



Do Research–Practice Partnerships Offer a Promising Approach to Producing Research that Improves Social Care Practice and Outcomes?

PERSPECTIVE

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ABSTRACT

There are many pressing questions about how to deliver adult social care services. Where research evidence exists to address these questions, there is often limited use by social care commissioners, providers and the workforce. Sometimes this is attributed to the lack of perceived relevance and accessibility of the research itself, at other times it is considered to be a matter of individual and organisational capacity. As things stand, there is a gap between social care research and practice. Improving interaction between different stakeholders in the research process is a contemporary mechanism for promoting the production of research that is useful, usable and used. This paper describes one collaborative approach called research-practice partnerships (RPPs). These partnerships share the goal of benefit for all partners and are supported by a growing international evidence base. This paper summarises some of the key literature from different countries and contexts where the approach has been tried. It highlights the main features of RPPs, introduces a project setting up three new partnerships in the care home sector in England and highlights aspects of the theory of change that will guide the evaluation of the partnerships. In doing so, the paper introduces a promising collaborative approach to a social care audience and considers whether RPPs have the potential to achieve meaningful and impactful research in social care contexts.

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There are many pressing questions about how to provide adult social care that is compassionate, responsive, acceptable, equitable, efficient and cost-effective. Where research evidence addresses these questions, there is often limited use by social care commissioners, providers and the workforce (Ghate & Hood, 2019). Sometimes this is attributed to the lack of perceived relevance and accessibility of the research itself. People in the sector have questioned whether the right research is being conducted and whether research is framed in a way that makes sense for practice. Recently, there have been several pieces of work to establish research questions, including a James Lind Alliance priority-setting exercise for social work (<http://www.jla.nihr.ac.uk/priority-setting-partnerships/adult-social-work/>) and a research prioritization exercise in adult social care based on a scoping review (Cyhlarova & Clark, 2019). However, while identifying relevant research questions is essential, it is equally important that researchers understand the practice context and that all partners understand both research and the requirements of funders. In social care, this reciprocal understanding is often lacking on both sides, leading to communication issues and frustrations (Ghate & Hood, 2019). Where opportunities for practice-led research have emerged to pursue practice-relevant research questions, this research has historically been poorly funded, with unrealistic timescales, resulting in poor-quality research (Knapp et al., 2010).

Furthermore, there has, historically, been an underinvestment in activities to support research evidence use. For example, there has been limited investment in capacity-building for the adult social care workforce to support the use of research evidence, little in terms of support for brokering and intermediaries to promote the use of research evidence, limited funding for research networks and few opportunities for research led by non-academic partners. Exceptions in England include the NIHR-funded ENRICH programme which seeks to build capacity for research engagement in the care home sector (<https://enrich.nihr.ac.uk/>) and the NIHR School for Social Care Research which has a career development award for practitioners. A further challenge for the sector is how different forms of knowledge (e.g., research evidence, practice knowledge or the views of people who draw on social care support) can be brought together to support improvement.

This paper describes one collaborative approach to knowledge production called research-practice partnerships (RPPs). These partnerships are characterised as long-term collaborations between research and practice that engage in research for the benefit of creating improvements within a particular practice area. They intentionally shift power dynamics so that all partners have a say in joint work and diverse forms of expertise are harnessed in collective learning (Farrell et al., 2021; Penuel, Furtak & Farrell, 2021). RPPs have been developed

within the US education sector as a formalised approach with a clear set of aims, measures for effectiveness and theoretical and conceptual underpinning. We, therefore, draw heavily on this scholarship in setting out the core assumptions and principles that make up RPPs, whilst also using examples from a range of international (the United States, Australia, New Zealand and Scandinavia) and sectoral contexts (social work, education and health) to illustrate the overarching concept, points of variation and contrast to other forms of research/practice collaborations, such as community-based participatory research. We will then introduce a new project setting up three new partnerships in the care home sector in England and highlight aspects of the theory of change (ToC) that will guide our evaluation of the partnerships. In doing so we hope to make the case for a promising approach to building research capacity and promoting research use in social care in the UK and to begin to consider whether RPPs have the potential to achieve meaningful and impactful knowledge production.

WHAT ARE THE CORE PRINCIPLES UNDERPINNING RPPS?

Key to the success of RPPs is the development of long-term collaborations characterised by strong relationships and trust (Cooper, MacGregor & Shewchuk, 2021; Henrick et al., 2017). A collaboration between Rice University and the Houston Independent School District called the Houston Education Research Consortium found that their success was attributed to relationships that developed over time in which all partner organisations trusted each other, were invested in the mission of the partnership and were open and willing to learn from each other (López Turley & Stevens, 2015). The long-term nature of collaborations is considered a central tenet, with some arguing that only partnerships with multiple and successive research projects developed over time can call themselves an RPP (Farrell et al., 2021).

An initial barrier to building trust and relationships can often be traditional power dynamics that afford researchers with the power to define what is a legitimate area for research and what is considered a research problem. RPPs should intentionally shift power so that practice partners have a central role to play in negotiating research agendas grounded in the problems of practice. Given the level of power normally associated with academic partners, RPPs should establish norms of interaction that elevate those with less power and do not just give everyone an equal voice (Penuel et al., 2021). Working in Australia, Joubert and Hocking (2015) write that ‘academic practice partnerships create a structure of mutual engagement that links the academic context with that of social work practice. They encourage social workers practising in health services to be the “producers” as well

as the consumers and disseminators of knowledge'. In Nelson, London and Strobel (2015), the Youth Data Archive (YDA) at Stanford University collaborated with nine youth-serving organisations in one San Francisco Bay Area community by meeting with agency leaders to discuss their needs and research priorities through participating in existing workgroups. By developing routines of interaction through integration in existing meetings, researchers were not just sharing power, but consciously elevating the position of practitioners. Later, agencies invited YDA researchers into their working group as a partner, not a leader, with responsibility for guiding the process in the hands of the agencies.

Engagement in joint work for the purpose of conducting and using research for the benefit of practice is central to the development of RPPs. Scholars of RPPs in the US education sector have drawn on sociocultural and organisational theories to explain how joint work facilitated through the development of boundary infrastructure can lead to organisational learning and improvements in practice (Farrell et al., 2022; Penuel et al., 2015). Boundary infrastructure is made up through boundary practices, spanners and objects that facilitate joint negotiation of research agendas, interpretation of findings and ability to recognise the value of new information and assimilate into organisational learning. Boundary practices are intentionally designed interaction structures that bring together multiple participants with varying roles, perspectives, experiences and areas of expertise for the purpose of research, that is co-design meetings. Boundary spanning occurs when individuals or several individuals move across boundaries to facilitate connections between groups, and boundary objects are material or conceptual tools that mediate meaning across organisational boundaries (Farrell et al., 2022). The Nurturing Innovation in Care Home Excellence in Leeds (NICHE-Leeds) partnership between academia and care organisations, structured and designed their boundary practices through four reflective cycles to ensure that all partners had input into the research focus, design and methods, reporting of results and translation for practice. Research findings were then used to develop clear and simple information on how to provide effective mouth care to residents, as well as arranging staff training (Griffiths et al., 2021). In Thompson et al.'s (2019) study of networked professional learning communities, boundary spanners had an important role in reducing variation, translating knowledge and levelling the playing field across schools with different histories of working together. Whilst in Lander's (2016) study of academic healthcare organisations in Vancouver, Canada, patient data acted as a boundary object between science and care enabling care staff new to research to better understand and use research. Each element of boundary infrastructure therefore works to translate knowledge across boundaries and promote learning.

Central to the development of RPPs is the building of individual, partnership and organisational capacity for conducting partnership work. Individual capacity relates to professional identities that value collaborative research for the benefit of practice and skills and knowledge that enable them to participate in research and/or co-production (Henrick et al., 2017). For example, for practitioners, research skills must be superimposed onto existing practice skills for them to develop the layered identity of the 'research focussed practitioners' (Joubert & Hocking, 2015: p. 352). Academics must redefine their professional identities from those governed by a need to achieve status through published research outputs that make a contribution to academic literature and theory, to ones that see their professional objectives as creating benefit for practice organisations (Nelson, London & Strobel, 2015). Partnership capacity relates to members demonstrating identification and commitment to the partnership, establishing mechanisms to evaluate and monitor the partnership's health and development of boundary infrastructure. Capacity for practice organisations to use research involves developing roles or putting resource priorities in place that support partnership work and research-based decision-making (Henrick et al., 2017). For example, in a partnership between Helsinki, Finland Department of Social Services and two research institutes, it was senior management and funding support that enabled research social workers to be given released time or retained part-time whilst conducting research (Austin & Isokuortti, 2016).

HOW DO RPPS VARY AND HOW DO THEY COMPARE TO OTHER TYPES OF RESEARCH/PRACTICE COLLABORATIONS?

RPPs can vary considerably along several dimensions. Early work on US educational RPPs developed a typology of three types: research alliances (partnerships between a district and an independent research organisation focussed on district-related issues), design research partnerships (build and study solutions at the same time in real-world contexts normally focussed within a single district) and Networked Improvement Communities (networks of districts engaging researchers and practitioners in rapid cycles of design and redesign for problems that are common to many different communities) (Coburn, Penuel & Geil, 2013). This original typology was expanded by Farrell et al. (2021) to a broader definition that sought to identify RPPs by their structure (who is at the table) and substance (goals and strategies). This aimed to account for the variety of US education RPPs and those partnering with the community or state education agencies. Social work and health partnerships provide different organisational and sectoral contexts,

but similarly to the education sector, there has been variation in the type and level of organisations partnering. For example, a single organisation partnership between the University of Melbourne and Peter Mac Cancer Centre (Joubert & Hocking, 2015) can be compared with The Child and Adolescent Services Research Center (CASRC) partnering with community service systems at the local, state and national level (Palinkas et al., 2016).

RPPs vary in the types of roles taken on by academic and practice partners and their goals with Sjölund et al. (2022) identifying three different partnership types, each with internal variation. Inquiry partnerships involve researchers and practitioners working together on an investigation with the aim of extending knowledge on a problem of practice. Design partnerships aim to design a solution to a problem of practice, whilst dissemination partnerships focus on sharing knowledge and expertise to facilitate improvement. Within each type, researchers and practitioners vary on what roles they take on. For example, within inquiry partnerships, researchers can act as expert inquirers with practitioners as inquiry translators, or by contrast, researchers can facilitate the inquiry with practitioners taking on a central role in conducting the research. Palinkas et al. (2016) stress that successful partnerships in child welfare and child mental health do not always involve the training of practitioners in collecting and analysing data. Important, however, is the level and consistency of joint work at other stages of the research process.

Given this level of variation, what is different about RPPs compared to other research and practice collaborations? There is considerable overlap between this approach and other approaches such as community-based participatory research in that they are both underpinned by principles of co-learning, long-term commitment, research collaboration between community partners and academics, whilst paying attention to power (Wallerstein & Duran, 2006). The main distinguishing feature of RPPs is the aim to draw on a wide range of expertise and knowledge in joint work that facilitates organisational learning at the boundaries between research and practice. The infrastructure developed during this process contributes to long-term sustainability in which RPPs act as their own entity or 'third space' (Martin et al., 2011: p. 299) operating at overlapping organisational boundaries (Farrell et al., 2022; Penuel, Furtak & Farrell, 2021). The NIHR-funded Applied Research Collaborations (ARCs) are the dominant mode for research partnerships between academics and health and social care partners in England, operating on a regional basis. We see the ARCs as providing broader infrastructure for often smaller partnerships, such as RPPs, and so see them as distinct but complementary to this form of partnership working.

SETTING UP NEW RPPS IN ENGLAND

With funding from NIHR, we are drawing on learning from the US education approach to set up three new RPPs to work together initially over a period of 3 years. The partnerships, based in Newcastle, Chester and Lancashire in England, will involve a range of partners, including people with lived experience, and will focus on those working in and with care homes for older people. The partnerships aim to produce research that is more useful, usable and used. Research produced by the partnerships will aim to support improvements in practice and achieve better outcomes for residents and their families. The partnerships will provide opportunities for social care staff to develop research skills and for organisations to have some help in making the best use of their own data. They will also help researchers develop a better awareness of social care practice.

To support the establishment of the partnerships, each of the three sites will have the support of a co-design team to build a partnership to meet local needs, project support and training provided by Research in Practice (<https://www.researchinpractice.org.uk/>) throughout the three years, and funding of up to £100,000 available to each partnership over the course of the three years to spend on releasing staff time, research and partnership activities outlined in annual project plans. There will also be opportunities to participate in learning and networking events and to connect with others working to build partnerships in adult social care such as those developing Living Labs in the UK (Griffiths et al., 2021) and the Netherlands (Verbeek et al., 2020). The overall programme is guided by a team consisting of researchers, designers, people with lived experience, care service providers and knowledge brokers.

THE PROMISE OF RPPS WITH THE UK ADULT SOCIAL CARE CONTEXT AND AN EMERGING TOC

We propose that RPPs offer a promising approach to producing research that improves social care practice and outcomes because of their emphasis on joint working, addressing power imbalances, building research capacity at the individual, partnership and organisational level, and providing flexibility in how partnerships are enacted. To guide the evaluation of our new partnerships we have developed a ToC. ToC is a methodology to support the planning and evaluation of initiatives designed to promote social change. Our ToC is guided by Henrick et al. (2017) dimensions of effectiveness, which are considered a comprehensive synthesis of what was known at that moment about RPPs and have been a springboard for

further scholarship on RPPs in the US education sector (Arce-Trigatti & Farrell, 2021):

1. Building trust and cultivating partnership relationships
2. Conducting rigorous research to inform action
3. Supporting the partner practice organisation in achieving its goals
4. Producing knowledge that can inform improvement efforts more broadly
5. Building the capacity of participating researchers, practitioners, practice organisations and research organisations to engage in partnership work (Henrick et al., 2017)

In our ToC, we pay particular attention to four outcomes that are complementary to the dimensions of effectiveness and that RPPs in social care are likely to work towards: (1) individual skills, knowledge and capacity to engage in partnership work; (2) building trust and relationships and redistributing power between partners; (3) partnership capacity to do research and (4) organisational capacity to use research for service and system-level improvement. Below, we will set out why these outcomes are important to achieve within the UK ASC context and how RPPs facilitate their development.

Outcomes 1 and 2 focus on the development of individual and social interactional processes that create the foundation for further partnership work. Building trust and relationships, in particular, is seen as foundational to the development of RPPs to ensure that they are long-term working collaborations characterised by sustained interaction that benefits all partners (Coburn & Penuel, 2016; Coburn, Penuel & Geil, 2013). Given the traditional unequal power dynamic between care home staff and researchers, in which care staff and residents have generally been excluded from the research process (Davies et al., 2014), elevating the power of care home staff is seen as key to this trust-building process. RPP scholars have argued that RPPs must attend to historical imbalances of power relating to social identities, such as race, language, gender, sexual orientation, ability and age that goes beyond simply the dynamic between researcher and participant (Henrick, McGee & Penuel, 2019; Penuel et al., 2021). Ethnic minorities make up 22% of the social care workforce and from a socioeconomic perspective, care workers typically have low levels of educational qualifications (Skills for Care, 2022). Social workers who might develop research skills as part of their undergraduate educations are also a small proportion of the workforce. Social care is well documented as involving poor pay and working conditions, with the Low Pay Commission (2021) identifying social care as the third largest low-paying sector in the UK with approximately 21% of workers paid at or just above the minimum wage. The social care workforce is also heavily

gendered with 82% of adult social care jobs carried out by female workers (Skills for Care, 2022). The attention afforded to shifting power dynamics within RPPs is therefore especially needed within the UK ASC context. The focus on developing individual skills and capacity is also central in the context of low research skills, as is the flexibility afforded within the RPP approach that allows partnerships to tailor the roles that individuals take on to suit their particular situation. At the same time, we propose that developing research capacity within the social care workforce will help to improve the status, job satisfaction and retention of staff.

Outcomes 3 and 4 focus on partnership- and organisational-level capacity. RPPs involve partners working across different cultural, professional and organisational boundaries. As partners engage in joint work across these boundaries, space is created for merging their diverse perspectives, experiences and expertise to create organisational learning (Farrell, Coburn & Chong, 2019; Farrell et al., 2022; Penuel et al., 2015). Although individual capacity is integral to enabling joint work, we argue, following Farrell et al.'s (2022) work in the US education context, that RPPs should develop the capacity to function as their own organisational entity, with boundary infrastructure that allows this joint work across boundaries to be sustained in the face of organisational turnover, conflicts and differing norms. RPPs particularly emphasise the importance of developing learning by drawing on a range of experience and skill, including both research and practice, and not just, for example, developing research capacity in individual social care practitioners (Penuel, Furtak & Farrell, 2021). This is particularly important given the large set of players within the English social care economy (Harrington, Pollok & Sutaria, 2020) and the high rates of staff turnover within the sector (Skills for Care, 2022). The development of boundary infrastructure therefore has the potential to embed research capacity within social care organisations in a more sustainable way. Work towards outcomes 1 and 2 therefore has a 'ripple effect' (Jagosh et al., 2015: p. 3) in that the level of trust, redistribution of power and individual capacity for engaging in partnership research all increase an RPP's ability to build capacity to jointly produce research. This research should then reflect the problems of practice and so can be used for organisational- and system-level learning. However, it is important to acknowledge that producing relevant research is just part of the story, especially within a context of low research capacity among social care providers (Ghate & Hood, 2019). RPPs focus on building organisational research capacity within practice organisations is also integral for research to be used within organisations to inform policies, plans, rules, guidelines, routines, practices, tools and materials, or to create a gradual shift in priorities, awareness and focus that can benefit social care (Farley-Ripple et al., 2018).

This is achieved when RPP work begins to influence the social care partner's organisation culture and routines on research use and expectations of research engagement become part of staff's roles (Henrick et al., 2017).

Assessing how these outcomes change over time will be critical to the evaluation of the partnerships and establishing the extent to which they offer a novel approach to knowledge production for and with practice. We also have more work to do in evaluating how the development of these outcomes will be enabled, impeded or have an influence on the English social care system (Malley et al., 2022). Finally, it will be important to remain attentive to similarities and differences between RPPs and other initiatives designed to promote research use such as participatory approaches used routinely in the Global South (Oliver & Boaz, 2019).


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The authors have no competing interests to declare.

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