Barriers and Facilitators in the Implementation of a Researcher-in-Residence Model for Fostering Partnerships Between Social Care Practice and Research

School for Social Care Research Annual Conference
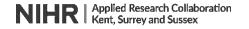
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The Kent Research Partnership

- One of six capacity building social care partnerships funded by the NIHR Health Services and Delivery (HS&DR) programme.

- A four-year project (2021-2025) co-led by the University of Kent and Kent County Council with care organisations both regionally and nationally, and people with lived experience.

- Aims to improve care quality by developing a culture of research and evidence-based practice and innovation.

- https://research.kent.ac.uk/chss/kent-research-partnership/

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Our Researcher In Residence model

- Integration of the researcher into practice teams, rather than being solely based within an academic institution.

- RiR brings expertise in research methodologies and evidence.

- Prioritises collaborative engagement with practitioners, rather than imposing academic knowledge.

- A bi-directional approach.

- COVID and restructuring/changes in working practices at KCC meant that RiRs were not physically embedded within the organisation.

Researcher in Residence activities

CoP	Administration	Journal club	Literature searching	KRP Fellows
Grant applications	Partner meetings/sessions	Communication, promotion, and social media	Conferences and external events	Students
Research training	Research advice clinics	Advocating	Making external links	Priority setting

Aim of the study

- Part of a wider (overarching) evaluation of the KRP.

- To identify the barriers and facilitators associated with the implementation of the RiR model within the context of social care partnerships.

Methods

- Eight semi-structured qualitative interviews with RiRs and members of the broader KRP team.

- Conducted in 2024; explored experiences relating to the first three years of the partnership.

- Used thematic analysis and open coding.

- Consolidated Framework for Implementation Research (CFIR) applied to further categorise and interpret data.

Consolidated Framework for Implementation Research (CFIR)

Innovation: 'The "thing" being implemented, e.g., a new clinical treatment, educational program, or city service'.

Outer Setting: 'The setting in which the Inner Setting exists, e.g., hospital system, school district, state'.

Inner Setting: 'The setting in which the innovation is implemented, e.g., hospital, school, city'.

Individuals: 'The roles and characteristics of individuals'.

Implementation Process: 'The activities and strategies used to implement the innovation'.

Key barriers

Outer setting:

- Under-developed research culture in social care practice
  - *I think the bottom line is the culture is not one of research creativity.*

- Lack of funding
  - *There's a lot of pressures in social care demand budgets and that has meant at times we've had to shift the focus.*

Implementation process:

- Inadequate planning for the RiR roles
  - *With hindsight I don't think any of us really knew what their role involved, not at a detailed level, because none of us had ever done it before. And although we'd read about these roles and they described the overarching aims and purpose and said they were embedded …, all of the existing literature lacked detail about, well what does that actually look like, what does that actually mean, what does an average day [for] a Researcher in Residence look like?*

Key barriers

Inner setting:

- Research a low priority compared with practice demands
  - *… it's [research] never going to be people's priority in these really difficult times… if I was [a practitioner] on the frontline with a busy caseload, I don't think I'd read half the emails.*

- Culture gap between academia and practice
  - *Let's say if you wanted to evaluate something once it hits the ground and see that initial progress, they [practitioners] couldn't do it with the ethical processes because the pace of change and the pace of research processes, governance, ethics, etc., just really didn't align right.*

- 'Insider' versus 'outsider' status

- Information gap between partners

- Structural characteristics

Key facilitators

Innovation:

- Dedicated time
    - *… having dedicated time to do it (research capacity building), so without this funding, we would never have been able to do this. We wouldn't have been able to incidentally, just through our everyday work, or individual projects.*

- Bi-directional RiR
    - *our scout on the ground.*

Individuals:

- Previous RiR practitioner and research experience
- Other RiR skills and personal qualities

Key facilitators

Implementation process:

- Revisions to implementation processes
  - *I feel like the first year was about set-up and overcoming barriers, and identifying what are the problems, what's not working …, what can we do differently?*

- Flexible approach adopted by RiRs
  - *We were responsive… As soon as someone said… that they needed something or there was an opportunity to go to a particular meeting, we'd just be yes women and we'd organise ourselves relatively quickly where we could do our presentations on the fly.*

Thoughts and concluding remarks

- Persistent challenges remain in developing research capacity within the social care sector.

- Careful consideration of the intervention, implementation processes, and the recruitment of appropriately qualified and experienced individuals may help mitigate challenges.

- Many of the barriers related to the inner setting, especially the factors related to the local authority.

Thoughts and concluding remarks

- The model is focused on change within practice organisations and the evaluation reflects that.

- Importance of bi-directional RiR roles.

- Importance of considering researchers 'closeness' to research.

- Further work on outcomes.

Thank you for listening

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