorities, the level at which social care is organised in the UK, have affected the available staff time and resources to engage in research (Rainey *et al.*, 2015). Secondly, looking at the funding streams available to researchers, there has been a significant lack of social care specific funding. Historically, most funding streams have been targeted at health care research (Dixon *et al.*, 2015; Knapp *et al.*, 2010). Although this is changing, and more social care funding schemes are being announced (NIHR, 2023a), it will take time before the social care research sector has reached levels of capacity similar to the health care sector. More generally speaking, the infrastructure required to support applied research in social care is in its infancy (NIHR, 2024). Only a third of surveyed English local authorities have employed a designated person responsible for research governance (Rainey *et al.*, 2015) and there is an urgent need for better, joined up and accessible health and social care data for research purposes (Sudlow, 2024). Furthermore, the fragmented, locally organised nature of social care delivery, employing 1.52m people in 18,000 organisations across 39,000 establishments (Skills for Care, 2023), is not conducive to joined-up, sustainable efforts to develop research capacity. With an ever-growing workforce of unpaid carers and a trend towards individuals employing their own staff using direct payments (Skills for Care, 2023), research capacity-building strategies should also engage with the people drawing on care and support and their unpaid carers, as both users and providers of care.

Another factor that should be considered when explaining the underdeveloped research capacity is the limited understanding of the value and relevance of research to social care practice, further constraining the development of a research-minded workforce (Orme & Powell, 2008). It is important this limited understanding is addressed at the start of social care careers by embedding high-quality research training and education into social work and social care degrees. Currently, staff teaching research in social work and social care degrees experience their students as being 'research-reluctant', not understanding the value and relevance of research to their practice (MacIntyre & Paul, 2013). Additionally, it is important that the social care workforce is provided with the time and capacity to develop their research practice, which is currently not the case (Royal College of Physicians, 2023).

Need for capacity building in social care

Evidently, there is a need for increased research capacity within adult social care. This is recognised by several key national stakeholders. Notably, in 2009, the National Institute for Health and Care Research (NIHR) funded the School for Social Care Research, a partnership between several UK universities working together to progress the social care research field. Additionally, NIHR funds fifteen Applied Research Collaborations across the country that are committed to carrying out research informed by and in collaboration with regional social care sectors (Keemink *et al.*, 2023). In 2021, the IMPACT centre (Improving Adult Social Care Together) was established funded by The Health Foundation and Economic and Social Research Council (The Health Foundation, 2021), working to support the ASC sector to use research evidence in practice. Other national bodies, such as the British Association of Social Workers, Research in Practice, the Academy of Medical Sciences, the National Care Forum, the National Institute for Care Excellence, and the Government's What Works Centres all strongly emphasize the importance of research for the sector, their commitment to evidence-based practice and a research-driven culture (Academy of Social Sciences, 2024; BASW, 2023; Evaluation Task Force, 2013; NCF, 2023; NICE, 2023; Research in Practice, 2020). The value of research involvement has also been noted in social work education. In its Education and Training standards, Social Work England highlight the importance of encouraging students to develop "*research appreciation that is relevant to the profession*" (Social Work England, 2021). Other initiatives include social care studies that employed online methods to increase accessibility to research participation and limit time commitment (Keemink *et al.*, 2022).

Although there is limited evidence on social care capacity building, there are numerous publications in national and international contexts examining research capacity building in the health care sector (e.g. Cooke *et al.*, 2008; Pager *et al.*, 2012; Ponka *et al.*, 2020). This body of research suggest that successfully building research capacity in practice is enabled by

support from senior management teams, time and capacity to be released from clinical duties, investment in organisational infrastructure, and dedicated training and skills development. Conversely, involvement in research is hindered by limited exposure to research, lack of funding and time, and a lack of a coordinated approach to developing research capacity. Research has also illustrated barriers and enablers to building research capacity that are specific to the context of local authorities, the level at which social care is organised in England. For example, the extent to which elected members value research and the navigation of the political context can stifle the development and use of research (Homer *et al*., 2022). In the health care context, researchers have developed dedicated frameworks for capacity building and evaluation (Cooke, 2005; Slade *et al*., 2018). Slade and colleagues (2018) identified sixteen frameworks for research capacity building in health systems in their rapid review of the literature. Content analysis of the frameworks uncovered four over-arching themes contributing to research capacity: 1) Regulatory environment, governance and organisational structure; 2) Leadership and management buy-in; 3) Systems, tools, resources and time; and 4) Attributes of individual clinicians.

These findings provide an important foundation for the consideration of research capacity development within social care. Nonetheless, it is important to recognise some additional complexities associated with the UK context. Firstly, persistent workforce issues (Skills for Care, 2024), and a significant funding gap (Idriss *et al*., 2021) mean the sector in under unprecedented pressure. Secondly, social care delivery is more dispersed relative to health care, encompassing a wide range of different services, operated by independent, voluntary and statutory sectors, and including a large informal care sector. Consequently, it is essential that social care capacity building is considered and evaluated in its own context, with models taking into account these unique factors. To address this gap in knowledge, we present the Kent Research Partnership and a Theory of Change model for research capacity building in adult social care. The importance of Theory of Change development in sectors where evidence on research capacity building remains absent has been illustrated in, for example, global health research (Stewart, 2015).

Kent Research Partnership

In 2021, NIHR funded six social care capacity building partnerships across England to improve the quality and quantity of social care research by facilitating collaborative working between universities, local authorities, practitioners, providers, and people with lived experience (NIHR, 2023b). The Kent Research Partnership was established as one of the partnerships in June 2021. Taking a co-produced approach, the Kent Research Partnership is a four-year partnership co-led by XXXXX and XXXXX ASC, that aims to improve care quality by investing in and valuing the social care workforce and developing a culture of research and evidence-based practice and innovation. The other regional and national partners, including the National Care Forum, the Homecare Association, Kent Integrated Care Alliance and NIHR Applied Research Collaboration Kent, Surrey and Sussex are pivotal to the success of the partnership by providing links to wider networks, growing and sustaining partnership work involvements, and offering avenues for sector dissemination. In health care research, partnership working has been identified as an integral part of capacity building (Cooke, 2005; Varshney *et al*., 2016). Research partnerships can function as a mechanism to accentuate each partner's strengths (Voller *et al*., 2022) and bridge gaps between research and practice by facilitating evidence-based practice (Fynn *et al*., 2022).

Previous research has also increasingly recognised the need for a multi-strategy approach to research capacity building (Matus *et al*., 2018). Following a Research-Practice Partnership approach (Penuel & Hill, 2019), the Kent Research Partnership is underpinned by four core principles: public involvement and engagement; equality, diversity and inclusion; capacity building; and better outcomes for people drawing on care and support. There are four interlinked streams of work, described below. We also describe a fifth, cross-cutting workstream that sets out the public and patient involvement strategy of the Kent Research Partnership.

Workstream 1. Communities of Practice. The term Communities of Practice was first introduced by anthropologist Lave and educational theorist Wenger (1991) in their book on situated learning. The authors argue that the activity of learning should not be viewed as passively receiving information, but rather as a social process in which knowledge is actively constructed through participation in Communities of Practice (CoPs). CoPs bring together people with different levels and types of expertise and a goal to collaboratively generate and share knowledge and hereby eliminate organisational and hierarchical barriers. The concept of CoPs, both virtual and in person, has successfully been applied in various settings, including higher education, business, and health care (Choi *et al*., 2020; Gauthier, 2016; Shaw *et al*., 2022). There is some available evidence of the use of CoPs in social care, but in this evidence is always mentioned in conjunction with health care (Carroll & Crawford, 2024; Chandler & Fry, 2009), and there is limited research exclusively examining social care and the use of CoPs for capacity building.

Two CoPs were co-produced with the Kent ASC sector (care providers, commissioners, the workforce and people with lived experience) in the first year of the partnership and have continued to run throughout. A more detailed account of how the CoPs were developed can be found in Hashem *et al.* (2024). The CoPs focus on two priority topics: (1) Managing complex needs across the lifespan; (2) Enhancing, diversifying and sustaining the social care workforce (Hashem *et al.*, 2024). Members include social care professionals, such as providers, commissioners, social workers, and representatives from the voluntary sector, but also members of the public with lived experience and researchers with expertise in this sector. CoPs meet monthly to facilitate knowledge-sharing and connection between stakeholders, with research and practice presentations on topics of interest to members and plenty of time for discussion.

By supporting flourishing CoPs on priority topics for ASC in Kent, the partnership aims to increase research capacity by

disseminating existing evidence to inform practice, identifying under-researched topics to inform practice-based research and facilitating new collaborations and grant applications.

Workstream 2. Researchers in Residence. In an effort to close the gap between research and practice, two full-time embedded researcher posts have been funded, following the Researcher in Residence (RiR) model. The RiR model aims to integrate the work of researchers and practitioners, by embedding researchers in a practitioner/organisational setting (Marshall *et al*., 2014). RiRs facilitate evidence-based working and simultaneously gain insight into how research can best support practice (e.g. what are the research priorities?). Research in health care services (Marshall *et al*., 2016) and public health (Cheetham *et al*., 2018; Cheetham *et al.*, 2023) have demonstrated that the RiR model can be successfully implemented and has the potential to increase research capacity (Gradinger *et al*., 2019). Furthermore, this type of model enables the development of research questions that are directly relevant to practice (Cooke *et al*., 2008) and it acknowledges the relational nature of knowledge mobilisation (Durrant *et al.*, 2024). The RiR role supports the other work streams and fulfils a wider knowledge sharing role across the partnership.

Workstream 3. Research and training fellowships. Research and training fellowships have long been used to support the development of research by individuals working in clinical practice with positive impact on career progression and satisfaction (Clough *et al*., 2017). Fellowships give practitioners the opportunity to step away from frontline practice, on a full or part-time basis, and undertake training and research on a topic that motivates them and has the potential to impact on practice. Historically, with the exception of career development awards funded through the NIHR School for Social Care Research, fellowship awards in England were health-focussed. However, in 2021, as part of its wider commitment to research capacity building, the NIHR in England launched a new Local Authority Fellowship Programme designed to strengthen the capacity of English Local Authorities to generate and support health and social care research. Recent success rates for the doctoral fellowship applications are around 42% (NIHR, 2023c; NIHR, 2023d) with applications failing due to lack of evidence that the research topic was addressing the needs of the local authority, weak supporting statements from host organisations, inadequate supervisory teams in higher education and methodological weaknesses. More work is needed from the 'grass-roots' to adequately prepare local authorities and their workforce for these awards and strengthen partnerships between universities and host organisations.

The Kent Research Partnership aims to bridge this gap by funding social care practitioners (from local authorities or the wider workforce) to undertake smaller research and training fellowships on priority research topics, mentored by an experienced team of social care researchers. Research suggests that social workers can significantly benefit from mentorship to increase their research capacity (Withington *et al*., 2020). The fellowships are funding the successful applicants' time and research costs, enabling employers to 'backfill' their role and Fellows to continue to draw a professional salary (rather than taking a stipend, as is common for most post-graduate qualifications) Research from primary care settings in Australia suggests that a similar fellowship scheme can strengthen research skills and confidence and aids capacity building in practitioners (Ried *et al*., 2007).

Workstream 4. Access to research evidence. Access to research evidence is an important part of capacity building and a prerequisite to using evidence in practice and improving outcomes for people drawing on care and support. Studies from the (global) health context underline the importance of access to information for the development of research capacity (Gee & Cooke, 2018; Stewart, 2015). One recent ASC study highlights the importance of improving research accessibility (Gray *et al.*, 2024). Access to research evidence is for example enabled by paid subscriptions to journals, support with the development of evidence summaries, provision of free training on how to access evidence, and free attendance to CoP meetings where recent and relevant research evidence is shared by academics.

Cross-cutting Workstream. Lived Experience Working Group. In the last two decades, the importance of the inclusion of the lived experience perspective has been recognised and cemented within health and social care research (Brett *et al*., 2014; Gradinger *et al*., 2015). A Lived Experience Working Group including people with personal and professional experience of ASC was established at the outset of the partnership. This workstream supports the development of research knowledge and capacity within members of the public and the local community (Cunningham *et al*., 2015; Shirk *et al*., 2012). Members are offered training and support when they join, followed by annual 'refresher' training. To value people's time and expertise, members are financially reimbursed for their time and contribution to the partnership (National Institute for Health and Care Research, 2022b; NIHR, Version 1.6, 2024).

Lived experience group members are involved in every aspect and workstream of the partnership, from setting strategic research priorities for adult social care in Kent, consulting on themes and activities, reviewing applications for research fellowships, providing lived experience expertise to research and fellowship projects, presenting at events and contributing to two Communities of Practice. Reviews of the literature has demonstrated that public and patient involvement enhances the quality and appropriateness of all stages of research (Brett *et al*., 2014).

Methods

Public and Public Involvement

A public-led Expert by Experience working group has been integral in supporting Kent Research Partnership's activities. Made up of 12 people with lived experience (e.g. current or former family carers, familiar with social care service input in a personal capacity) and co-led by a person with lived experience and county council manager, the working group was established once the funded period of the partnership has commenced. Prior to this the public have been involved in grant proposal, with one Expert by Experience becoming a co-applicant and substantially shaping the application; he later became the co-lead of the Working Group.

Members of the public, including, but not limited to the Working Group membership, have been instrumental in defining the priority areas for the Kent Research Partnership and setting up as well as attending Partnership's Communities of Practice (Hashem *et al*., 2024). The activities of the Working Group have also been extensive, and included refining research roles and remit, guiding research training deliver, ensuring digital platforms used and digital content shared by the partnership are inclusive and accessible, acting as panel members on partnership's funding panels and supporting adult social care practitioners conducting research as part of partnership's fellowship programme (a comprehensive account of the Working Group's composition, activities and evaluation can be found in Mikelyte *et al*., under review). Working group members have also contributed to numerous dissemination activities, including delivering conference and event presentations, academic journal article co-authorship, informational videos on the partnership website and six Expert by Experience working group members acting as contributors on a response to the call for evidence for the House of Lords select committee inquiry titled 'Lifting the veil: Removing the invisibility of adult social care'.

Developing the theory of change models

Theory development on research capacity building and evaluation within social care is limited. The development of a Theory of Change can support the evaluation of complex social interventions, such as a research capacity building partnership (Better Evaluation, n.d.). The evaluation of these types of interventions is complex, because of the number and type of organisations and teams involved (*horizontal* complexity), the notion that the intervention aims to create change at both the individual and organisational level (*vertical* complexity), the dynamic context, the flexible nature of the intervention, the broad range of outcomes, and the absence of a comparison group (Connell *et al*., 1995). A Theory of Change model can account for these complexities and provides a framework for the evaluation of the complex intervention. As such, we present a series of Theory of Change models underpinning the Kent Research Partnership, developed in consultation with stakeholders and informed by previous research, that aims to conceptualise *how* the partnership will build research capacity at different levels. The Theory of Change models provide a conceptual starting point that guides the development and evaluation of the capacity building partnership. Data from the ongoing evaluation of the Kent Research Partnership will support the refinement of the theory.

The overarching Theory of Change (See Figure 1) conceptualises how the Kent Research Partnership as a partnership will build research capacity and maps the anticipated changes against the COM-B components (Psychological and Physical Capability, Reflective and Automatic Motivation and Social Opportunity) that will be used to promote the initiation and maintenance of new behaviours. To extrapolate the detail and move from the theoretical techniques to what these look like in practice, we also present four lower-level Theory of Change models (See Figure 2–Figure 5), one for each workstream described above. These aim to explicate the individual contribution of each workstream to research capacity building.

The Theory of Change models provide information about the *assumptions, context, input, activities, outcomes,* and *impact* of the workstreams and partnership as a whole. Assumptions refer to what is believed about how the intervention will work. The context explains the problem the intervention is aiming to address. Assumptions and context in our models are based on previous research as well as knowledge about the local system from both the research team, the participating County Council and the study's working group. Key senior leaders and members of the public have informed the development of the assumptions and context to ensure that these were representative for the local context. Input includes the human, financial, and material resources required to carry out the intervention. Outcomes refer to the expected measurable effect of the intervention. Impact includes the changes that result from the intervention.

Integration of behaviour change models

To further expand the Theory of Change models, elements of behaviour change theory have been incorporated through the use of the Behaviour Change Wheel, Behaviour Change Techniques, and COM-B model of behaviour change (Michie *et al*., 2011). The COM-B model sits at the centre of the Behaviour Change Wheel and identifies what changes are needed to achieve the desired behaviour. It includes three interacting components: capability (C), opportunity (O), and motivation (M). Capability refers to an individual's ability to engage in the target behaviour and is conceptualised as both physical (i.e., capability to perform specific skills) and psychological (i.e., capability to engage in cognitive processes required to perform the behaviour). Opportunity is defined as factors in the physical environment that could promote behaviour change (e.g., availability of equipment or appropriate spaces) and the social cues that encourage or discourage behaviour (e.g., encouragement and support from line managers to apply for research fellowships or including discussions about conducting research in annual appraisals). Motivation encompasses the cognitive processes directing behaviour that are both reflective (i.e., believing you can undertake research and valuing its importance) and automatic (i.e., not conscious – such as feeling enthusiastic about being part of research).

In relation to developing the Theory of Change, the COM-B acted as a framework to identify literature on the key barriers that prevent those working in the ASC sector from engaging and using research. This information subsequently provided a basis from which to choose appropriate Behaviour Change Techniques. Behaviour Change Techniques are specific strategies or methods that can be used to facilitate changes in the target behaviour. The Behaviour Change Techniques Taxonomy (version 1) describes 93 Behaviour Change Techniques that can be incorporated into an intervention to address the problems and challenges identified under each COM-B component (Michie *et al*., 2013).

Table 1 summarises the 14 Behaviour Change Techniques that will be used across the five workstreams (i.e., CoP, RiR, Fellowships, Lived Experience groups, Access to research) and how these map on to each component of the COM-B model.

This information is expanded in Table 2, which describes how each of the Behaviour Change Techniques will be operationalised

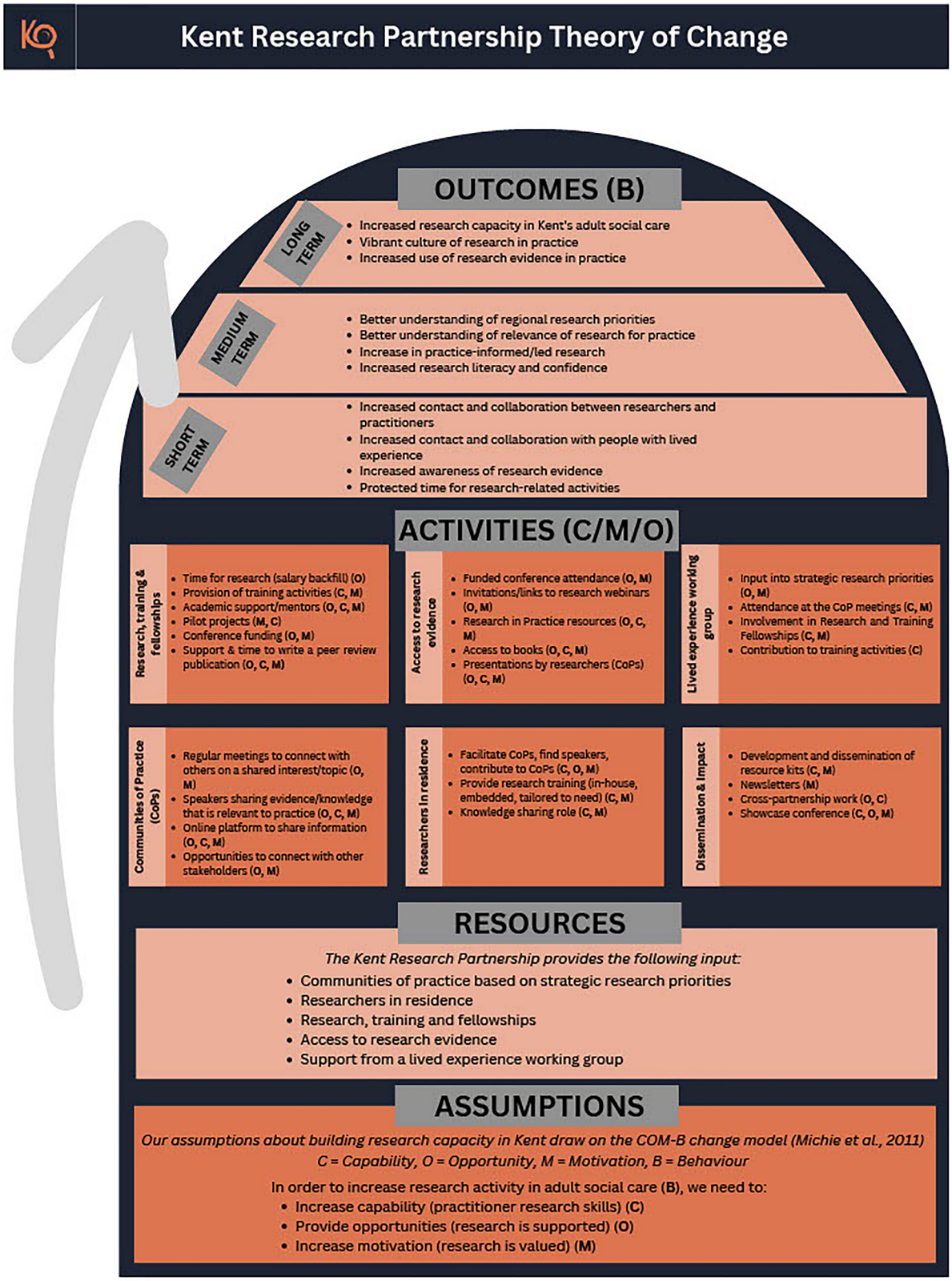

Figure 1. Overall Theory of Change for the Kent Research Partnership.

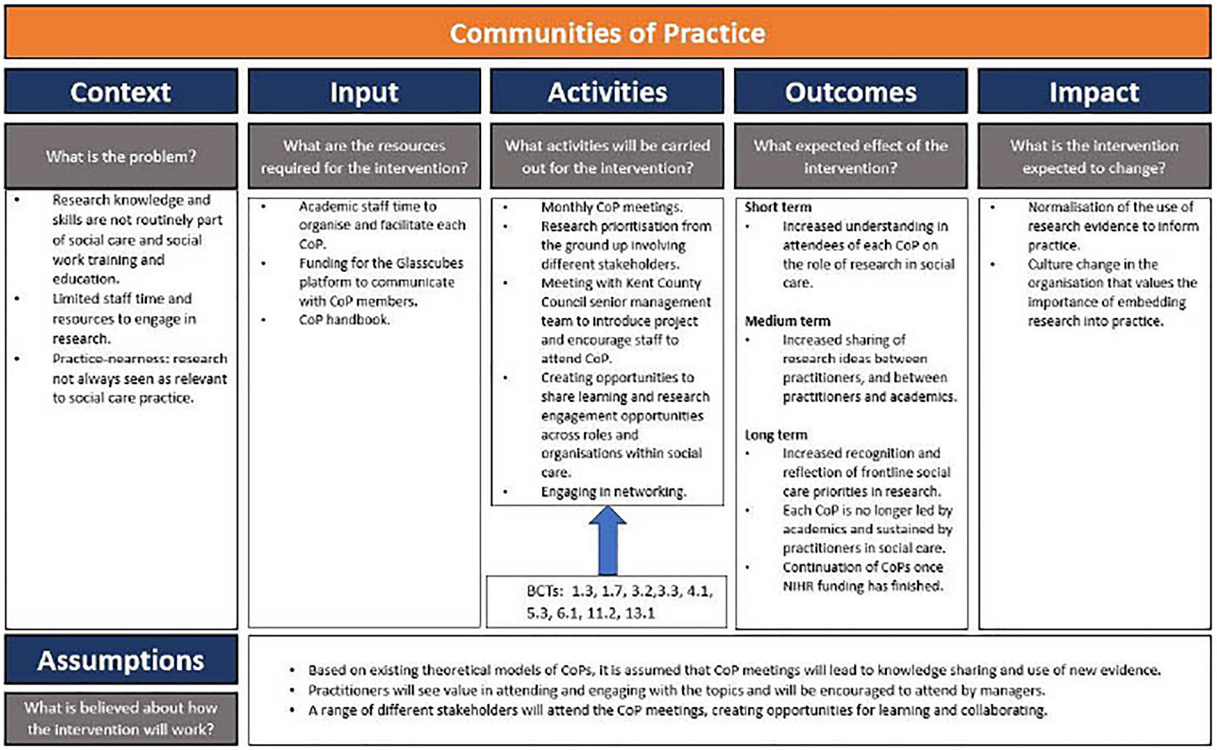

Figure 2. **The Theory of Change Model for Communities of Practice.**

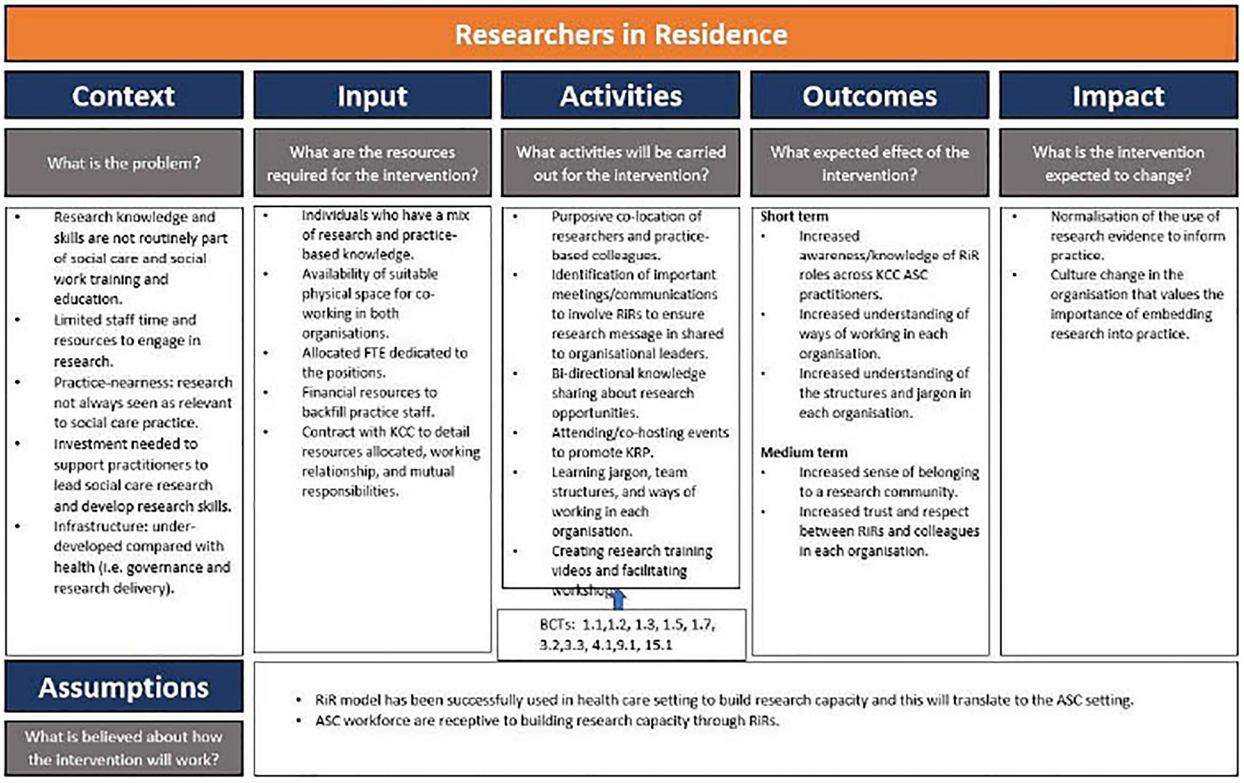

Figure 3. **The Theory of Change Model for Researchers in Residence.**

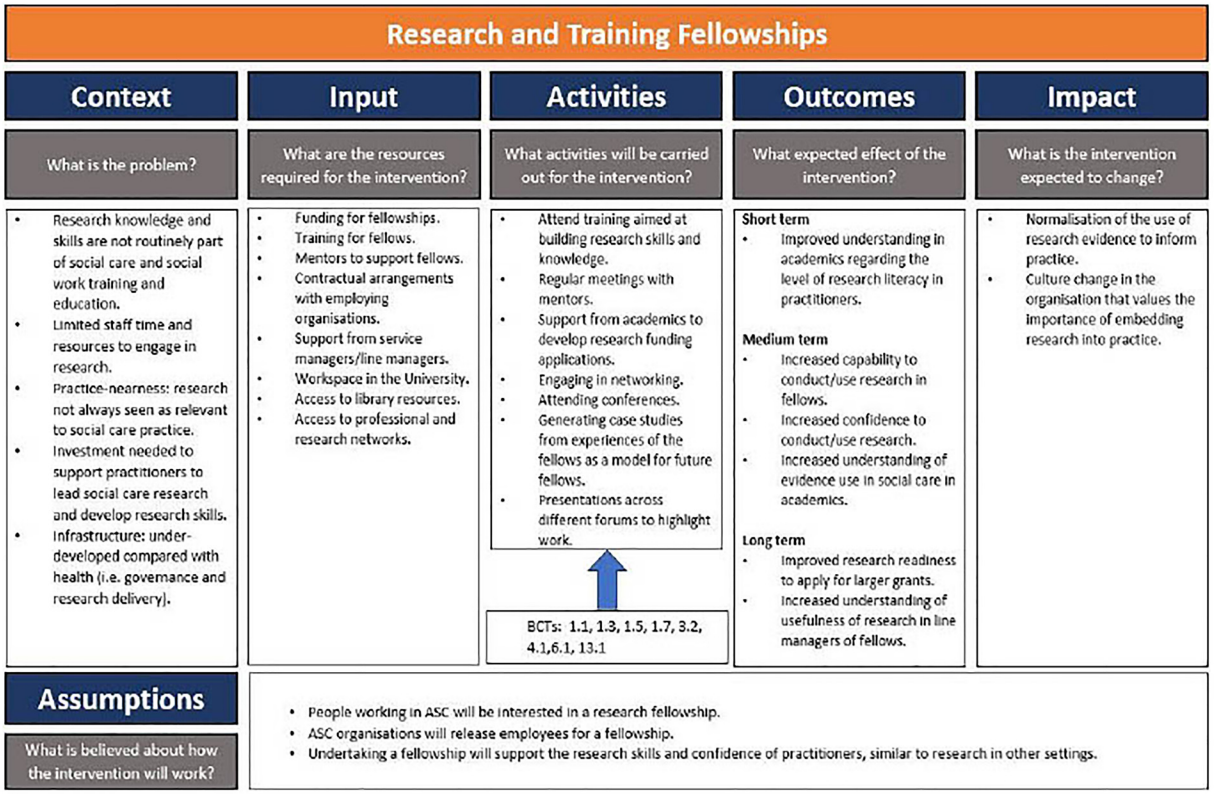

Figure 4. **The Theory of Change Model for Research and Training Fellowships.**

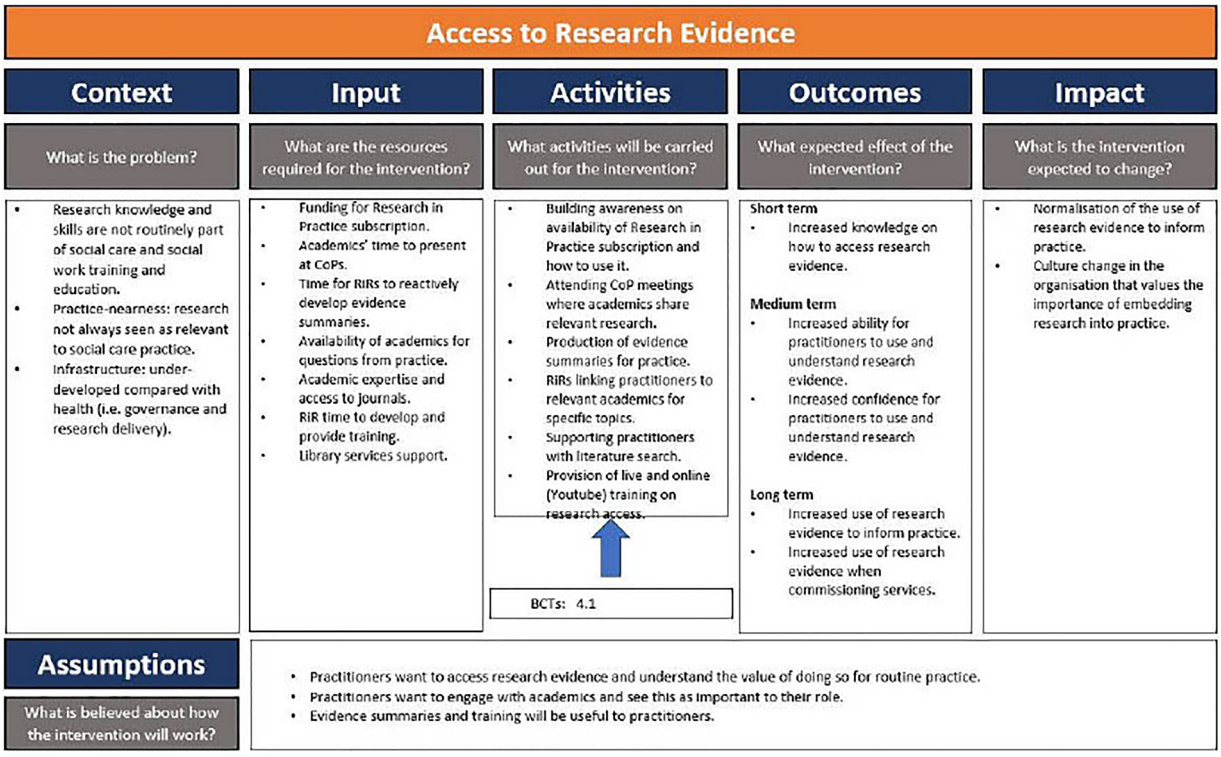

Figure 5. **The Theory of Change Model for Access to Research Evidence.**

Table 1. Summary of Behaviour Change Techniques across all work packages, mapped to relevant components of the COM-B model.

Behaviour Change Techniques	Work packages used in	COM-B Component
1.1. Goal setting (behavior)	RiR, Fellowships,	Reflective Motivation
1.2. Problem solving	RiR, Fellowships	Psychological Capability
1.3. Goal setting (outcome)	CoP, RiR, Fellowships	Reflective Motivation
1.5. Review behavior goal(s)	RiR, Fellowships	Reflective Motivation
1.7. Review outcome goals	CoP, RiR, Fellowships	Reflective Motivation
3.2. Social support (practical)	CoP, RiR, Fellowships, Lived experience group	Social Opportunity
3.3. Social support (emotional)	CoP, RiR, Fellowships	Social Opportunity
4.1. Instruction on how to perform the behavior	CoP, RiR, Fellowships, Access to evidence	Psychological Capability Physical Capability
5.3. Information about social and environmental consequences	CoP	Reflective Motivation
6.1. Demonstration of the behavior	CoP, Fellowships	Social Opportunity
9.1. Credible source	RiR	Reflective Motivation
11.2. Reduce negative emotions	CoP	Automatic Motivation
13.1. Identification of self as role model	CoP, Fellowships, Lived experience group	Reflective Motivation
15.1. Verbal persuasion about capability	CoP, RiR	Reflective Motivation

Table 2. Behaviour Change Techniques for each workstream.

Workstream	Behaviour Change Techniques used	How (Activities identified in Theory of Change Models)
Communities of Practice (CoP)	1.3 Goal setting (outcome)	Identify and agree on priority areas for CoP to focus on. Set goals within these priority areas as to what the CoP should achieve
	1.7. Review outcome goal(s)	Plan for regular opportunities within the CoP to reflect on achievement towards the goals.
	3.2. Social support (practical)	CoP will offer peer support and an opportunity to seek advice on conducting research within agreed priority areas.
	3.3. Social support (emotional)	Ethos that CoP are 'safe spaces' to discuss ideas and advocate for research
	4.1. Instruction on how to perform the behavior	Develop and share ideas for research projects. Exchange of expert advice between academics and CoP members. Offer guidance on current research projects. Opportunities to attend training shared within CoP
	5.3. Information about social and environmental consequences	Reinforce link between research and practice. Use as a forum to share case studies that illustrate the benefit to practice research can have.
	6.1. Demonstration of the behavior	CoP members sharing research experience and expertise. Academic partners sharing best practice.
	11.2. Reduce negative emotions	Ethos that CoP are 'safe spaces' to discuss ideas and advocate for research
	13.1. Identification of self as role model	CoPs provide an opportunity for members to 'show case' work to peers working in social care, thus providing a 'good' example for peers. Inform members they have attended conferences, written papers, funding applications. Inform CoP members encouraged to share this information.
	15.1. Verbal persuasion about capability	Academic collaborators provide positive reassurance and support to CoP members when engaging in research activities

Workstream	Behaviour Change Techniques used	How (Activities identified in Theory of Change Models)
Researchers in Residence (RiR)	1.1. Goal setting (behavior)	Set realistic goals for RiRs (e.g., link with organisations to discuss research opportunities)
	1.2. Problem solving	With wider Kent Research Partnership team consider challenges that might occur in the role. Identify possible solutions
	1.3. Goal setting (outcome)	Set realistic goals for outcome (e.g., new research partnership generated with or organisation)
	1.5. Review behavior goal(s) and 1.7 Review outcome goals	RiR have regular meetings with wider team to reflect on progress towards goals
	3.2. Social support (practical)	RiR provide formal and informal training. Run research clinics. Run a journal club
	3.3. Social support (emotional)	RiR provide formal and informal training. Run research clinics.
	4.1. Instruction on how to perform the behavior	RiR provide formal and informal training. Run research clinics.
	9.1. Credible source	Attend conferences, events, workshops to advocate for research. Co-host with Kent County Council/Social Work colleagues
	15.1. Verbal persuasion about capability	When attending events, RiRs provide case studies/examples to show how research can be embedded in social care. Provide guidance in research clinics, journal club.
Research and Training Fellowships	1.1. Goal setting (behavior)	Fellows set realistic goals for role with mentor/supervisor in terms of behaviour (e.g., conducting research-related activities- ethics, data collection)
	1.3. Goal setting (outcome)	Set realistic goals for outcome (e.g., impact of research)
	1.5. Review behavior goal(s) and 1.7 Review outcome goals	Goals reviewed with mentors on a regular basis as part of the ongoing supervsion
	3.2. Social support (practical) 3.3. Social support (emotional)	Fellows receive support from academic members of the Kent Research Partnership team. This support is person-centred on the individual but expect that support will be given in the form of practical advice about performing the behaviour (i.e., how to complete an ethics application, how to design an interview guide) and emotional (i.e., provide reassurance if needed, provide links to support)
	4.1. Instruction on how to perform the behavior	In collaboration with academic mentors, Fellows identified areas of support with research activities and mentors provide themselves or link with expertise.
	6.1. Demonstration of the behavior	Mentors can provide practical demonstrations of research Fellows are required to undertake.
	13.1. Identification of self as role model	Fellows are encouraged by Kent Research Partnership team to attend events and conferences to speak about their research work and promote themselves as 'experts' in their field.
Access to Research Evidence	4.1. Instruction on how to perform the behavior	RiRs support practitioners with literature search and support how to use Research in Practice subscription
Lived Experience Working Group	3.2. Social support (practical) 3.3. Social support (emotional)	Kent Research Partnership team provide support to group to ensure group have access to relevant training. Dedicated support for group to help with involvement.
	13.1. Identification of self as role model	Group members are encouraged by the Kent Research Partnership team to attend events and conferences to speak about the Kent Research Partnership, their involvement and promote themselves as 'experts' in their field.

in the five workstreams. For example, it is predicted that CoPs, Fellowships, the Lived Experience Group, and RiRs will collectively address psychological capability by increasing knowledge about why using and conducting research is important, improving individuals' research skills and increasing understanding of when and how research should be used. To accomplish this shift in psychological capability two Behaviour Change Techniques will be embedded (i.e., problem solving, instruction on how to carry out the behaviour).

Regards influencing reflective and automatic motivation to engage and use research, through the CoP, Fellowships and

RiR those working in the ASC sector will receive supportive and constructive feedback on the research activities they undertake. They will be exposed to best practice research approaches and understand how embedding these into practice can ultimately benefit the individuals they provide care to. To accomplish the shift in motivation nine Behaviour Change Techniques will be used to encourage an environment that nurtures change (i.e., goal setting (outcome and behaviour), review goals (outcome and behaviour), information on consequences, credible source, reduce negative emotions, self as role model and verbal persuasion).

Finally, opportunities to conduct, discuss and engage with research will be increased. For example, the CoP will create a sense of shared interests and ideas and promote research as the 'social norm'. The Fellows will act as pioneering models for how research can be embedded into ASC and demonstrate 'the art of the possible' for how a workforce already struggling with capacity can meaningfully engage with research. To improve the provision of opportunities, three Behaviour Change Techniques will be used to support and facilitate the building of research capacity (i.e., social support (practical and emotional), demonstration of behaviour).

Overarching Theory of Change

Figure 1 presents a visual representation of the overarching Theory of Change for the Kent Research Partnership. The context for the model is that there is a limited research capacity in adult social care, by which we mean: (1) research knowledge, confidence and skills are under-developed in the workforce; (2) the workforce need time and resources to engage in research; (3) social care research lacks practice-nearness; (4) financial investment is needed to create opportunities for practitioners to lead research and develop research skills (5) the social care research infrastructure (i.e. governance and delivery) are under-developed compared to health research

Whilst each work stream has its own intended outcomes, the intended impact of the partnership's activities and Behaviour Change Techniques being employed are: 1) the normalisation of the use of research evidence to inform ASC practice in Kent (both within Kent County Council and across care provider organisations engaging with the partnership). 2) culture change valuing the importance of embedding research into practice.

Theory of Change: Communities of Practice

The Theory of Change for the CoP workstream is visually presented in Figure 2. As described above, theory and practice of (online) CoPs are well established (Lave & Wenger, 1991; Shaw *et al.*, 2022). As such, in this Theory of Change, it is assumed that the use of CoPs will lead to knowledge sharing and evidence-based practice. It is further assumed that a range of different ASC stakeholders will attend the monthly CoP meetings, and that attendees will see value in the CoPs. The input comprises academic staff time to organise and facilitate each CoP meeting, including inviting appropriate speakers. It also involves funding for the communication platform Glasscubes that CoP members can use to continue discussions and shared learning outside of the meetings. A CoP handbook is used as input to set out terms of reference and organisational details. The CoP workstream includes several activities described in Figure 2. Broadly speaking, these focus on priority setting, generating senior stakeholder buy-in to encourage 'top-down' support for the CoPs, monthly online meetings, and opportunities for networking. These activities are expected to lead to short, medium and long-term outcomes. In the short term, there will be an increased understanding in CoP members of the role and value of research in ASC. In the medium term, practitioners will increase the sharing of research ideas with other practitioners, and with academics. In the long term, frontline ASC priorities will be increasingly reflected in research. Sustainability will be an important consideration, moving towards a model whereby CoPs are organised and chaired by the ASC workforce rather than by academics.

Theory of Change: Researchers in Residence

The Theory of Change for the RiR workstream is visually represented in Figure 3. Previous research from health care and public health settings has demonstrated the value of RiR roles within research capacity building (Gradinger *et al.*, 2019) and it is therefore assumed that these effects will also apply in an ASC context and that the ASC workforce will be receptive to capacity building through RiRs. As input, this intervention requires the availability of individuals who have a combination of research and practice-based knowledge with collaborative skills to fulfil the RiR role (Marshall *et al.*, 2014). Availability of a suitable physical space for co-working in both the academic and practice setting is also required, as are the financial resources to backfill practice staff, and allocated FTE dedicated to the RiR positions. Lastly, a contract with the County Council is needed to set out agreements on resources allocated, the working relationship, and mutual responsibilities. The activities for this workstream are multiple (see, Figure 3). It involves the purposive co-location of researchers and practice-based colleagues to foster collaborative working and knowledge exchange (Vindrola-Padros *et al.*, 2019). RiRs will identify essential meetings and communication channels in both organisations as well as learning the jargon, team structures, and ways of working in each organisation to ensure that the capacity building work is shared effectively at multiple levels. There will be bi-directional knowledge exchange between academia and practice about research opportunities, and RiRs will attend and co-host relevant events to promote the Kent Research Partnership. RiRs will also create research training videos and facilitate workshops targeting the practice-based audience. In the short-term, it is anticipated that these activities will lead to an increased awareness of the RiR roles across ASC practitioners in Kent County Council, and an increased understanding of the jargon, ways of working, and decision-making in each organisation. In the medium term, it is expected that the ASC workforce will experience an increased sense of belonging to the research community, as well as increased trust and respect between RiRs and colleagues in both the academic and practice organisations.

Theory of Change: research and training fellowships

The Theory of Change for this workstream is visually represented in Figure 4. The assumptions underlying the workstream of research and training fellowships include that people working

ASC will be interested in undertaking a fellowship and that ASC organisations will be willing to release employees for a fellowship. Based on previous research in health settings (Ried *et al*., 2007), it is also assumed that undertaking a fellowship will support the development of research skills and confidence in practitioners. As input, this workstream requires the availability of funding, training, and mentors to practically realise the fellowships. There is also a need for support from the service managers of the potential fellows, strengthened by contracting arrangements. Further, this workstream requires access to library resources, a dedicated workspace in the academic institution, and access to professional and research networks. The various activities for this workstream include regular meetings between fellows and academic mentors, fellows attending research training, and fellows receiving support from academics to develop research funding applications. Fellow will also be engaged in networking within the academic institution and at conference that they will be supported to attend. They will also be offered the opportunity to present at different forums, including the CoP meetings. Lastly, this workstream will generate case study knowledge about the fellowship model as a way of building research capacity in ASC. In the short term, these activities are expected to lead to an improved understanding in academics about the research literacy levels of practitioners. Medium-term, is expected that fellows will have an increased capability and confidence to conduct and use research in practice, as well as academics having an increased understanding of evidence-based practice in ASC. In the long term, it is anticipated that fellow will experience and improved research readiness to apply for future/larger grants, and that they and their service managers will have an increased understanding of the usefulness of research. This workstream also has an additional expected impact: the creation of a sustainable pathway allowing other practitioners to become future fellows.

Theory of Change: access to research evidence

The Theory of Change for this workstream is visually represented in Figure 5. This workstream is inextricably linked with the previous workstreams, as these produce platforms and resources to access research evidence. In this Theory of Change, it is assumed that practitioners want to access research evidence and training, and that they understand the value of doing so for their practice. Additionally, it is believed that practitioners will want to engage with academics and see this as important to their role. The required input includes funding for a subscription to Research in Practice, an online platform offering relevant and timely evidence to health and social care professionals, as well as access to journals, and library services support. It also involves academics' time to share research evidence at CoP meetings and RiR time to reactively produce evidence summaries when requested by practice. The activities facilitating access to research evidence include building awareness of the Research in Practice subscription and how to use it, and the provision of support and training on how to access good quality research evidence and carry out literature searches. It comprises attendance at CoP meeting where academics share research and the production of evidence summaries by RiRs when requested by practice. RiRs also connect practitioners to relevant academics for specific research topics. In the short term, this is expected to increase knowledge in the ASC workforce on how to access research evidence. In the medium term, practitioners will have an increased ability and confidence to understand and use research evidence. In the long term, there will be an increased use of research to inform practice and to inform the commissioning of services.

Theory of Change: Lived Experience Working Group

The Theory of Change for this workstream is visually represented in Figure 6. The Lived Experience Working Group runs alongside the other workstreams and is involved in various activities described above. The assumptions for this Theory of Change model are that members of the public are interested in (being involved in) research and that practitioners and academics are open to public involvement in research in practice. The input required for the working group includes people with lived experience of ASC, a trainer to provide research training and a facilitator for the group. There is also funding needed to pay members of the public for their time and contributions, as well as associated costs such as travel, room bookings, and catering. The activities that will be carried out comprise regular meetings with the working group and the reception of research training. Working group members attend CoP meetings and are involved in the associated research prioritisation exercises, as well as attending and presenting at conferences and dissemination events. They are also involved in the peer review process of fellowship applications and offer input for any research projects following from the Kent Research Partnership. Another important activity is the relationship building between academic, practitioners, and people with lived experience, to increase the meaningfulness and quality of research (Brett *et al*., 2014). It is expected that in the short term, these activities lead to an increase in knowledge of research methods and involvement in members of the public. Medium-term, a move from a model based on engagement and involvement to one that encompasses co-production and co-research. In the long term, we expect to see co-production and co-research embedded within social care research culture in Kent.

Conclusion

The Kent Research Partnership was set up as one of six NIHR social care research capacity building partnerships to improve the quality and quantity of social care research and establish sustainable links between practice and academia to promote evidence-based practice and practice-informed research. Historically, theory development on research capacity building and evaluation within social care has been limited. Studies carried out in health care settings have yielded theory and evidence on research capacity building, but these cannot readily be applied to the social care context. It is therefore essential that social care capacity building is considered and evaluated in its own context, with models taking into account its unique contextual factors. In this paper, we presented one overarching and five workstream-level Theory of Change models that

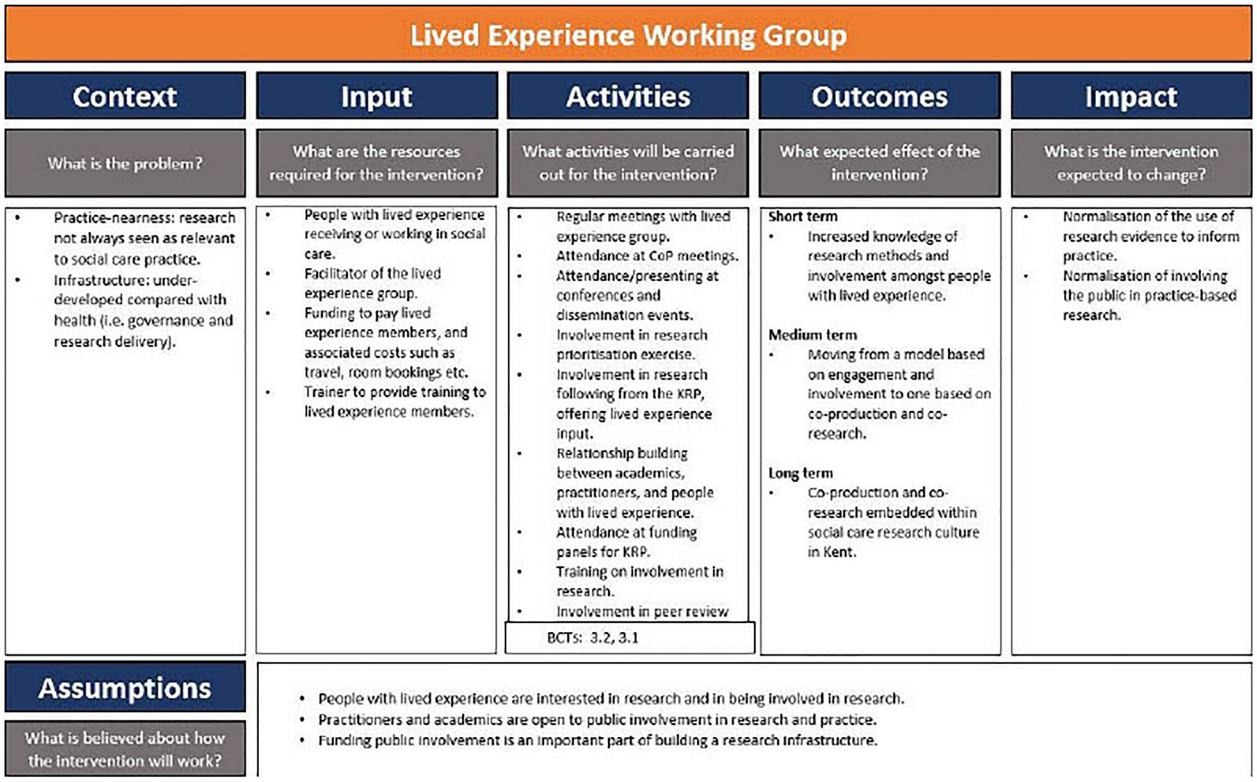

Figure 6. The Theory of Change Model for the Lived Experience Working Group.

provide a conceptual starting point guiding the development and evaluation of the capacity building partnership as a complex social intervention. Future research on capacity building within ASC can utilise the presented models as a foundation for the development of capacity building partnerships and evaluation frameworks.

Ethics and consent

Ethical approval and Consent were not required.

Data availability statement

No data are associated with this article

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Open Peer Review

Current Peer Review Status: ✔ ✔ ✔

Version 2

Reviewer Report 20 August 2025

https://doi.org/10.3310/nihropenres.15240.r36283

✔ **Ailsa Russell**
University of Bath, Bath, England, UK

This well-written and clearly structured paper outlines a clear framework and approach to building research capacity in adult social care in a specific region. For context, it would be helpful to understand if there are particular geographical or societal factors unique to the region which impact the project.
Five clear strands or work streams for the programme are described and considered within an overarching Theory of Change for the programme as a whole as well as theories of change for the individual strands.
There is really comprehensive consideration of the different activities and resources relevant to each stream, and also the interlinked nature of these. The visual diagrams for the theories of change are helpful illustrations for the text. Some greater dovetailing of the inter-connected nature of activities across the different workstreams could have been represented in the overarching Theory of Change. Detailing concrete activities and resources enable clear understanding of the mechanisms by which the programme will achieve outcomes. I would have been glad to have slightly more detailed accounts of particular activities that are supporting the workstream and represent the ToC activities as 'case studies'. Outcomes (short, medium and longer term) are articulated but not yet measured. Greater information about the complexities of measurement of outcome and evaluation of impact would be helpful to consider at this stage. Some outcomes can be clearly captured e.g. communities of practice sustained and organised by the practitioner workforce rather than academics. Other outcomes are less accessible to direct evaluation e.g. increased sense of belonging to a research community and I wondered about the authors' approach to capturing these going forward.
Overall, a very helpful paper to understand the group's approach to increasing research capacity in a field characterised by horizontal and vertical complexity in respect of achieving change.

Is the rationale for developing the new method (or application) clearly explained?
Yes

Is the description of the method technically sound?

Yes

Are sufficient details provided to allow replication of the method development and its use by others?
Yes

If any results are presented, are all the source data underlying the results available to ensure full reproducibility?
No source data required

Are the conclusions about the method and its performance adequately supported by the findings presented in the article?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Clinical psychology

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Reviewer Report 14 August 2025

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Maria Brent
Kingston University London, London, UK

No additional comments to make

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Dr Maria Brent is an academic at Kingston University, a registered social work and is currently the operational lead of the SHARE project, a 2-year NIHR funded social care research capacity building project supporting eleven social care practitioners across south London to develop their research capacity. Maria is also a collaborator currently contributing to the Practitioner-Researcher Use of Evidence Scoping Study funded by the NIHR School for Social Care Research (SSCR). The theory of change workshops in this study brings together stakeholders across capacity building projects, & Social Care Wales to co-produce a theory of change that seeks to explain the pathway to impact for practitioner-researchers use of evidence.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Reviewer Report 14 August 2025

https://doi.org/10.3310/nihropenres.15240.r36207

Lesley Deacon
University of Sunderland, Sunderland, UK

Thank you for making the corrections to your article.

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Social work and social care practice research

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Version 1

Reviewer Report 30 May 2025

https://doi.org/10.3310/nihropenres.15097.r35601

Maria Brent
Kingston University London, London, UK

Review
This paper provides a helpful explanation of the National Institute for Health and Care Research (NIHR) development of six national social care research capacity building programmes to set the context for this paper. The authors draw on pertinent and contemporary research to highlight the need for the development of research capacity in social care. The paper explains that Kent Research Partnership (KRP) is one of the six NIHR social care research capacity building programmes and has developed a research partnership programme involving academics,

professionals and those accessing Adult Social Care.

The paper sets out clearly the aim of the KRP which is to support a partnership approach in developing research capacity, particularly practitioners in practice. The rational for the structure and organisation of the KRP is well articulated. The KRP programme consists of four interlinked work streams; 1. Communities of Practice (CoP), 2. Researchers in Residence, 3. Research and training fellowships, 4. Access to research evidence. A particular strength in the programme's methodological approach is the addition of an overarching work stream that involves people with lived experience described as a public-led, Expert by Experience, (EbyE). This is evidenced effectively with examples of how EbyE contributions have shaped the programmes development.

The paper sets out clearly the intended outcomes of this programme. Reasoned arguments explain how adopting a Theory of Change (ToC) as a conceptual methodological approach can provide a better understanding of what outcomes the KRP partnership is expected to change, how the four work streams may impact these outcomes, and how these changes may occur.The visual illustrations of the ToC in the paper provide an effective overview of each work stream, summarising key elements and giving clear examples of the context, input, activities, outcomes, and impact of each work stream. The integration of Behaviour Change Wheel (BCW), and the COM-B provides a useful lens to consider the contributing factors and behaviours of participants in each workstream and how to facilitate change.

The overarching ToC, figure 1, pulls the work streams together and provides a synthesis and holistic representation of the work streams and how they interact, with key outcomes identified in the short, medium, and long term. This provides a useful visual pathway that sets out the methodological approach in developing a partnership approach to effect long term change. A minor area of development to consider going forward is to set out explicitly the role of the EbyE in the medium and long term goals. There is evidence of meaningful engagement by EbyE, set out in figure 6, and summarised in the last paragraph before the conclusion, p15, but this could be drawn out more explicitly in identifying EbyE contributions in the medium and long-term goals in figure 1.

Overall, the conclusions drawn from the use of a ToC as a conceptual methodological approach are justified by the data presented. This methods paper provides a thoughtful analysis and illuminates the under-developed area of social care and its engagement with research. The paper draws attention to the organisational context of research and provides robust arguments on how the lack of a research culture in health and social care organisations can permeate managerial structures, staff development, and limit the use of research in evidence-based practice. The ToC provides a convincing framework that allows exploration of the multi-dimensional factors that need to be considered in developing a strategy to increase social care research capacity in the future.

…'

Is the rationale for developing the new method (or application) clearly explained?

Yes

Is the description of the method technically sound?

Yes

Are sufficient details provided to allow replication of the method development and its use by others?
Yes

If any results are presented, are all the source data underlying the results available to ensure full reproducibility?
Yes

Are the conclusions about the method and its performance adequately supported by the findings presented in the article?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Dr Maria Brent is an academic at Kingston University, a registered social work and is currently the operational lead of the SHARE project, a 2-year NIHR funded social care research capacity building project supporting eleven social care practitioners across south London to develop their research capacity. Maria is also a collaborator currently contributing to the Practitioner-Researcher Use of Evidence Scoping Study funded by the NIHR School for Social Care Research (SSCR). The theory of change workshops in this study brings together stakeholders across capacity building projects, & Social Care Wales to co-produce a theory of change that seeks to explain the pathway to impact for practitioner-researchers use of evidence.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Reviewer Report 27 May 2025

https://doi.org/10.3310/nihropenres.15097.r35602

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Lesley Deacon
University of Sunderland, Sunderland, UK

This article presents a working example of a research capacity building partnership in Kent. Theory of change is utilised to explain four streams of work for capacity building.

The focus for the article is important for paying more attention to research capacity building. Generally I found the article clear and informative although there were a few areas that I think would enhance the article further to ensure it is 'scientifically sound'.

I would like to see the authors engage in more up-to-date literature concerning research capacity building/practice research. For example the European Social Work Research journal's first issue in 2023 included several articles related to this.

With this is mind, I would also like to see explanation for some of the 'assumptions' and 'context' in the streams of work, so it is clear how these emerged. For example, In Figure 2 it is stated that 'research knowledge and skills are not routine part of social care and social work training'. I do not agree with this as they are part of social work pre-qualifying training and education. And (p.13) why do you assume that previous research 'from health care and public health' will also 'apply to ASC'?

I also think the expression 'lack of' in relation to research capacity could be received negatively by practitioners in the field so I suggest this is changed to 'limited' research capacity throughout the article.

I found it difficult to keep track of all the acronyms - could the number be reduced?

For the figures, expanded explanation in the text would be beneficial as although they were very detailed, the small layout made the argument difficult to follow.

Some minor errors noted:

BASW is the British Association of Social Workers

Methods 'Public and Public Involvement' - is that correct?

Is the rationale for developing the new method (or application) clearly explained?
Partly

Is the description of the method technically sound?
Partly

Are sufficient details provided to allow replication of the method development and its use by others?
Partly

If any results are presented, are all the source data underlying the results available to ensure full reproducibility?
No source data required

Are the conclusions about the method and its performance adequately supported by the findings presented in the article?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Social work and social care practice research

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.