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Research and training fellowships as a mechanism for building research capacity in social care: An evaluation of the fellowship component of a capacity-building programme in England

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Abstract

Research capacity building in social care has received increased attention and dedicated funding in recent years, yet opportunities for practitioners to engage with research or apply evidence-based practice remain limited. This article evaluates one mechanism for developing capacity through a research-practice partnership: funding and supporting social care staff to undertake practitioner-research fellowships. This qualitative study incorporated interviews with fellows, applicants, mentors, line

managers, and experts by experience; focus groups with academic supervisors and pro-gramme leads; and reviews of progress reports. Using thematic analysis, it identified three themes: challenges in applying for and undertaking fellowships, and partnership support that helped address them; the impacts of fellowships on social care practitioners and organizations; and lessons learned at individual, team and system levels, including the importance of engaging middle managers, creating a supportive academic environment, and widening access across a diverse social care workforce. Although research capacity building in social care remains in its infancy, fellowships provide valuable opportunities to nurture practitioner-researchers and foster a research culture. They enable two-way learning between practice and academia, bridging the research–practice gap. However, questions remain around sustainability, inclusivity, and long-term pathways for practitioner-researchers, highlighting the need for continued investment, infrastructure, and flexible models of support.

Keywords: fellowship; practitioner research; professional development; research capacity building; social care; social work.

Introduction

Building research capacity among health and social care staff is funda-mental to advancing evidence-based care practice (Cooke et al. 2018). However, in the UK, research capacity building in social care has only re-cently gained attention and dedicated funding, significantly later than comparable initiatives in the healthcare sector (Peckham et al. 2023, Gray et al. 2024). Social work and social care practitioners often have limited involvement in research or the application of evidence-based practice (Ashworth and Burke 2023). For example, a survey conducted by Wakefield et al. (2022) with a range of social work and care staff found that only 10 percent reported involvement in research, alongside low lev-els of confidence and knowledge across key research skills, with identified barriers including uncertainty about where or how to begin, limited time and capacity, and lack of clarity about the impact of research on practice.

Recognizing the need to build research capacity and foster a research culture in social care, the National Institute for Health and Care Research (NIHR) funded six social care capacity building partnerships across England in 2021 (Kendrick et al. 2025). The Kent Research Partnership (KRP) was one of these initiatives. It brought together regional and na-tional stakeholders, including representatives from local authorities, social care providers, sector support organizations, universities and experts by experience. The partnership aimed to improve care quality by investing in and valuing the social care workforce and promoting a positive research culture and evidence-based practice. Following the six research capacity
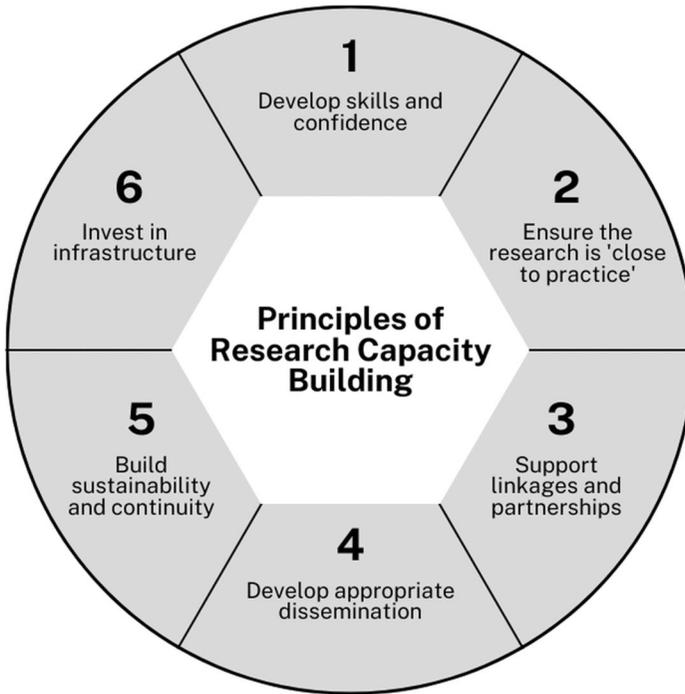
Figure 1. Six principles of Cooke (2005)'s research capacity building framework.

building principles outlined by Cooke (2005) (Fig. 1), the partnership applied multiple mechanisms to build research capacity in adult social care in Kent, including communities of practice, researchers in residence, research and training fellowships, access to research, and a lived experience working group (Hashem et al. 2024; Abrahamson et al. 2025; Keemink et al. 2025; Smith et al. 2026).

This article focuses on one of these key mechanisms: funding and supporting social care staff to undertake research and/or training fellowships. This aligns with Cooke's first two principles of research capacity building: (1) Developing appropriate skills and confidence, through training and creating opportunities to apply skills and (2) Supporting research 'close to practice' (Cooke 2005). Fellowships were designed to help social care practitioners develop research skills and experience through tailored support and the opportunity to carry out a small-scale research project on a priority topic for adult social care (Hashem et al. 2024). They also aimed to nurture a new generation of practitioner-researchers within the social care sector.

Practitioner-led research is essential to the development and improvement of the care sector and supporting workforce development

([Young 2004](); [Boaz et al. 2024]()). Practitioner researchers play a key role in translating abstract concepts into rights-related, person-centred outcomes, ultimately contributing to evidence- and knowledge- informed practice (James et al. [2023]()). Research fellowships are an established pathway in healthcare for individuals to combine practice-relevant research with personal and career development ([Ried et al. 2007](); [Akudjedu et al. 2025]()). These fellowships have been shown to support evidence implementation within organizations and help develop future research leaders across healthcare professions ([Lizarondo et al. 2021](); [Akudjedu et al. 2025]()). Although practitioner research in social work and social care has long struggled to emerge from a state of near 'invisibility' ([Hardwick and Worsley 2011]()), the fellowship model is now beginning to gain traction within the social care sector, particularly through initiatives such as the six aforementioned NIHR Social Care Capacity Building Partnerships, the NIHR Academy, national capacity building opportunities supported by the NIHR Applied Research Collaborations, and NIHR School for Social Care Research (SSCR) Career Development Awards ([NIHR 2024](); [NIHR SSCR 2025]()).

This study evaluates the KRP fellowship programme, assessing its impact on building research capacity at individual, team, organizational and sector levels within adult social care. It also seeks to identify lessons for designing, organizing and supporting fellowship-style awards and practitioner-researchers as a mechanism for developing the workforce and fostering research culture in the social care sector.

Methods

Research and training fellowships

As part of the KRP, research and training fellowships were advertised to social care practitioners and managers across adult social care sector in Kent, including local authority employees and the wider sector (e.g. care providers, voluntary, community and social enterprise [VCSE] organizations). Opportunities were promoted through multiple channels: the local authority's internal communications; newsletters to registered care managers; online webinars hosted by the Partnership; regional organizations supporting care providers; and networking events such as the Annual Registered Care Managers Conference.

Applicants were invited to join one or both Communities of Practice established by the partnership, focusing on two themes identified through sector consultations: (1) enhancing, diversifying and sustaining the social care workforce, and (2) supporting people with complex needs. Proposals needed to align with these themes. Applications were assessed on relevance, potential benefit to the social care sector, feasibility, originality,

research capacity building, public involvement, value for money, and accessibility of the language. Each application was independently reviewed by three reviewers (one academic, one practitioner/manager, and one public contributor) before being presented to a funding panel comprising academics, practitioners/managers and public members for final decisions.

Four research and/or training fellowships were awarded through two rounds of funding. The partnership provided pre-submission guidance and nine practitioners were supported some way through the development process. The first round selected two fellows from three submissions; the second chose three from four, though one withdrew before starting. Fellowships were awarded approximately £90,000, £80,000, £30,000, and £15,000, respectively.

Three of the fellowships involved both primary research projects and research training, while one focused exclusively on training. The three project research topics were: factors affecting burnout in social workers, barriers and enablers influencing employment for people with multiple sclerosis, and ways to better support neurodivergent social workers. The fellows were all women, three white and one of mixed ethnicity. They came from diverse professional backgrounds, including two social workers, one Chief Executive Officer of a user-led disability organization, and one care worker from a domiciliary care agency. The duration of the fellowships ranged from fifteen to twenty-five months, with one fellow undertaking the programme full-time and three part-time while remaining in practice posts.

Evaluation

This evaluation is a multi-method qualitative study, incorporating interviews, focus groups and document analysis. As shown in Table 1, we conducted ten in-depth interviews with award holders, applicants, mentors, line managers and people with lived experience of social care services who also advised on fellowships and/or reviewed applications, as well as focus groups with academic supervisors of KRP-funded fellows and experts (from academia or social work professional organizations) leading similar capacity-building fellowship programmes across England. We also reviewed interim and final progress reports from award holders as part of the document analysis, to complement their interview data.

We adopted a multi-method qualitative design to capture a comprehensive and nuanced understanding of the KRP fellowship programme. Using several qualitative methods allowed us to explore the programme from multiple perspectives and to synthesize evidence across data sources. Individual interviews with award holders, applicants, mentors, line managers, and people with lived experience enabled us to examine personal experiences, expectations, and perceived impacts in depth. The focus

Table 1. Participants characteristics.

Source	Group	Number	Role
Interviews	Practitioner-research fellows	4	Social worker ($n=2$) Care worker ($n=1$) Chief Executive Officer of a user-led disability organization ($n=1$)
	Fellowship applicants	2	Occupational Therapist manager ($n=1$) Director & Registered Manager of a care organization providing both residential care homes and supported living ($n=1$)
	Practice mentor/line manager of fellows	2	Social work practice development manager ($n=1$) Domiciliary care agency manager ($n=1$)
	Experts by experience	2	Family carer ($n=2$)[a]
Focus group	Academic supervisors of fellows	4	Academics ($n=4$)
Focus group	Experts who fund, oversee and support practitioner research fellowship schemes	6	Academic leads overseeing different fellowship schemes, based at different Universities in England ($n=5$) Social work professional organization representative ($n=1$)

[a]Both are family carers; one is also a care home manager.

group with academic supervisors provided an opportunity for collective reflection, building on each other's insights in a way that interviews cannot facilitate. Document analysis of progress reports complemented interview data by providing information on fellows' activities, challenges and development over time. Reviewing these documents enabled us to capture the breadth and diversity of research activities, in a way that interviewees may not have been able to spontaneously recall in the interviews, which helped contextualize interview data. Additionally, engaging experts from other capacity-building fellowship programmes through a focus group allowed us to situate our emerging findings within the broader national landscape, sense-check the evaluation, and helped us understand how the KRP programme aligns with, or differs from, wider capacity-building initiatives across England. Taken together, this approach strengthened the depth, credibility, and contextual relevance of the evaluation.

Interviews and focus groups were conducted from January to May 2025. At the time of the interview, all Fellows were in the final six months of their fellowships but had not yet completed them. Interviews lasted between thirty and seventy minutes, and were conducted either in-person or online, based on participants' preferences. Focus groups were held online via Microsoft Teams and lasted less than ninety minutes.

This study was granted ethical approval from the University of Kent on 10 October 2022 (Reference number 0708). All participants provided informed consent prior to taking part in interviews and focus groups. To

ensure confidentiality—particularly given the small scale of the programme and the public availability of information about the associated awards—interviewees were given the opportunity to review their transcripts and withdraw any sections. Academic supervisors were also offered the chance to review quotes attributed to them before inclusion in this manuscript (and nothing was retracted). All data have been anonymized, with names and organizations replaced by participant codes.

Interview and focus group recordings were transcribed and analysed using reflexive thematic analysis (Braun and Clarke 2019). This approach was chosen primarily because the author was involved in both the evaluation and the running of the partnership (i.e. held 'insider' status). It was, therefore, important to adopt an interpretive and iterative approach that acknowledged researcher subjectivity and identity as productive, rather than treating them as biases to be avoided. Using NVivo 14, W.Z. inductively coded five of the ten interview transcripts, developing an initial coding structure, which continued to evolve throughout the analysis. A.M.T. reviewed the draft structure, and W.Z. and A.M.T. refined it through ongoing reflexive discussion, with W.Z. then coding the remaining interviews. Further team discussions supported collaborative interpretation and incorporated analysis of focus group and documentary data. Key findings from the interviews were presented to the expert focus group prior to their session, to inform and guide the discussion.

In addition to interviewing two family carers who supported fellows and/or were involved in the fellowship selection panels, two people with lived experience of social care services reviewed early drafts of this manuscript. This was to ensure that our arguments resonated with people with lived experience and were presented in an accessible manner. Involving people with lived experience is a core principle of the partnership, ensuring that research priorities, processes, and outputs remain relevant and accessible to those who draw on social care [to read more about our involvement approach, see Mikelyte et al. (Under Review)].

Findings

The following sections present findings under three themes: challenges and support social care practitioners and practitioner-researchers had in applying for and undertaking research and training fellowships; key impacts of the fellowships on research capacity building in social care, as well as on practice and policy; and suggestions for strengthening research opportunities for social care practitioners through fellowship-style awards.

Undertaking and applying for fellowships: challenges and support

This evaluation identified practical, emotional and system level challenges faced by social care practitioners in applying for and undertaking fellowships, as well as the importance of different types of support that applicants and fellows benefitted from.

Navigating the application process

Several challenges were identified by fellows and applicants in understanding and navigating the fellowship application process, particularly as most of them were new to research. For example, despite efforts to streamline and simplify the application forms for social care practitioners, some fellows and applicants found the application forms complex, the academic language inaccessible, and designing a training plan difficult.

> *The biggest challenge for me was actually completing the application… I can get the concept and I knew what I wanted to do… but actually having to break it down into components of sort of how long this might take or what reason, what literature research should be done around this to support that hypothesis… how you would use the hours that were available within the fellowship, and the finance that was available and how you break that up and actually use all of that was quite complicated and quite an alien thing for me.* Applicant 01, interview

Support for practitioners new to research and academic work was considered crucial from the pre-application stage onward. Fellows and applicants found the tailored support they received during the application process, especially from the researchers in residence [RiRs, three academic research fellows with practice experience and one local authority-based Research Practitioner (Smith et al. 2026)] and their academic supervisors, played a crucial role in addressing these barriers.

> *[RiR names] were my first links into [partnership name]… meeting them and talking to them one-to-one has been really useful during the application process… they have given me lots of ideas, lots of feedback, and lots of encouragement. I think that encouragement really helped… they were kind of willing me on and on my side, which was very useful because without that, I probably would have gone, 'No, I haven't got time for this'.* Fellow 03, interview

Experts from other fellowship programmes also emphasized the importance of this kind of early and sustained support.

> *helping them pre-application, explaining what the expectation was, and then also I kind of gave them a bit of support with the application itself… encourage those without that research experience to actually apply.* Expert 02, focus group

Managing practical and emotional challenges

Time constraints and competing priorities also emerged as significant challenges, particularly for part-time fellows and applicants who were balancing the fellowship alongside existing professional and personal responsibilities.

> *Initially I found it challenging to adjust to this new role and to manage my time between tasks appropriately. Another issue we have found is when we have high volumes of staff sickness or holiday, the clients take priority, so fellowship tasks may be delayed or postponed.* Fellow 04, interim report

To address this, fellows were supported in setting boundaries around their time commitments. In some cases, members of the supervision/support team facilitated difficult conversations with line managers or other stakeholders to ensure fellows used their protected fellowship time, as planned.

> *My managers thought I would still be available on [fellowship days]... I had those conversations with my supervisor and she said, you really need to have a boundary, otherwise this will never work... I made a meeting with my manager and I said this is the boundaries - I'm not available on [fellowship days] and if there's any work that needs doing, that needs to be done by somebody else.* Fellow 02, interview

Fellows also experienced emotional challenges. For many practitioner-researchers, their research passion and commitment were often deeply rooted in personal and professional experiences, which strongly influenced their choice of research topics. While this connection was a source of motivation, it also contributed to emotional strain, as conducting research closely tied to personal experience can be particularly demanding.

> *Fellows have chosen something that's quite close to our own experiences... I had to talk to [supervisor's name], 'Is this me seeing this because it's what I've experienced as a practitioner, or is it actually there?' so there was that kind of worry that my own experiences were colouring not only how I was coping with the interviews, but how I was actually analysing the data.* Fellow 01, interview

Negotiating system level challenges

Despite partnership working between social care organizations and the University, some fellows felt unsupported by their employers. Research culture is still developing in social care and middle-managers (those line managing the award holders) sometimes appeared disengaged. Lack of institutional backing also created barriers to participation and progression.

> *I find it sad at the times we're in now where training and research is not seen as that path... I would love for practitioners to see it as their right, and*

> *our responsibility as an authority to make sure they get it and it's protected.*
> Practice mentor/manager 01, interview

A shared challenge identified by our fellows and their supervisors was research infrastructure, particularly lengthy and complex ethical approval processes. Substantial time was required from both academic supervisors and fellows to navigate these processes, reflecting the limited infrastructure and lack of organizational understanding.

> *[Fellow name] was also very unlucky in university ethics to get the most pedantic review I've had… That's the point the supporter can step in and say, we have experience to know how to respond to these comments to the confidence to say no back to someone and say I think you're wrong here.*
> Supervisor 03, focus group

Challenges with ethics applications and governance approvals from local authorities for practitioner-led projects were not specific to the KRP partnership. Experts from other capacity-building programmes noted similar challenges:

> *For our practitioner researchers, three of them needed HRA [Health Research Authority] ethics for the small Masters-level research projects… Local authorities tended not to trust the HRA and university approvals so… started asking questions and demanding changes that would have meant going back to the other ethics approvals to ask for amendments.* Expert 04, focus group

The impact of fellowships on individuals and organizations

This evaluation identified a range of individual, team, and sector-wide benefits of the research fellowships for social care practitioners.

Impact on professional roles and practice

Notably, fellows reported enhanced confidence and credibility in their professional roles, both within their organizations and in wider stakeholder interactions.

> *For my own development, to make me more credible in my field… I think it will give me much more credibility once it's complete, if I can get it published.* Fellow 03, interview

> *I've learnt what I am capable of and what I could push towards. It's opened doors for me that I didn't think I could do, and I think it shows a lot about my potential… My confidence has increased so much because of the fellowship.* Fellow 02, interview

This was also observed by applicants and echoed by people with lived experience, who similarly experienced a strengthened sense of legitimacy and engagement within the research process.

> *It really does give so much credibility and impact, not only for your own organisation but for the wider social care… It's that kind of power… rather than just kind of kicking words around, you can actually say to somebody the research shows.* Applicant 02, interview

> *It's given me the sense that I do know what 90% of the time what I'm talking about… especially [fellow name]'s research was a care management one, I felt important to be able to share the view of people working with those care managers.* Expert by experience 02, interview

Another achievement was the tangible impact that practitioner-researchers can make on both practice and policy within a relatively short timeframe. Several fellows were able to contribute directly to service and management improvements, with their research informing changes at local and organizational levels.

> *I think [this fellowship]'s had an impact on others as well, particularly in my teams, because I was able to give presentations and talk about [the programme] and also the research that I was doing and neurodiversity and create that awareness.* Fellow 02, interview

Their involvement often led to increased recognition, resulting in greater access to resources, invitations to contribute to discussions with local authorities, policymakers, and cross-departmental teams, thereby amplifying their influence and extending the reach of their work. Some benefits were already evident at an organizational level, for example, one fellow's research project was featured and praised in the Care Quality Commission (CQC) report for the partner local authority (CQC 2025).

> *Use research skills in the workplace to support social care practice. Over the past few months we have been doing this more and more so I feel this has been achieved and will continue to grow with time.* Fellow 04, interim report

> *Nationally, a white paper has just been released… about connect to employment about their push to get people with disabilities long term health conditions and mental health issues into employment… I have been in touch with the [names] Councils. And I am hoping that I will be able to join their steering group to talk about it… that feels like an opportunity I might not have had before.* Fellow 03, interview

Finally, the fellowships played a role in driving culture change in social care. Participants became vocal advocates for the value of evidence-informed practice, workforce development, and professional training. Their contributions underscored the importance of embedding research into the fabric of social care, linking this to wider efforts around professionalizing the sector.

> *As part of the prep for the fellowship, we were facing really challenging times with recruitment… So we started to look at a lot of that data as an organisation… it's made us look recruitment probably in a more scientific way, which… we were doing probably anecdotally previously, now part of my board reports every month… Research is really important… for all of the reasons we've talked about: professionalising, recognising social care as a profession and the complexities of the people we support, the complexities of the staffing requirements and the training needs.* Applicant 02, interview

Learning research skills

Unsurprisingly, participants reported significant improvements in their research literacy and methodological understanding. Access to formal training, supervision, and peer learning environments strengthened their competencies in research design, data analysis, and ethical governance. It is worth noting the predominantly qualitative focus of the research and training undertook by our four fellows; yet, one attended quantitative research training and others expressed interest in further developing in quantitative analysis in the future.

> *I think the confidence [Fellow name] had in that knowledge, when we had a meeting with the commissioners, was really good… it was obviously the most important bit they were interested in… wasn't a specific person or an outcome for a specific person, it's more about the data.* Practice mentor/manager 02, interview

Knowledge mobilization activities (e.g. presenting at conferences and events) not only developed their dissemination and communication skills but also expanded their professional networks. These platforms facilitated cross-sector collaboration and encouraged ongoing involvement in research beyond the fellowship period.

> *I did present at conferences, these were still national conferences like the British Association of Social Workers… presenting to people that are of like huge calibre, within my world, within social work.* Fellow 01, interview

Widening career horizons and aspirations

Career development was another important outcome. The fellowship experience broadened career horizons for practitioners and, on occasion, their managers and practice mentors, equipping them with transferrable research skills that opened new pathways within and beyond social care. Fellows also became visible role models within their organizations, inspiring colleagues and advocating for greater research engagement across the sector.

What this has given me is like practitioner-led research, that is my edge, that is what I want to do … I've had two years pure research, now I'm going to go back to practice, but hopefully keep that academic side of it through qualifying as a practice educator. Fellow 01, interview

I wouldn't want to leave practice … That's not to say that a PhD or DLAF [Doctorate Local Authority Fellowship] takes you away from practice. I think it could only motivate and encourage you within your role. Fellow 02, interview

[being a mentor] has made me feel confident in thinking about what my role is and thinking how it fits to research and thinking broader than the local authority. Practice mentor/manager 01, interview

All award holders from this programme had returned to social care practice, with plans to champion and contribute to social care research in different roles/capacities. They recognized the unique value they bring as practitioner-researchers, distinguishing this from transitioning fully into academic roles. Some also realized that leading research is not for them, but remain committed to contributing to social care research through advisory roles.

[Fellow name] does not see herself as changing careers … One thing she's learnt is that she doesn't want to be a researcher … 'It's just not for me, in terms of being a dedicated researcher, but … think about how my knowledge, experience, and also my links to research … fit into what [I] do…. perhaps taking on [a research] advisory role?' And I know she has. Supervisor 03, focus group

We had many meetings with [fellow name] about her leaving, at least temporarily … practice … But what happened over that time is that she kind of grew in, 'oh, I understand that my USP [Unique Selling Point] is being a practitioner-researcher' Supervisor 01, focus group

Strengthening research opportunities for social care practitioners

This evaluation identified pertinent learning points for future fellowship schemes including the importance of support from senior and middle management, being embedded into an academic environment and suggestions for drawing in the wider social care sector outside of local authorities.

Buy-in from senior and middle managers

The interview and focus group data emphasized that support from senior leaders, managers and peers was necessary but not sufficient for developing a research culture in social care. For practitioners to realistically access and participate in research opportunities, middle managers were key.

This group play a pivotal role in managing team time and resources, and their encouragement (or lack of) can be a deciding factor for potential applicants.

> *My advice would be to make sure you have the buy-in from all your colleagues and make sure that they really understand the importance of being able to put the time to it that you need.* Fellow 03, interview

> *For the future, letting local authorities know what the weight of the research is on that person… even just a one-off meeting with the manager at the beginning to recognise how that would be managed… it makes it personal to everyone rather than feeling the project is something separate.* Practice mentor/manager 01, interview

This was strongly echoed by experts who led other capacity building initiatives in England:

> *It's getting that buy-in right down the whole thread really, isn't it, down to line managers… buy-in across the board.* Expert 02, focus group

> *Their line managers were asked to sort of endorse and support their application, to be involved, which they did, but that didn't follow through, not only from the line management but also from their teams. There was a total lack of interest in what they were doing.* Expert 04, focus group

Collaboration with local authority Practice Development teams for social workers and occupational therapists was also highlighted as potential good routes to strengthen the integration of research into practice. These teams can help embed research thinking and processes more organically within organizations.

> *The work another [practitioner-]researcher's doing because of their knowledge of who's in the practice development team, they've been able to link up and done some work… if we knew more formally in a more structured way, what else was going on… that'd be really beneficial.* Practice mentor/manager 01, interview

Academic co-location: a conducive environment

Proximity to academic environments was viewed as supporting research engagement by many award holders' and programme leads. Access to university spaces, co-location opportunities, and informal networking with academics and other practitioner-researchers creates a sense of shared learning and reduces barriers between sectors. This, in turn, builds confidence and normalizes research activity within practice settings.

> *it's also been really helpful not only just to be part of [name] Partnership, but to be within a department like [name], to see what everyone else is doing and see how their things work and go to lunchtime seminars or away days*

… Just to be within an academic environment, I found really valuable, to really broaden my research horizons. Fellow 01, interview

they're going on the research methods module coming up at the uni, gave them a protected time that there was no negotiation, it didn't get eaten into… It's great to also develop that peer group with the other awardees. There's a group that they could share their experience and gain that support. Expert 02, focus group

These co-location and supervision arrangements are mutually beneficial—not only for the fellowship awardees, but also for their academic supervisors and colleagues, offering academics valuable insights into the broader social care landscape and practitioners' perspectives.

reinforcing the importance of undertaking research on underprivileged, marginalised people… I learned a lot from [Fellow name] in terms of knowledge. Supervisor 02, focus group

Promoting opportunities for the wider sector

A broader and more inclusive approach to advertising research opportunities is also essential. As mentioned by some participants, current advertisement of social care capacity building programmes often misses parts of the sector, such as care providers and VCSE organizations. Targeted outreach can help ensure that opportunities are accessible across different roles, settings, and communities.

we've really seen a shift there in the last 3-4 years… now we allocate a certain number of those fellowships for social care practitioners. And really struggled to reach out to the voluntary sector and domiciliary care. I think there are areas where the reach needs to still go. Expert 04, focus group

Clear, supportive guidance on the application process is another suggestion made by many interviewees and focus group participants. Examples of successful applications, interactive workshops, and peer support groups would all help reduce uncertainty and build confidence among those unfamiliar with research funding or fellowships.

A little bit more hand holding and guidance at the initial outset might be helpful. Applicant 01, interview

It would have been helpful to have a workshop with other people, with peers to actually go through it together… to understand some of the vocabulary and what means something is social care might mean something different in research. Applicant 02, interview

Experts leading similar capacity building programmes also highlighted the value of practical and accessible learning resources, such as recorded talks, short guides, or 'hints and tips' for getting started in research, which can help research feel more approachable.

We need to find a way as a research community, and funding bodies as well… to find a way of demystifying a little bit and decluttering it in terms of language, but also ease people in so they haven't got to expect to change the world in a two-year research project, but they can make important contributions. Expert 01, focus group

it would be really great if you had like an online learning that could consolidate the kind of hints and tips that we've been discussing today. Expert 05, focus group

In addition, formal information and offers around practice mentorship are important for helping practitioners, as well as their managers and organizations, navigate the research journey with consistent support.

What would have helped me is if there's more clarity about the mentor role… maybe having a pack for mentors about this is what you can do, this is what could happen? … what the university does sometimes is… for guest lectures and things like that, it comes out as formal offers… then it keeps that communication going and they keep feeding into other meetings. Practice mentor/manager 01, interview

Taking these lessons into account, we have identified recommendations for designing, organizing and supporting fellowship-style awards as a mechanism for workforce development and building a research culture in the social care sector (see Fig. 2).

Discussion

Although dedicated funding and support for research capacity building in social care has emerged much later than in the healthcare sector, there is now clear and growing recognition of the need to invest in initiatives such as fellowship awards and research development programmes specifically targeting social care staff and researchers in the UK (Breckenridge 2024; NIHR 2024; Health and Care Research Wales 2025; NIHR SSCR 2025). Some social care professions—such as social work and occupational therapy—have begun to require engagement with research and evidence for continued professional registration (Social Work England 2019; Royal College of Occupational Therapists 2022). While this marks a positive step towards fostering a research culture, overall engagement with and use of research evidence in social care practice remains limited (Gray et al. 2024). As Woolham (2025) noted, the 'research-practice gap' identified thirty years ago continues to persist, despite notable improvements in access to research resources, training opportunities and support for developing and applying research in social care.

This study provides insights into the role of fellowship-style awards in building research capacity through practitioner skill development and training, and its application in 'practice-near' research (Cooke 2005).
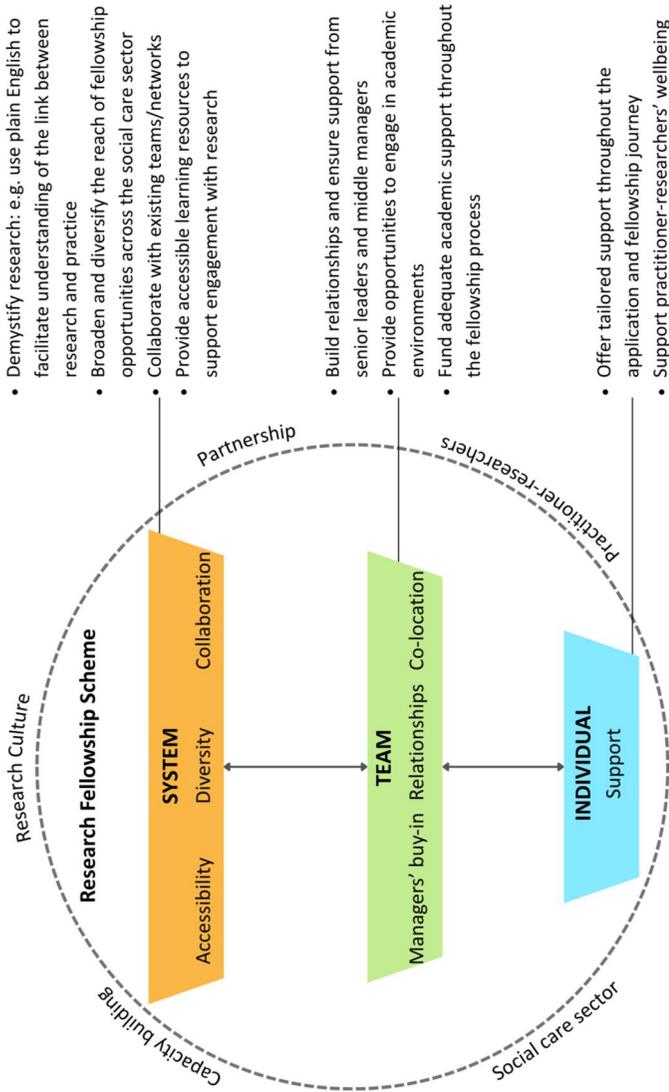
Research Culture

Research Fellowship Scheme

Partnership

Practitioner-researchers

SYSTEM

Accessibility   Diversity   Collaboration

- Demystify research: e.g. use plain English to facilitate understanding of the link between research and practice
- Broaden and diversify the reach of fellowship opportunities across the social care sector
- Collaborate with existing teams/networks
- Provide accessible learning resources to support engagement with research

TEAM

Managers' buy-in   Relationships   Co-location

- Build relationships and ensure support from senior leaders and middle managers
- Provide opportunities to engage in academic environments
- Fund adequate academic support throughout the fellowship process

INDIVIDUAL

Support

- Offer tailored support throughout the application and fellowship journey
- Support practitioner-researchers' wellbeing

Capacity building

Social care sector

Figure 2. Recommendations for social care research fellowship schemes.

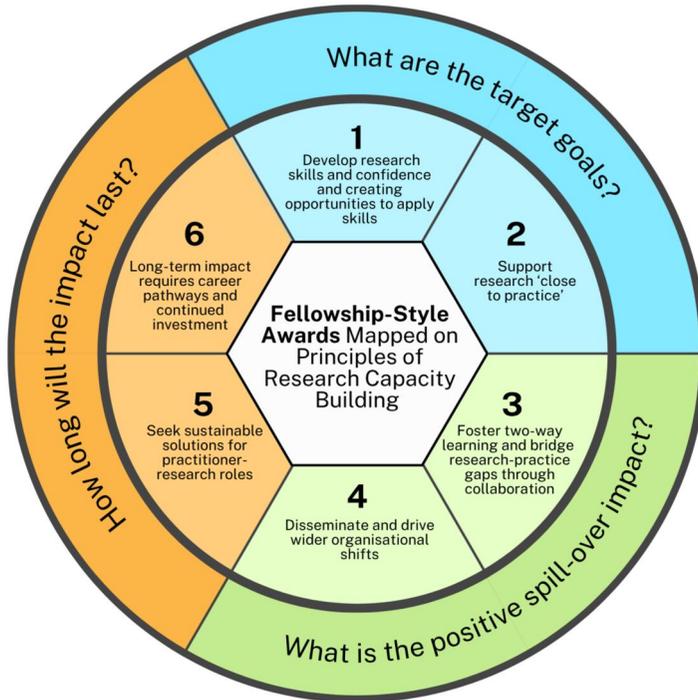**Figure 3.** Fellowship-style awards mapped on principles of Cooke (2005)'s research capacity building framework.

Whilst fellowships are inherently individual awards, the nested nature of the fellowships within a Research-Practice Partnership, and a wider commitment to capacity building in the sector as a whole, meant there was potential for impact at the team, organizational and sector levels.

Practitioner-researchers play a crucial role as champions for evidence-informed practice. This study found that fellowship-style awards offer valuable opportunities to nurture and support the emergence of a new generation of practitioner-researchers and future leaders. As shown in Fig. 3, beyond achieving its stated two principles [1 and 2 in Cooke (2005)'s framework], these fellowships also enable two-way learning between practitioners and academic teams, reinforcing the importance of collaborative models in bridging the gap between research and practice (principle 3). Through this mutual exchange, both groups share insight and expertise, creating a form of 'social learning', where changes in understanding at the individual level gradually influence wider networks and organizational cultures (Reed et al. 2010) (principle 4).

However, our findings also raise important questions about the sustainability of practitioner-research roles (principle 5). What opportunities are available once fellowship programmes end? Can these individuals

continue to develop and apply their research skills while remaining connected to frontline practice? The lack of clear career pathways that integrate practice and research presents a challenge for sustaining workforce development and research capacity. Post-fellowship support requires investment and time, yet many research capacity building initiatives are short-term and project-based. Without stronger infrastructure and long-term pathways (principle 6), there is a risk of losing the momentum gained during fellowship schemes (principle 5). In the longer term, building an evidence-based social care system requires investment in career development pathways that enable practitioners to engage with, contribute to, and even lead research (principles 5 and 6). This would strengthen the integration of research into everyday practice, enhance workforce retention, and support the professionalization of social care roles.

Another critical consideration is inclusivity. In our fellowship cohort, three out of four awardees were registered professionals or in senior roles (two social workers and one in a senior managerial role), while only one care worker was awarded a fellowship, focussed on training. Despite promotional efforts through various networks, including care providers (e.g. registered managers), the expression of interest was very limited outside of local authorities or registered professionals. This pattern reflects a wider trend in research capacity building, which has often centred on registered professionals in local government, with much of the activity concentrated on public health rather than social care, and with limited reach into the broader social care sector (Rainey et al. 2015; Woodall et al. 2025). In line with Jones et al. (2026)'s study involving three neighbouring local authorities in England, our findings underscore the importance of an organization-wide perspective on capacity-building and the need to address the interests and capacities of diverse staff groups. To develop research capacity across the social care sector, it is important to engage a wider range of providers, including VCSE organizations, and to demystify research for them by using accessible language, making clear links between research and practice, clarifying why research and evidence-based practice matter, and highlighting its relevance to their practice experience and needs.

Although this partnership (and fellowship strand) was situated within Adult Social Care, emerging work following this Partnership indicates considerable shared interest in research engagement across both Adult and Children's Social Care. Colleagues in Children's social care across England are increasingly seeking to build research capacity, and we are now developing initiatives that operate across both sectors, recognizing the organizational division between them while also identifying opportunities for cross-learning. Differences in policy and funding structures, for example, Adult social care research typically aligning with the Department of Health and Social Care (DHSC), whereas Children's is influenced by the Department for Education, have historically shaped separate

infrastructures and priorities. However, recent shifts in national funding streams in the UK, including the Research Programme for Social Care (NIHR 2025), which welcomes applications from both children's and adult services, present new opportunities for collaboration and shared development of research capacity. Despite these positive developments, variations in legislation and funding context, organizational and research infrastructure, and data systems between Adult and Children's social care continue to create challenges for integrated capacity-building efforts.

Building inclusivity also means recognizing the diverse educational backgrounds of the workforce. Many social care staff do not hold higher education qualifications, and additional time and resources are often needed from academic supervisors to support these practitioners in developing research skills. Even experienced practitioners require substantial guidance when embarking on research. It also worth noting that not all staff need or wish to become research-practitioners. Building inclusivity into research capacity building should also include an equitable recognition of other ways to be involved in research, for example, as research advisers, sector partners, or practice-based 'linking pins', connecting research and service delivery through partnership approaches such as the living lab model (Verbeek et al. 2020; Everink et al. 2023). This underscores the need for flexible and tailored pathways, including group-based awards and practitioner-researcher cohorts, as seen in initiatives such as Social Care Research in Practice Teams (SCRiPT)'s community of practice model (Woolham et al. 2025).

A recurring concern from social care organizations and managers is how to balance support for practitioner-researchers with the immediate demands of delivering frontline services in a highly pressurized system. Middle and line managers often experience the practical challenges most acutely, as they must accommodate practitioners working part-time in practice or taking short-term leave to undertake fellowships–pressures that can be perceived as disruptive. For fellowships to be sustainable, they require the buy-in and sufficient ring-fenced funding to enable backfill or ensure continuity of staff levels, so that the rest of the team also feel supported. However, persistent challenges in recruitment to part time and/or fixed term roles compound these challenges.

These challenges add to a broader concern that fellowship awards may act as a 'stepping stone' out of practice, rather than a bridge between practice and research. While we cannot claim our fellowship cases are representative, and there are certainly examples where practitioners have moved away from frontline roles after engaging in research, the KRP partnership fellowship cases suggest a more positive pattern. All four fellows returned to frontline roles following their fellowships, motivated by a belief in the unique value they bring as practitioner-researchers. Their experiences highlight the potential of fellowships not as exits from practice, but as mechanisms for embedding research capacity within the workforce.

Even if some fellows were to leave practice, the embedding of research capacity into practice would still occur, making it a worthwhile investment for organizations and managers, who should actively encourage staff to develop. Therefore, supporting practitioner-researcher fellowships is not only about workforce development and research capacity building, but also about retaining and sustaining the sector's future.

Limitations

This evaluation was conducted at the final stage of the KRP partnership-funded fellowships, limiting our ability to assess their longer-term impacts on individuals, organizations, or regions. Nonetheless, there are early indicators of broader influence: two fellows received Silver awards at the Social Work England Social Work of the Year Awards (2024 and 2025) in the new 'practitioner-researcher' category, providing pioneering examples for practitioners nationwide, and one fellow's move to another local authority has already helped raise awareness of practitioner research in the new organization. While these suggest potential long-term benefits, encouraging social care organizations to recognize the value of research training and fellowships remains a key challenge. Evidence of tangible benefits, such as practitioner-research contributing to CQC assessments, may increase the value of these roles to organizations. Further work is needed to identify effective ways of promoting the value of research training with social care organizations, managers and staff.

Implications for service users, families, and the wider public

Our findings suggest that practitioner–researchers are well positioned to generate timely, practice-relevant insights that can lead to tangible improvements in service delivery and organizational decision-making. Because their work is embedded in everyday practice, practitioner-led research is more likely to reflect the nuanced needs and priorities of service users and carers, increasing the relevance and applicability of findings. Several fellowship projects contributed directly to local service and management changes, illustrating the potential for such schemes to improve care pathways, workforce development, and user experience. The involvement of people with lived experience further strengthened the relevance and impact of the research, ensuring that questions and interpretations aligned with real-world concerns. Taken together, these findings suggest that research fellowships can support practitioner-driven innovation with meaningful benefits for service users, families, and the wider public.

Finally, while practitioner-research fellowships are an important first step in building research capacity, our findings highlight that the broader infrastructure in social care remains underdeveloped to fully support practitioner-researchers. Key gaps include financial resources, research and development support structures, ethics and research governance committees which understand and are supportive of social care practitioner-led research, and embedded roles such as research champions, researcher-in-residence and linking pins that can facilitate evidence use and capacity building within organizations (Verbeek et al. 2020; Everink et al. 2023; Ruiz-Burga et al. 2025). Addressing these systemic barriers is essential if research training and fellowships are to deliver lasting impact at sector level. Moreover, the success of the fellowships was closely tied to other principles and mechanisms for building research capacity, such as the partnership's sustainability and infrastructure, highlighting that fellowship-style awards are more difficult to sustain in isolation and work best when embedded within a wider Research-Practice Partnership.

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