

Building Research Capacity in Social Care

Critical Reflections from the NIHR Applied Research Collaboration Programme

A report prepared by NIHR ARC Kent, Surrey and Sussex

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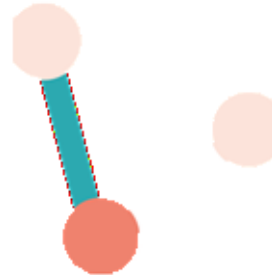
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Key findings



Social care research capacity building programmes can build confidence, skills, and connections to support research activity. A key component is protected time.

Time-limited short-term programmes can generate important early gains, but sustained research activity requires wider structural support. This includes leadership, investment, infrastructure, and pathways for continued engagement.



Mentoring, peer support, and community-building are central to making research feel possible, relevant, and sustainable.

Inclusive and flexible programmes can widen access to research across the social care workforce, especially beyond registered professions.



Social care requires research capacity building that is tailored to its diverse workforce, settings, and pressures.

1 Background and objectives

1.1. Context of this report

In 2023, the National Institute for Health and Care Research (NIHR) funded a two-year Social Care Research Capacity Building (RCB) Programme. This ran from April 2024 to March 2026, and was delivered through 15 regional Applied Research Collaborations (ARCs) in England. The programme was combined regionally led activity within each ARC, supported by national collaborative structures.

The programme aimed to strengthen research capacity across adult and children's social care and reflected growing recognition that social care requires dedicated, sector-specific approaches to develop research skills, capability, and infrastructure. Building research capacity in social care is important for improving how evidence is generated, shared, and used in policy and practice, and for supporting more sustainable, research-engaged cultures across the workforce.

1.2 Overview of the RCB programme: a decentralised, regionally led model

The programme was delivered through a decentralised model, with each ARC designing and delivering activity in response to local priorities, partnerships, and contexts. This approach reflected the diversity of social care systems across England. It allowed ARCs to build on existing relationships, strengths, and areas of need regionally. As a result, the focus of activity varied across regions. Some ARCs focused on adult social care, while others prioritised children and families or social work practice, often within local authority settings. Despite these differences, there were several shared elements across all regions.

First, a key feature of the programme was the creation of roles to strengthen links between research and practice. Commonly referred to as *Researchers in Residence* or *Research Champions*, these roles were held by academic researchers, practitioners, or individuals working across settings. While the exact arrangements varied, the roles shared a common aim to support research-engaged cultures in social care, build relationships and networks, and strengthen local research infrastructure.

Second, the programme also supported individual practitioners and early-career researchers through flexible, part-time awards, designed to fit alongside existing roles. These typically combined applied research activity with training, mentoring, and development support.

Alongside these core components, ARCs delivered a range of additional regional activities to support skills development and engagement with research. These included communities of practice, continuing professional development opportunities, and access to library facilities, online journals and software via Higher Education Institutions (HEIs), and bespoke, tailored learning resources, such as webinars, short courses, recorded sessions, and case studies.

Overarching national collaboration

The ARC in Kent, Surrey and Sussex (KSS) was funded to provide opportunity for national collaboration across the programmes led by each regional ARC. This role focused on supporting shared learning, peer support, and connectivity between regions, alongside regionally delivered activity.

This national offer included induction support for participants, regular opportunities to discuss cross-cutting issues (e.g., practitioner–researcher pathways, mentoring, and research governance and ethics), and networking through themed interest groups. Programme-wide events also brought together participants and stakeholders to support learning, reflection, and shared understanding.

1.3 Purpose of this report

ARC KSS undertook work to capture insights into how the programme was delivered and experienced. The purpose of this report is to summarise key learning and highlight practical insights to inform the future development and delivery of research capacity building programmes in social care. Specifically, the report aims to:

- Describe how the programme was implemented across ARCs;
- Explore participants' experiences and the factors that supported or constrained development; and
- Bring together learning from across the study activities to identify transferable insights.

2 Research design

2.1 Programme mapping

The national collaborative activity was mapped using existing documentation held by NIHR ARC KSS, including induction materials, schedules, attendance records, and meeting notes. Information was extracted on the purpose, format, frequency, content, and intended audience of activities. Regional programme activity and local adaptations were mapped using a standardised data collection template shared across ARCs. This captured high-level information on peer support, mentoring and supervision, communities of practice, training activity, and resource development. Quantitative information was summarised descriptively, while narrative data were reviewed to identify common patterns, with particular attention to flexibility, responsiveness, and participant engagement.

2.2 Semi-structured interviews

The interviews were conducted to explore participants' experiences and the factors that supported or constrained development, and to generate transferable insights and critical reflections to inform future programmes. Everyone in the programme cohort was invited to take part via email. Written informed consent was obtained via an online form. Participants were purposively selected to reflect a range of different roles, ARC regions, and stages of involvement. Interviews were conducted remotely via Microsoft Teams by experienced qualitative researchers (MT, EF, SR), using a semi-structured topic guide. This guide was piloted with a practitioner in a similar role on another capacity building programme. Interview data were analysed thematically using the Framework Method (Gale et al, 2013), supported by NVivo, with analysis conducted iteratively through both deductive and inductive approaches. Data interpretation was informed by Cooke's Research Capacity Building Framework (Cooke, 2005), the Consolidated Framework for Implementation Research (Damschroder et al., 2009), and Kirkpatrick (2006) model of training evaluation, which together supported attention to capacity development, contextual influences on delivery, and reported learning and use of learning in practice.

2.3. Triangulation

Emerging findings were sense-checked and refined through structured discussions with ARC social care RCB programme participants and leads (i.e., those in roles to support participants in the programme). First, a workshop style session with 19 participants was conducted at a face-to-face event held in York on 4 March 2026. The group was split into three tables, which reflected on three emerging themes, in a facilitated discussion. The workshop facilitators (MT, SR, JM) each took written notes. These were written up and collated into a single summary. This was supplemented with a follow-up workshop held

on MS Teams with leads only (19 March 2026), attended by 25 leads from across 15 ARCs. The format was a formal presentation followed by facilitated discussion. Notes were taken by the facilitators (MT, SR) and used to support final interpretation of findings and recommendations.

3 Findings

3.1 Programme mapping (Table 1)

| What was delivered | Why it mattered | How it was delivered |
|--|---|---|
| Nationally coordinated activities led by NIHR ARC KSS | | |
| <p>National induction sessions introducing the programme, and early goal setting</p> | <p>Provided a shared starting point for participants, supporting clarity of purpose, confidence, and engagement. Inductions were delivered online through individual or small-group sessions.</p> | <p>Of the 67 members of the cohort, 55 participants were inducted between July 2024 and December 2025, with all one-to-one or small group sessions facilitated by a single member of the ARC KSS team. Follow-up actions, including tailored support and signposting, were provided where required.</p> |
| <p>National Capacity Building Community Forum offering regular cross-regional learning and networking</p> | <p>Created space for shared learning, peer connection, and exposure to diverse research experiences across social care contexts. Sessions were aimed at the programme cohort, typically delivered every two months.</p> | <p>Participants across the 15 ARCs were invited, with attendance varying due to competing priorities. Sessions were chaired by two members of the RCB programme team.</p> |
| <p>National Research Governance and Ethics Interest Group focused on social care-specific ethics and governance</p> | <p>Supported participants to navigate complex and often fragmented ethics and governance processes, particularly within local authority settings. Sessions were delivered approximately every two months.</p> | <p>Eleven participants across the 15 ARCs expressed interest and participated, with attendance fluctuating over time.</p> |
| <p>National ARC Leads meetings supporting coordination and shared reflection</p> | <p>Enabled consistency of delivery across regions, shared problem-solving, and collective learning about embedding research in social care.</p> | <p>These meetings typically involved all leads from across the 15 ARCs and included regional and national updates around progress and local developments.</p> |
| <p>Annual national gatherings bringing together the wider RCB community</p> | <p>Strengthened cohort identity, supported peer exchange, and surfaced shared challenges and learning across the programme.</p> | <p>A hybrid national event in March 2025 brought participants together to share learning and experiences of building research capacity in social care. 48 participants attended. A final celebration event took place in March 2026 with 50 attendees.</p> |
| Regional activities | | |
| <p>Regional peer support meetings adapted to local context</p> | <p>Provided accessible, practice-proximate spaces for reflection, and mutual support. Most meetings were informal peer support spaces focused on networking and shared reflection. In some regions,</p> | <p>These were offered by 13 of 15 ARCs. Meeting frequency ranged from fortnightly sessions to meetings held approximately every six months, with some ARCs adopting a more <i>ad hoc</i> approach.</p> |

| | | |
|---|--|--|
| | structured activities were incorporated, e.g. journal clubs. | |
| Mentorship and supervision arrangements tailored to participants | Offered personalised guidance, helping participants develop research skills, confidence, and progression pathways. Support was typically tailored to individual award holders, with frequency and focus varying according to experience, role, and project stage. | Arrangements were also in place across 13 of 15 ARCs. Across the programme, data were reported for 103 participants, a mix of Researchers-in-Residence roles and individual award holders; 72 had supervisors and 74 had mentors, with some ARCs combining these roles. |
| Communities of practice focused on shared thematic or professional interests | Supported sustained peer learning and collaboration around common social care priorities including care homes, prevention, commissioning, and social work or occupational therapy, with topics spanning workforce wellbeing, access to research opportunities, and transitions between children’s and adult services. | CoPs were reported by 8 of the 15 ARCs, supporting approximately 60 award holders. Sessions varied in formality and format, ranging from informal peer-to-peer groups to more structured meetings with invited speakers. Engagement levels varied, although six ARCs reported an intention to continue their CoPs beyond March 2026. |
| Formal and informal training opportunities (e.g. methods, PCIE, ethics, dissemination) | Built applied research skills while allowing flexibility for different stages of prior learning and experience. These included Masters-level modules, ARC Academy provision, online courses, and training delivered by external organisations. Training commonly covered research methods, literature reviews, public and community involvement and engagement (PCIE), grant writing, ethics and research governance, dissemination, and evaluation. | training opportunities were reported by 12 of the 15 ARCs, with 86 award holders supported to participate in formal courses. Seven ARCs reported developing bespoke training or academic resources, including recorded training sessions and locally developed materials. |
| Access to academic and learning resources , including bespoke materials in some ARCs | Reduced barriers to engagement with research and contributed to longer-term infrastructure and legacy beyond the programme. | 99 of 103 participants across all but one ARC reported having access to university libraries, e-resources, and, in some cases, associated software and IT support. Several ARCs developed resources intended to form part of the programme’s legacy. |

3.2 Semi-structured interviews

3.2.1 Participants characteristics

Sixteen semi-structured interviews were conducted between October and December 2025 and lasted between 29–66 minutes. Participants were purposively selected to reflect a broad range of roles, practice settings, and levels of research experience within the programme, rather than to be statistically representative. Interviewees came from ten of the 15 ARCs, worked across adult and children’s social care and integrated settings, and included practitioners, who were starting out in research, and early-career to experienced and established researchers. Overall, the sample reflects the diversity and boundary-spanning nature of social care research roles.

Table 2. Overview of interview participant characteristics (n = 16)

| Characteristic | Breakdown |
|-------------------------|---|
| Programme role | Researchers in Residence (9); Individual award holders (7) |
| Area of practice | Adult social care (8); Children and families (5); Integrated settings (3) |
| Stage of award | Early stage (4); Mid-stage (8); Late stage / nearing completion (4) |
| Professional background | Practitioner (4); Academic (3); Hybrid research–practice (9) |
| Career stage | Early career (5); Mid-career (7); Senior / established (4) |
| Research experience | First formal research role (5); Prior research experience (11) |

Note: Categories are not mutually exclusive across the table. In particular, professional background and research experience reflect overlapping and non-linear career pathways, with many participants occupying hybrid or evolving roles.

3.2.2 How the programme worked

This section provides a brief overview of how the RCB Programme worked in practice, based on insights from participant interviews about how the programme was experienced and delivered. It outlines the main mechanisms through which research capacity was supported, the enabling conditions and constraints that influenced whether these mechanisms could operate effectively, and the outcomes that were observed when they aligned.

3.2.1.1 Mechanisms of change

Development of applied research skills

Participants developed hands-on research skills that helped them plan and carry out applied research in social care contexts. Learning was described as practical and closely tied to day-to-day research activity. This included evidence appraisal, shaping realistic research questions, choosing appropriate methods, working to timelines, navigating ethics and governance processes, and using basic research tools and software:

“I learnt to use new bits of software like Mendeley and things like that. I’d used journal searches at university, but not on that scale. I’d never done a rapid literature review before, never used a Dictaphone, and I’d never even heard of NVivo. Those things might sound quite small, but they actually form a much bigger picture. It’s been very practical, day-to-day learning how to actually do a piece of research.”

P11, Researcher in Residence

Growing confidence to engage in research

Many participants initially felt unsure about their place in research, particularly when working alongside academics or in unfamiliar research environments. Over time, confidence increased as participants began to see research as something they could legitimately contribute to. This shift was especially important in social care, where practitioners often felt research was “not for people like me”.

"Sometimes I do sit back and think, 'oh okay, but is that relevant to me? Can I be part of that?' And the answer is yes, really, but it takes a lot of courage to step up and say, 'I don't think that works,' or 'I don't think that's right.' Especially when you're in environments where professors are talking and you're thinking, 'I don't really understand what's being said here.'"

P5, Researcher in Residence

Learning through reflection and adaptation

Research rarely followed a straightforward path. Participants described learning to adapt their plans in response to practice pressures such as staff shortages, changing priorities, and organisational constraints. Reflection and iteration helped participants adjust their approach, learn from what did not work, and redefine success in realistic and context-sensitive ways:

"It hasn't been a straight line at all. I've had to stop and rethink things quite a few times because of what was happening in practice, staff shortages, pressures, things changing. I'd try something, then realise it wasn't realistic in the circumstances, so I'd have to reflect on it and adjust it. It's been much more about adapting things to fit what was possible at the time rather than sticking rigidly to a plan."

P6, Researcher in Residence

Connection, support, and shared learning

Being part of peer networks was critical, particularly for those participants working in isolated or newly created research roles within local authorities. As well as receiving support, participants described developing skills in networking itself, learning how to build relationships, seek out expertise, and use informal connections to solve problems and move work forward. Connecting with others in similar roles reduced isolation, enabled informal problem-solving, and reinforced the value of research in practice settings. Both national and smaller, focused groups were seen as important sources of shared learning and reassurance.

"I really liked being part of the national cohort. It felt important to know that this wasn't just happening in my local authority, but all around the country. There are people who immediately understand what you mean when you say you're doing an ARC fellowship. That sense of being part of something bigger, a national effort to bring research and social care closer together, really mattered to me."

P2, Individual award holder

Undertaking research alongside demanding practice roles involved emotional as well as practical challenges. Participants described anxiety, uncertainty, and pressure, particularly in stretched social

care environments. Where support was consistent and accessible, participants felt safer to ask questions, share difficulties, and stay engaged with research over time.

“There’s definitely an emotional journey with this. Everyone has to learn how to deal with their anxieties about doing something a bit different. For me, that’s been challenging at times, especially when there’s just chaos going on, things changing, pressures everywhere. It can be really hard to stay motivated and focused on those conditions, even when you care about the work.”

P15, Researcher in Residence

“I genuinely don’t think I’ve ever been in a position where I’ve felt this supported. Very often, when you do a small project, you’re just left on your own and you don’t get enough time, resources, or guidance. This felt completely different. It’s probably one of the nicest projects I’ve ever done, because I never felt like I was carrying it all by myself.”

P6, Researcher in Residence



Image: York national celebration event on 4 March 2026.

3.2.1.2 Enabling conditions and constraints

Learning close to practice

Participants emphasised the importance of keeping research closely connected to day-to-day practice. Being embedded in practice settings helped maintain credibility with colleagues, sustain trusted relationships, and ensure that research questions remained relevant in fast-changing social care contexts. Practice-based research roles were seen as particularly valuable where staff could clearly identify problems from their work but lacked the time, skills, or capacity to explore them through research themselves. Participants also described a shift in how they understood research, increasingly viewing it as part of everyday enquiry rather than a separate activity:

“I feel quite strongly that if I’m doing research about social work, I need to be in there and actually know what’s happening. If I step away from practice for too long, even if it’s only a few years, you lose that connection. And it’s not just practical, it’s psychological as well, you start to become somebody different. Then when you go back to colleagues and ask, ‘What are the challenges?’, things have already moved on. Practice changes so quickly that staying close to it really matters.”

P3, Individual award holder

Organisational pressures and making space for research

Participants described working in organisations under sustained pressure, including financial constraints, staff shortages, restructures, and frequently changing priorities. These pressures were evident across both practice and academic settings and made it difficult to prioritise work that was not tied to immediate delivery. In this context, research was often pushed aside in favour of more urgent demands:

“I even think at senior leadership level it’s quite hard to put your finger on what is actually a priority when you’re drowning and your budgets are all over the place in social care, especially in adult services. It’s been really tricky to pin things down. What I hear all the time is, ‘we just don’t have time to think.’ Everyone is just dealing with the next crisis, the next pressure, and in that environment anything that isn’t about immediate survival or statutory delivery is very hard to sustain.”

P15, Researcher in Residence

Leadership support played a key role in enabling research to be prioritised and integrated alongside substantive practice roles. Where managers and senior leaders showed interest and encouragement, participants felt more confident in making space for research and explaining its value to others. Embedding research within practice roles helped reduce perceived tensions between research and operational delivery, particularly where protected time and managerial backing were in place. However, participants described this alignment as fragile. Leadership changes, shifting priorities, or unclear expectations could quickly undermine confidence and make it harder to sustain research activity:

“I think a lot of it comes down to leadership. When senior managers are interested and encouraging, it makes a real difference. They ask questions, they want to know how it’s going, and that gives you confidence to keep pushing it forward. But restructures and leadership changes can unsettle everything. You suddenly don’t know who you’ll be working with next or whether the work will still be supported, and that uncertainty really affects how confident you feel about prioritising the research.”

P7, Individual award holder

Ethics and governance

Ethics and governance processes were widely experienced as constraining the pace and sustainability of research activity. Although participants were generally able to identify the relevant approval routes, progressing applications and securing permissions was often slow and unclear, affecting momentum and confidence as well as timelines. Opportunities for shared discussion and collective sense-making helped participants understand these challenges as structural rather than individual. Despite the frustrations involved, engagement with ethics and governance was also described as an important learning experience, though one that added to existing workload pressures.

“I’ll be honest, I’m probably sick to death of ethics now. It’s been exhausting. I’ve got a life to lead and an operational role to fulfil alongside all of this. But at the same time, I have learnt a lot through it, probably more through the things that didn’t work than the things that did. It’s been a steep learning curve, even if it’s come at quite a cost in terms of time and energy.”

P6, Researcher in Residence

Regional and national network infrastructure

Regional and national networks supported participants’ confidence, sense of belonging, and progress within the programme. Relational and peer support helped challenge perceived divides between academic and practice-based knowledge and reduced isolation, while shared spaces for checking in and comparing approaches supported coherence across projects. Mentoring and supervision sustained momentum by providing technical, reflective, and emotional support, particularly for participants balancing research alongside demanding roles. Together, these networked forms of support helped participants navigate uncertainty and consider future research pathways beyond the programme.

“The team has been so supportive and so nice. I don’t know why it persists, this really old-fashioned idea that academics are scary and removed, but people genuinely think that. What made the difference for me was realising that everyone has their own unique experiences to bring, and that those experiences are actually valued in research spaces.”

P7, Individual award holder

Inclusive national programme design

Inclusive programme design was described as supporting participation by bringing together individuals from a range of professional backgrounds. Mixed cohorts and informal learning spaces reduced perceived barriers to involvement and facilitated interaction across health, care, and other disciplines. Participants reported that these cross-disciplinary interactions broadened perspectives and supported a stronger sense of belonging:

“I felt really valued, and I didn’t feel like an outsider at all. I didn’t feel out of my depth. I genuinely went in thinking, ‘They’re just going to throw jargon at me and I’m not going to understand what language they’re even talking in.’ But actually, I felt like I was on the same level as everyone else. That really changed my outlook on further education and on being part of a programme like this. The fact that they didn’t just take social workers, that they opened it up more broadly, that feels like the way forward. That’s how you change the world of research, and it’s what enables people like me to work in this kind of space.”

P4, Researcher in Residence

3.2.1.3. Outcomes

Short term effects: increased visibility, use, and sharing of research

Participants described early changes in how research featured in everyday practice and how it was shared beyond immediate teams. Research was referenced more often in meetings and discussions and increasingly seen as a legitimate part of routine professional work rather than a separate activity. Alongside this, participants reported early dissemination activity, including engagement with wider research and practice communities and sharing learning with practitioners, managers, and colleagues across organisations. These developments were described as modest and early, with progress seen as dependent on the continuation of organisational support. Overall, the impact was less about immediate change in practice and more about increased confidence, curiosity, and openness to engaging with evidence and sharing research with wider audiences.

“I wouldn’t say there’s been big impact yet, because we’re just not at that stage. But there is definitely more interest, more discussion, and people are referencing the work when we’re talking about service development. That feels like the start of something. There’s more curiosity, people are asking questions, and there’s more openness to discussing evidence. That feels important, even if it’s quite early.”

P02, Individual award holder

Intermediate effects: Growing interest and early organisational ripple effects

Participants reported early signs of increased interest in research within their organisations, alongside incremental shifts at organisational and system levels. Research was described as being more widely recognised as a legitimate part of practice, with greater openness to practice-based inquiry and stronger connections to academic and regional research partners. Colleagues and managers were increasingly willing to discuss research opportunities and possible pathways, suggesting a gradual change in attitudes rather than rapid transformation. These developments were uneven and still emerging, but were viewed as encouraging indicators of growing confidence and momentum. Overall, the findings point to early organisational ripple effects that sit between individual activity and longer-term system change.

“There have been a few other practitioners who’ve started expressing an interest in doing research projects. Our principal social worker has asked to have some conversations about how we publicise these schemes more, how people can apply for them, what it might mean for them, and what the options are going forward. We’re planning to pick that up later in the year or early next year, which I feel really positive about. It feels like people are starting to see research as something that’s possible for them.”

P07, Individual award holder

Long term effects: sustaining capacity and momentum

Participants described longer-term outcomes in terms of whether research engagement could be sustained as part of professional roles, identities, and organisational life. For some, developing research confidence reshaped how they understood their work and future possibilities, supporting a sense of continuity in which research could remain a meaningful part of their role over time. Participants also positioned themselves as ongoing learners, with aspirations shaped by both personal motivation and the opportunities available within their organisational context. Access to networks and peer support was seen as particularly important for sustaining momentum beyond the formal end of the programme, with informal advice, shared understanding, and continued visibility acting as enduring resources rather than time-limited benefits.

“When this finishes, I know there are people I could contact if I wanted to ask for advice or talk things through. That feels important. It makes a difference knowing you’re not just cut off at the end, that there are still people there who understand what you’re doing and who you can reach out to if you want to keep going.”

P11, Researcher in Residence



Image: Workshops at the York national celebration event on 4 March 2026.

4 Critical reflections

The findings suggest that time-limited research capacity building programmes can build confidence, skills, and connections in social care research, but are not sufficient on their own to sustain research activity. Early impacts were primarily cultural rather than structural. These included greater confidence, interest in research, and increased visibility of research within teams and organisations. Whether these gains translated into continued activity depended largely on local conditions, particularly the ability to protect time, as well as roles clarity, leadership support, and alignment with day-to-day priorities.

Feedback from workshops (see Section 2.3, triangulation of findings) reinforced that protected time is essential. Discussions also suggested that, however, references to “not enough time” often reflect a wider set of issues that relate to whether and how research is valued and prioritised. These include cultural barriers, lack of managerial or senior leadership support, low confidence, limited research skills, or uncertainty about how research aligns or is useful to practice. In this sense, ‘time’ is a marker of whether research is genuinely recognised, supported, and made possible in everyday work.

While our findings align closely to research on capacity building in other sectors, especially healthcare, our findings highlight distinctive features of capacity building in social care. In particular, the workforce mostly comprises people in roles outside of registered professions (e.g., nurses, occupational therapists and social workers). There is substantial diversity of roles, across organisational settings, which can vary

considerably in capacity, resources, and existing research infrastructure. There is substantial diversity in social care job roles. The programme adapted to these features through flexibly tailoring the offer to suit different roles, settings, and starting points. Most regional programmes did not limit access to the programme by professional registration, which led to a diverse cohort.

Workshop discussions also highlighted the need to widen access to research capacity building more widely, especially to avoid limiting opportunities to registered professionals (e.g., social workers), so that research capacity building better reflects the diversity of the workforce. Participants in the workshops also emphasised that many people working in social care have limited prior exposure to research. Therefore, there is a need for practical, accessible training, introductory guidance, mentoring, and inclusive language, which do not assume a shared baseline knowledge or readiness for research. There were examples of Level 7 (Master's) training programmes that could be successfully accessed by participants from a range of educational backgrounds, if they were provided with the right scaffolding support (e.g., mentoring), and programmes drew on parallels between practice and research skills (e.g., overlapping skills in qualitative interviewing).

Participants' accounts also showed that their capacity development was rarely smooth or predictable. Experiences were shaped by workload pressures, organisational change, governance requirements, and shifting or competing priorities. Delivering research capacity building through a programme designed specifically for social care appeared to offer clear advantages, as it understood and adapted to these context-specific challenges. While this social care-led approach strengthened accessibility, however, it could also make it harder for participants to connect into wider health and care research systems, including established funding routes, dissemination channels, and collaborative opportunities beyond social care. This was partly addressed by formal points of connection (e.g., invited sessions led by the NIHR Research Support Service Social Care Specialist Centre), but it could not replicate informal peer learning and exchange that occurs in mixed capacity building cohorts.

Mentoring, peer support, and safe spaces for learning were also central to helping participants manage uncertainty, governance processes, and competing demands. This support was emotional and relational as well as practical, with mentors, peers, supervisors, and programme staff provided reassurance and encouragement alongside technical guidance. Workshop discussions and presentation feedback also suggested that community building was itself an important and transferable aspect of the programme. Creating spaces in which people could share openly, reflect together, and learn from one another appeared to be an important mechanism through which confidence, motivation, and engagement were sustained. Such relational work appeared to be an important part of what made the programme feel accessible and sustainable, yet it was not always fully recognised, supported or resourced. The workshops raised questions about how to promote the visibility and value of such roles, as well as ways to recognise the skills, knowledge and experience of those supporting others.

More broadly, sustaining research activity beyond the programme period depended on continued support from the wider system, including social care organisations, academic partners, and research infrastructure bodies. The need for buy-in and alignment across organisational levels was widely recognised as essential, including senior leaders, service leads, and middle managers, who often play a pivotal role in determining whether staff are able to engage with research opportunities in practice. Concerns about sustainability ran throughout the interviews and workshops. It extended beyond programme funding to the wider instability of social care systems, where research may be deprioritised in highly pressured and under resourced environments. Without ongoing investment, visible leadership,

shared responsibility, and infrastructure to support continued engagement, there is a risk that capacity built through time-limited programmes will be difficult to maintain once dedicated funding ends.

Future programmes should, therefore, ideally retain a social care focus while strengthening links to funding, dissemination, and infrastructure systems that can support longer-term research activity. This will be essential not only for individual progression, but for embedding research more fully within social care organisations and practice.

5 Final remarks

Overall, the findings highlight that research capacity building is shaped not only by programme content, but by the contexts in which research is expected to take place. The context of social care differs markedly from health, where research career pathways are clearer, research infrastructure is stronger, and academic and research roles are more established. Social care research is more often undertaken alongside frontline practice, within fragmented organisational settings and with limited protected time or formal recognition. In this context, the programme's inclusive and flexible design was particularly important. National collaboration provided shared purpose, visibility, and legitimacy, while regional delivery enabled adaptation to local priorities, organisational settings, and workforce needs.

The programme's value therefore lay not only in skills development, but in helping to make research a more credible, relevant, and achievable part of everyday work. It also helped to foster a community in which people could share experiences, reflect collectively, develop shared identity, and learn from one another. This suggests that community building is not simply an added benefit, but a meaningful part of how research capacity is developed and sustained in social care. At the same time, the findings suggest that such programmes are unlikely to sustain research activity without wider structural support. Longer-term progression depends on protected time, leadership and managerial support, accessible and flexible pathways, continued investment, and recognition of the relational and developmental support that enables people to remain engaged over time.

References

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List of Acronyms

ARC – Applied Research Collaboration

RCB – Social Care Research Capacity Building

NIHR – The National Institute for Health and Care Research

KSS – Kent, Surrey and Sussex, RPPs – Research Practice Partnerships

UoK – University of Kent

CFIR – The updated Consolidated Framework for Implementation Research (Damschroder, 2022)

GDPR – General Data Protection Regulation

NVivo – Qualitative Data Analysis Software (by QSR International)

PCIE – Public and Community Involvement and Engagement

CoP – Community of Practice, CPD – Continuing Professional Development

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Ethical approval

This study was approved by the School of Social Sciences Research Ethics Committee at the University of Kent (reference: 1211). All interview participants provided informed consent prior to taking part.

Supplementary materials

Supplementary materials available on request include the standardised data extraction template used for programme mapping across ARCs and the semi-structured interview guide exploring participants' experiences, learning, and outcomes within the RCB Programme.