

Multi Stakeholder Impact Evaluation of Two Cohorts of the Social Care Practitioner Researcher Development Pilot Programme



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Table of Contents

CONTENTS	PAGE
Acknowledgements	3
Executive Summary	4
Report	
Section 1: Introduction	7
Section 2: The Practitioner Researcher Development Pilot Programme	8
Section 3: Programme application data	11
Section 4: Practitioner Researcher perspectives on the programme	15
Section 5: Managerial perspectives on the programme	32
Section 6: Discussion and Conclusion	40
Section 7: Recommendations	45
References and author biographies	47

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Multi Stakeholder Impact Evaluation of Two Cohorts of the Social Care Practitioner Researcher Development Pilot Programme

EXECUTIVE SUMMARY

Just want to reiterate how impactful [the programme] was. It was an incredible opportunity that really opened a lot of different doors for me - made me understand what was possible... I don't think I'd ever felt so encouraged before and so sort of supported and in an environment where it sort of mattered what I was saying. I don't think I'd ever had that before...the culture you fostered with all the people involved in it, was amazing...It is probably my best ever experience in social work.... It has changed me fundamentally. (PR16 C2)

Introduction:

This evaluation examined the impact and experiences of two cohorts (2022-2023 and 2023-2024) of the Social Care Practitioner Researcher Development Pilot Programme delivered by NHS Research and Development North West. The programme aimed to develop research skills and capacity among social care practitioners in the North West of England.

Conclusion:

Overall, the programme demonstrated significant positive impacts on participants' skills, confidence and careers, while also driving social care practice improvements and policy changes within their organisations. There was also evidence of regional in some cases national impact. Across both pilot groups, the programme showed strong potential for developing practitioner researcher capacity to drive and support evidence-informed practice developments in adults and children's social care, though some refinements could further enhance outcomes. Continued investment in social care practitioner researcher development programmes is recommended to build on these promising results.

Recommendations:

1. Ensure employer support and link research projects to strategic priorities in social care practice and policy development
2. Continue residential workshops and coaching elements
3. Develop handbook on programme expectations and support required from line managers and senior leaders.
4. Improve consistency of academic supervision experiences
5. Continue with the personal award element of the programme funding and consider ways to utilize any 'backfill' funding effectively
6. Evaluate subsequent cohorts to continuously improve delivery
7. Capture and share research outcomes including presentations between local authorities, the NHS and beyond to include 3rd sector organisations, as appropriate.
8. Develop bridging schemes to support continued practitioner researcher journeys
9. Explore ways to embed and support practitioner researchers employed within local authorities, the NHS and further social care research and delivery environments

The programme

Participant Profile

- 18 total participants across two cohorts
- Majority were experienced social workers (mean 8 years in practice)
- Most had master's level qualifications but limited research experience

Programme Components

- 36 days release from work (including 3 residential workshops)
- Academic supervision and independent coaching support
- Personal research award of up to £4,000
- Outputs: research poster, oral presentation, research report

Key Findings

3. Enablers

- Protected research time and employer support
- Residential workshops for immersive learning
- Coaching to build confidence and skills
- Personal research funding award for development activities
- Academic delivery team expertise and encouragement

4. Barriers

- Challenges balancing research with frontline work demands
- Lack of embedded research culture in social care organizations
- Inconsistent experiences with academic supervisors
- Limited post-programme support for next steps

5. Impacts

Personal:

- Increased confidence, personal and research skills and career progression
- Career progression and promotions to more senior roles
- Improved presentation and dissemination abilities

Organisational (within participants' employing organisations) :

- New specialist teams and services created based on practitioner researchers' research
- Practice tools and training packages developed
- Policy changes implemented (e.g. supervision, assessments)
- Enhanced reputation for innovation in some authorities

Wider field:

- Research presented at conferences and universities
- Collaborations with academics and policymakers
- Publications, further funding applications and successful research bids

Broader impact–

- The programme structure and content can be easily adapted to support the wider range of social care early career practitioner researchers and aspirants to these roles at local, regional and national levels.

We had some fun along the way, and there was lots of it...It was different, It was creative, It was liberating, It was, anything's possible... It's absolutely the best thing I've ever done in my career, and that's 20 years old now! (PR7 C1)

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REPORT

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Section1: Introduction

This evaluation was commissioned by NHS Research and Development North West (NHS R&D NW). NHS R&D NW had delivered 2 Social Care Practitioner Researcher Development Pilot Programmes to social care practitioners in the North West of England. The first pilot programme in 2022-23 involved award holders comprising 6 adult social workers and one 1 occupational therapist. The second pilot (2023-2024) was different in it that the award holders included both adult social workers (4) and children and family social workers (7).

The evaluation was completed between December 2024 to May 2025. The purpose of the evaluation was:

1. To identify the enablers and barriers to the effective delivery of the social care practitioner researcher development programmes as identified by the various stakeholder groups.
2. To identify the impact of the programme for the social care practitioner researchers and their organisations.
3. To provide recommendations for the future effective delivery of the programme.

Section 2: The Practitioner Researcher Development Pilot Programme

The pilot practitioner researcher development programme (hereafter referred to as the programme) was developed and co-ordinated by a Director from NHS R&D North West familiar with the delivery of similar programmes to NHS staff, and an experienced social work academic. The delivery team also included a facilitator and coach who was both integral to the programme and something new for social work practitioners, a second experienced social work academic recruited due to the workload involved in the second programme and dedicated administrative support.

The programme offered award holders the opportunity to ‘dip their toes’ into practitioner research with the intention of creating ‘modest, but significant changes for practice’. The programme acknowledged that social care was missing out on the expertise and curiosity of practitioners, and their knowledge of where practice was problematic and needed a new approach. By building on this curiosity and providing structured research skills, practitioners would be able to identify recommendations for improving practice within their employing local authority.

Prior to the selection of the award holders the academic delivery team facilitated two online question and answer sessions per cohort for potential candidates, The academic delivery team also met online with the Principal Social Workers (PSWs) in the North West, adults for cohort 1 and adults and children and families PSWs for cohort 2, to share the rationale, structure and potential benefits of the programme whilst also providing an opportunity to ask any questions. The PSWs were asked to promote the initiative in their local authority and sign the social workers’ application form, confirming they would have the required 36-day release and that the research question was of strategic importance to their local authority. The PSWs were also invited to the final day of the third residential workshop when the practitioner researchers (PRs) would present their findings.

The programme funding included monies available for backfill of successful applicants and a personal funding award for the practitioner researchers to be used to support their study e.g. buying of books, visiting experts in their field, producing videos or presenting and attending conferences.

The programme components included:

- a. Structured development programme of research skills and personal development delivered by the academic delivery team and the facilitator/coach 3x2 days (residential workshops).

- b. 36 days release from the 'day job' (3x2 days residential plus 30 days study leave to complete the research).
- c. An academic supervisor.
- d. Coaching – both individually and as a group
- e. A personal award of up to £4,000 to spend on supporting the research project, dissemination activities and impact.
- f. Access to university library facilities including database searches and electronic journals.
- g. Funding for local authority 'backfill' for successful applicants

The candidates were supported to complete 3 research outputs:

1. A creative research poster
2. An oral presentation
3. A research report based on their focused literature review, with recommendations for practice, policy and further research, which was shared with employers to promote impact upon practice. The report also included a one-page summary.

A creative research poster was deliberately chosen as a mechanism to engage viewers to want to discuss the research in greater detail. The oral presentation was delivered to award holders, managers and PSWs, academic supervisors, the academic delivery team and to their fellow award holders within a 'presentation' day at the end of the programme. The research report was required to be deliberately focussed on the messages they wished to communicate to their employers. The report highlighted the need for the research, the way it was conducted and recommendations for changes to current practice or policy which would impact upon better outcomes for service users or more effective tools for practitioners.

The programme of residential workshops also included external presentations including a representative of the National Institute of Health and Care Research (NIHR) to advise on research pathways for social work practitioners who also wanted to remain in practice. There were also presentations by social workers who were undertaking a National Institute of Health and Social Care Fellowship (NIHR) award or were undertaking or had completed a PhD.

The programme was tweaked between cohort 1 and 2 based on the feedback of the members of the first cohort and reflections of the delivery team. Adjustments included the development of a programme handbook for cohort 2.

Ethics Approval for the Evaluation

An application for ethics approval was submitted to the Northern Care Alliance who deemed that the project did not require formal ethical approval. It was classified by NCA as an evaluation.

However, the evaluation team adopted an ethically appropriate and 'good practice' approach to the research, using a research information sheet and an informed consent form for participants in the evaluation. This also served to provide a model for the practitioner researchers of what would ordinarily be required for ethical practice in research.

The research information sheets for practitioner researchers and managers explained the purpose of the research, the request for their involvement and what it would entail, data protection conditions and what would happen to the results, and who they could discuss the process with or raise a concern with external to the research team. The key issues for the informed consent included the right to withdraw without prejudice, confidentiality and how participants would find out about the evaluation.

Methodology

The methodology for the evaluation included an analysis of the successful applicant's application forms to identify their gender, current role, length of time in practice, highest qualification and knowledge of research.

The practitioner researchers from cohort 1 and 2 were invited to separate focus groups to share their experience of the programme, its enablers and barriers and to identify the impact of their research (if any) for them and their authority and beyond.

It was also proposed to have a focus group for the practitioner researchers' managers and individual interviews for the PSWs.

The data from the participants was then analysed using a focused thematic analysis (Braun and Clarke, 2021). The data from the 3 research analyses was then compared for similarities and dissimilarities to inform the discussion and recommendations for any future programme.

The next section provides biographical data from the research practitioners' application forms, followed by separate Result sections for the interviews with the practitioner researchers, their managers and PSWs. Discussion and Conclusion sections then follow, including a series of recommendations.

Section 3: Programme application data

This section explores the information provided by the successful practitioner researcher pilot programme members of cohorts 1 and 2.

Table 1 First Cohort NHS R&D NW Practitioner Researcher Programme 2022-23

A breakdown of the practitioner researchers by gender, role, highest qualification and length of time in practice

ID	Gender	SW?	SW Role	SW Qual	Highest degree	Years since qualified	Knowledge of research
PR1 C1	F	Y	SW Consultant/ Safeguarding & Quality Assurance	MA SW	MA or MBA	13	MA dissertation
PR2 C1	F	Y	SW - Assessment care planning	MA SW - M	MA SW	9	Module on SW course
PR3 C1	M	N	Paediatric OT	BSc (hons)	BSc	9	Module on SW course
PR4 C1	F	Y	Advanced Practice Lead	MSc SW	MSc	8	Module on SW course
PR5 C1	M	Y	Senior SW nb became TM during programme	MA SW	MA and MSc	7	Module on SW course
PR6 C1	F	Y	Assessment care planning	MA SW	MA	7	Modules on BA and MA SW course
PR7 C1	F	Y	Senior SW -small caseload, safeguarding lead in substance misuse and homelessness	BA (hons)SW	BA SW Also, BA Bus Mgt	19	No formal res exp

Table 1 Key to abbreviations:

PR = Practitioner Researcher, C1= cohort 1, Gender F=Female, M= Male, OT= Occupational Therapist, TM= Team Leader, SW = Social worker, MA SW =Master of Arts in Social Work, BA\BSc (hons) Bachelor of Arts/Science honours degree, MBA = Masters of Business Administration

Table 2 2nd Cohort NHS R&D NW Practitioner Researcher Programme 2023-24

ID	Gender	Adults or Children's	SW?	SW role	SW Qual	Highest degree	Years since qualified	Knowledge of research
PR8 C2	F	Ch	Y	Practice Development Manager	MA SW	MA SW	9	MA Dissertation
PR9 C2	F	Ch	Y	SW Complex safeguarding	PgDip SW Frontline	PGDip BSc 1:1	3	Module
PR10 C2	M	Ch	Y	SW Team Mgr	MA SW	MA SW	7	MA Dissertation
PR11 C2	F	Ad	Y	Hospital discharge	MA SW	MA SW	2	PG Cert research methods, dissertation
PR12 C2	F	Ad	Y	TM community-based team	Dip SW	PG Dip Practice - Teac	27	Pg Dip and youth work research
PR13 C2	F	Ch	Y	TM Quality Assurance team	MA Dis	MA	7	MA Dissertation
PR14 C2	F	Ch	Y	Ch's sw	MA SW Dis	MA	2	Dissertation BA and MA
PR15 C2	F	Ch	Y	Enhanced SW - early help, Children-in-	MA SW Dis	MA SW MA Anthropology	4	MA Dissertation

				Need and Child Protection				
PR16 C2	M	Ad	Y	Practice supervisor	MA SW	MA SW	10	BA, MA dissertation Portfolio Res in Pract PQ stands
PR17 C2	F	Ad	Y	Rough Sleepers SW	MA SW	MA SW MA Comm Psych	3	MA SW dissertation
PR 18 C2	F	Ch	Y	New arrivals team – children separated from parents	MA SW	MA SW	3	MA dissertation

Table 2 Appendices (not covered in Table 1)

C2 = Cohort 2, AD = Adult services, CH= Children's services, PQ =post qualifying

From cohort table 1 above 5 of the participants identified as female and 2 as male. In cohort 2 there were 9 females and 2 males. In social work there are roughly 4 female social workers to every male social worker (Social Work England, 2024).

In cohort 1 there was a paediatric occupational therapist, whilst the other participants were qualified social workers. In cohort 1 all PRs were employed in local authority (LA) adult services whilst in cohort 2 there were employed in local authority adult services and 7 in local authority children and families' services.

Five of the participants in cohort 1 had a masters' qualifications, all in social work, with two people also having an MA in a different subject. Two of the participants' highest qualification was at bachelor's level. Cohort 2 was also a well-qualified group with 9 members holding a Masters' degree as their highest qualification, one had a Postgraduate Diploma and one a Diploma in Social Work.

The mean length of time in practice for cohort 1 members was 11.7 years with the longest being 19 years and shortest 7 years. In cohort 2 the mean length of time in practice was 6.4 years with the longest being 27 years and shortest 2 years. Overall, both groups contained experienced practitioners.

At the point of application, the participants in cohort 1 had a variety of roles, 2 were senior social workers, 2 were social workers in assessment and care planning, one was a paediatric occupational therapist, 1 an advanced social work practice lead and 1 a social work consultant. In cohort 2 again there was a diversity in roles with a practice development manager, hospital discharge social worker, 4 children and family's social workers, a rough sleepers' social worker and 2 team managers in children's social work and 1 in adult services.

Importantly the application forms for cohort 1 and cohort 2 indicate that the practitioner researchers' primary experience of research was the dissertation module on their social work qualifying degree programme, with one having no formal research experience. In cohort 1 an award holder had a PG Cert in research methods, and one had no experience of research methods.

The application forms show that the practitioner researchers were a diverse group in terms of employment and length of time in practice. They had spent sufficient time in practice to be curious about practice and to have ideas about how to improve practice and create better outcomes for service users.

Most applicants had not engaged in research activity since they left their university social work qualification degree programmes. This is not unusual in social work (Wakefield et al. 2022) and signifies why programmes such as the practitioner researcher development programme are essential if we wish to learn from the experiences of practitioners about practice issues whilst empowering practitioners through research skills to contribute to social work knowledge and develop a research-informed culture. This also highlights the need for local authority social work service

departments to become more 'research friendly' and value the contribution their staff can make to developing knowledge for improving practice.

Section 4: Practitioner Researcher perspectives on the programme

This section presents the practitioner researcher perspectives, as expressed within the evaluation. 18 PRs took part in the programme, across 2 cohorts. Cohort 1 was delivered in 2022-2023, cohort 2 in 2023-2024.

Semi structured interviews were conducted with a total of 15 practitioner researchers across the 2 cohorts of the programme (cohort 1 n=6, cohort 2 n=9). The practitioner researcher interviews took place between November 2024 and January 2025. The interviews were planned to be conducted in groups and this was achieved, however availability and scheduling issues meant that not all practitioner researchers could attend for the group interviews.

To ensure that all practitioner researchers were given an opportunity to contribute to the evaluation, some interviews were conducted in pairs or individually, as required. One group interview (cohort 2) was conducted in person, all the other interviews were conducted online, on Teams.

To maintain confidentiality, the practitioner researchers (PR) are referred to in this report using numbered IDs, with reference also to whether they were cohort 1 (C1) or cohort 2 (C2).

Cohort 1:

Group interview online n= 5 (PR6 C1, PR2 C1, PR4 C1, PR1, C1, PR5 C1)

Individual interview online n= 1 (PR7 C1)

Cohort 2:

Group interview in person n=3 (PR13 C2, PR8 C2, PR17 C2)

Group interview online n=4 (PR12 C2, PR14, C2, PR10, C2, PR18 C2)

Pairs individual interview online n=2 (PR16 C2, PR9 C2)

3 PRs did not take part in the evaluation. One practitioner researcher (cohort 1) was on long term sick leave for the duration of the evaluation. A second practitioner researcher (cohort 2) was on maternity leave for the duration of the evaluation, and a third practitioner researcher (cohort 2) declined to take part due to work and family commitments.

The data from the evaluation interviews are presented below in a focussed thematic analysis, arranged in terms of the semi-structured interview schedule.

Q 1 Why did you wish to undertake the Social Care Practitioner Researcher Development programme?

Practitioner researchers across both cohorts expressed similar motivations for their participation in the programme. A difference with cohort 2 was that 2 participants (PR17 C2) (PR16 C2) had heard positive messages about the programme from cohort 1 participants, and this encouraged them to apply.

In both cohorts, practitioner researchers identified that they had previously enjoyed research teaching within their earlier Master's in Social Work programme, when they gained their professional social work qualification. They hoped the programme could help to address a sense of a disconnect for them and others between university learning and professional practice. They saw the programme as a way to return to aspects of academic study, but with a clear and applied research focus, rooted in practice and service improvement for the benefit of service users. (PR14 C2) (PR5 C1) (PR1 C1)

I really enjoyed my dissertation when I did my master's, ... I wanted to do a bit of academic work, a bit of research.... I was also interested in trying to make a difference and improve practice (PR5 C1)

I loved the research part of my Master's, [this programme provided] the opportunity to do this whilst working. Also, I felt there was so much within the local authority that could be changed, but there were just no opportunities to do that unless you became management, and it sounded like a great way to build up some new skills. (PR2 C1)

One practitioner researcher described their motivation to do the programme as:

a perfect stepping stone...doing something that's impactful for your authority... that's actually going to make a difference...to feel like you could influence change (PR13 C2)

Practitioner researchers from each cohort considered the programme would provide an opportunity to learn and build new skills in research, broadening their horizons whilst remaining in social work practice (PR2 C1) (PR6 C1) (PR5 C1) (AC) (PR12 C2). Some also thought the programme could provide an opportunity to explore career development options, including in academia, and the possibility of exploring options to complete a PhD (PR13 C2) (PR6 C1) (PR1 C1)

I've always had the desire to go back to university and do a PhD. ...I also thought that so much of the theory that is taught about social work in the university is very different from what we experience in practice. Also, I wanted to start the conversation about how practice informs research. (PR1 C1)

A strong theme across the 2 cohorts reflected that practitioner researchers had identified a gap in knowledge and research in a particular practice area in their LA, and beyond. For them, the programme provided an opportunity for a structured and supported approach to a specific research project, whilst remaining in practice, with the opportunity to improve practice and service delivery for the benefit of families, the community and service users generally (PR4 C1) (PR1 C1) (PR6 C1) (PR5 C1) (PR17 C2) (PR13 C2) (PR9 C2)

It was kind of born out of frustration, I guess in what I was seeing in practice and wanting to explore solutions and have better understanding. (PR9 C2)
it felt like a really good opportunity... something that my team would benefit really from, and the service users would benefit really from, and... because I wasn't ready to just leave practice altogether, the fact that I could combine the two... (PR17 C2)

Q 2 What were you hoping to achieve as a result of undertaking the programme?

There were commonalities across both cohorts with this question. Practitioner researcher responses developed the themes from Q1 in terms of hopes for individual, personal and professional development.

I hoped it would open eyes to the research world and develop my own research idea. (PR8 C2)

In terms of actually doing the research, I've never done anything like this before. So, it was a whole brand-new thing...I wanted to learn how to do it. (PR9 C2)
Could this lead to a PhD...how I could progress in the council and how could I make a difference? (PR2 C1)

There were also hopes for practice and organisational impact and beneficial change for service users and communities, derived from the practitioner researchers' own research and improved skills in communicating their research. Developing the practitioner researchers' influence with service leaders and policy makers by creating and using their own research evidence was seen as a way to be persuasive and to give weight to proposals.

in terms of personal skills, I think being able to advocate in a different way... doing it through evidence that comes via research and being able to kind of challenge areas of concern effectively... (PR9 C2)

[Research as] weaponizing decision-making, being able to use research to be able to inform why I think decisions should be made, to influence those strategic decisions (PR4 C1)

Overall, this was expressed as a hope and a drive to make improvements to practice and the lives of service users by having a meaningful impact through practitioner researchers' own research-based evidence – locally and more widely. (PR8 C2) (PR2 C1) (PR17 C2) (PR4 C1) (PR17 C2) (PR13 C2) (PR16 C2) (PR9 C2)

what I wanted to achieve, like actually not changing the world, but being able to change practice... one local authority at a time... really believing that there's a need [for] research to back that up...this was almost a catalyst to do that. (PR13 C2)

Practitioner researchers also expressed a hope to give voice to vulnerable and/or marginalised people/people with complex needs that they work with. The hope expressed was that their own research evidence would add credibility to their proposals for practice, organisation, and policy changes and improvements. With this research programme they hoped to be able to make a bigger difference and have wider impact – at a service development and policy level as well.

To give a voice to the evidence on those facing multi-exclusion with complex needs, the first day [of the programme] I started to realise the potential, not just about research but also my self-development, more so than my previous degree on leadership and management. As a social worker I wanted to make a difference, I want to make a difference to Joe Bloggs, one single person. And the actually, [with the programme] I want to make a bigger difference. The bigger the difference the better. (PR7 C1)

Q 3 Can you give us any examples of the impact of your research for you and your organisation?

There were a range of impacts identified by the practitioner researchers across both cohorts. These can be categorised as personal impacts and professional/organisational impacts.

Personal impacts

Practitioner researchers described that the programme led to Improved confidence, increased self-esteem and personal and professional growth. These personal impacts all contributed to confidence to make and disseminate findings from their research. Most of the practitioner researchers said they had gained skills and confidence in giving formal presentations, some had gone on to make videos about their research (PR7 C1) (PR9 C2), some have developed practice tools from their research project (PR4 C1) (PR13 C2), and some are disseminating their research with impact across high level regional and national academic and professional forums (PR7 C1) (PR13 C2) (PR12 C2).

One practitioner researcher described the programme as helping them to 'break free of limitations in thinking' (PR4 C1)

Another practitioner researcher described:

It's ignited a spark in all of us. [The] programme has increased confidence, provided an opportunity to do formal research to build an evidence base for practice, and promoted research-mindedness... (PR8 C2)

Many practitioner researchers attributed impact and outcomes to confidence gained within the programme. Several practitioner researchers have been invited and felt able to give guest lectures at universities, have applied for and gained promotions to a more senior role, and are actively exploring options for further academic research pathways with, for example, NIHR. (PR6 C1, PR4 C1, PR2 C1, PR7 C1, PR8 C2, PR13 C2, PR9 C2, PR12 C2)

One practitioner researcher described their own personal and professional impacts from the programme

[The programme has] given me so much confidence, increased self-esteem – [I have been] giving presentations... did some [university] social work lecturing... [I've] now got a social work consultant job -the first [named ethnic minority] woman in my local authority in a leadership role...and I want to apply for NIHR [award] (PR6 C1)

It is important to note that across both cohorts, the individual and group coaching elements of the programme were identified by many practitioner researchers as key and necessary factors in the development of confidence, increased self-esteem, professional growth and thereby influence and impact.

Organisational & professional impact

The organisational and professional impacts identified by the practitioner researchers are presented here for each cohort.

Cohort 1:

A practice tool for caseload weighting was developed based on a practitioner researcher's research. This is being rolled out within a regional health innovation and service transformation plan (PR4 C1)

A team dedicated to working with autistic people has been set up in one local authority area, as a result of a practitioner researcher's research project (PR1 C1)

A practitioner researcher has been promoted to a leadership role because of the programme – as the first [named ethnic minority] woman in their local authority, in a leadership role (PR6 C1)

Another two practitioner researchers were promoted following the programme, one within their local authority to a more senior management role (PR5 C1) and one to another local authority to a strategic leadership role (PR1 C1).

As a result of one practitioner researcher's research project, a new team dedicated to working with rough sleepers facing multi-exclusion with complex needs has been set up in one local authority area (PR7 C1). Prior to this new team, 4% of the target group of services users received Care Act assessments of need. Now, because of the research project and the setting up of this team, the figure is 87%. (PR7 C1)

Dissemination activities for one practitioner researcher included using some of her programme award to make a series of videos of case studies from the research– these have been shared on You Tube and viewed nationally. The practitioner researcher described that she was supported with this (and other dissemination activities such as leading a webinar) through the individual coaching element of the programme (PR7 C1).

Because of the dissemination of the practitioner researcher's research, their local authority now has a national reputation for innovation and excellence in this area of work. The practitioner researcher is now also working with King College London on an NIHR bid to do further research in this field. Shortly before their interview for this evaluation, the practitioner researcher was asked to present their work as a beacon of excellence to the Minister of Housing at a 2-day multi agency conference (PR7 C1)

Cohort 2:

Due to one practitioner researcher's research project, adult social care has acquired funding to build a dedicated accommodation facility for homeless women. This is currently being co-created with service users. Drawing on the practitioner researcher's research, a trauma-informed approach will be central to planning and implementation of the new accommodation facility and the services provided. The ongoing project development involves the practitioner researcher networking and collaborating with senior leaders across a range of agencies, drawing on the practitioner researcher's research findings to inform the ongoing work and development. The same practitioner researcher's research focusing on the needs of homeless women has led to improvements to Care Act assessment guides being used in practice across the local authority, with changes & improvements being driven by the practitioner researcher's research findings. Additionally, this practitioner researcher has also been invited to write a research blog based on their project, for 'Research in Practice' (PR17 C2)

One practitioner researcher was asked to write a training package based on her research, to assist with organisational responses to vicarious trauma within social care workforce – this will be rolled out within regional multi-agency professional group (PR8 C2)

Another practitioner researcher used her research and her award to produce an evidence-based decision-making practice tool for social workers and the judiciary, to assess 'family time' within family court proceedings involving children and young people in care. The practitioner researcher has shared her research findings with Local Family Justice Boards (multi agency regional advisory groups) and across a number of LAs at senior (Director) levels. 6 local authorities (to date) are now using the practice tool to inform recommendations and decision making within the Family Court. The practitioner researcher's research is demonstrating regional and national impact on practice, in a

high-profile area of social work with children and families. A national parenting assessment organisation has also asked the practitioner researcher if they can incorporate the decision-making tool into their assessment materials, which will give the research findings national reach and impact. Additionally, the practitioner researcher has been asked to conduct a formal evaluation of the implementation of the decision-making tool in around 12 months' time. The tool has already been incorporated into their own local authority case recording system, which the practitioner researcher describes as 'system impact'. The practitioner researcher has been asked to do a webinar for 'Making Research Count' (PR13 C2)

As a consequence of the programme, another practitioner researcher has developed a new and improved supervision policy for their local authority, based on their research recommendations. This practitioner researcher initially thought they might wish to pursue a career change to an academic pathway; however, the programme helped them to refocus their plans. The practitioner researcher is now leading research within their local authority role and has recently embarked on an executive coaching course, supported by their local authority (PR16C2).

One practitioner researcher described somewhat 'slow progress' within their own local authority in terms of influence and impact from their research, however they have achieved impact externally to their organisation. As part of planned dissemination activities following the programme, and with support via the individual and group coaching element of the programme, the practitioner researcher presented their research at a local university and online to a range of organisations working with young people. They have also been asked to be a co-chair of a special interest group in a national professional membership organisation. This practitioner researcher had never thought of doing a PhD, but this is something the practitioner researcher is now considering. They have also been successfully crowdfunding to make a film based on their research and recommendations, to raise awareness of their subject area. This has been possible through positive networking opportunities that they identify because of the programme. (PR9 C2)

For one practitioner researcher, their local authority was already working with a leading academic researcher around the practitioner researcher's chosen research topic. The practitioner researcher's participation in the programme, and their increased confidence as a result, has led to a research collaboration with this academic, taking forward the practitioner researcher's recommendations from their research. This practitioner researcher was also promoted to a senior role in their local authority during the programme, and the practitioner researcher attributes their personal and professional growth to their experiences within the programme:

some great results to be honest. The confidence and my belief in myself actually really grew and [without the programme] I don't think I'd have ever put myself forward. So, from early on, it made me feel more valued and respected. (PR12 C2)

Across both cohorts, practitioner researchers used their award to attend and/or present their research at national and international research conferences, to further disseminate their research, create additional impact and to continue to build their personal researcher development. (PR4 C1) (PR2 C1) (PR1 C1) (PR7 C1) (PR17 C2) (PR8 C2) (PR13 C2).

the parts of the program, like the networking... the opportunity to mingle with academics... and just enter this [research] world where I never, ever would have done that before, if it hadn't been for this program (PR8 C2)

Q4 (a) Thinking about your experience of the programme can you identify any enablers which supported your effective involvement in the programme?

Across both cohorts, practitioner researchers' responses identified enablers to their effective involvement in the programme as either employer-based enablers or programme based-enablers.

Employer based enablers

Several practitioner researchers described that protected time for 'research days' was a key enabler to their completion of the programme and that their employers were key in facilitating and supporting them to plan and use their research days. The practitioner researchers whose employers proactively supported them to take their protected time, and who also negotiated with them how this time could best be scheduled, described such flexibility as helpful to them in participating in the programme. The protected time element of the programme and flexibility in scheduling research days proved more challenging for the practitioner researchers whose practice role is in 'frontline' service delivery, due to unpredictability of service demands and the practitioner researchers having less autonomy in managing their own diaries. There was a consensus that support from the practitioner researcher's immediate line manager, as well as from senior leaders in their local authorities was a vital element in enabling the practitioner researchers' involvement in the programme (PR2 C1) (PR4 C1) (PR1 C1) (PR17 C2) (PR16 C2) (PR9 C2):

[The Director] knew that there was a need to do some sort of research...[So] the permission, but also the credibility, and them being really keen and on board with doing research... I think the fact that there wasn't a cost to them was useful. So that kind of manager, director, buy in. I'm really fortunate I can completely, most of the time, manage my own diary, so fitting in and working out the days that I took as research days, and again, being able to switch off from my day-to-day role... very different to child protection frontline team... I had more flexibility to manage my own diary and fit those days in than perhaps other people who were in different types of roles. So that was definitely an enabler for me and made it a lot easier to complete. (PR13 C2)

My employer was great like I was in a privileged position where because of the nature of my role now, I was free to take the time whenever I needed it and didn't have any issues like that. (PR16 C2)

Programme based enablers

Many practitioner researchers considered that the programme delivery team supported and enabled them to participate effectively in the programme, this included the administration team from NHS R&D NW, as well as the academic delivery team who designed the programme and delivered the residential workshops (PR1 C1) (PR6 C1) (PR8 C2) (PR13 C2) (PR16 C2) (PR9 C2) (PR14 C2). Practitioner researchers described the academic delivery team as inspiring, encouraging, approachable, responsive and supportive (PR4 C1) (PR17 C2) (PR13 C2).

One practitioner researcher explained that the academic delivery team brought academic and research experience and knowledge (and social work experience and knowledge) to the discussions in the residential workshops, encouraged practitioner researchers to build confidence to network and collaborate with established academics and researchers, and supported practitioner researchers with developing writing skills for the research report, and for example, with writing abstracts for research conferences (PR8 C2)

[The delivery team provided] encouragement to grow, to ask questions... 'Put your head above the parapet' became a constant ... they made me feel anything was possible. (PR1 C1)

In addition to the academic programme delivery team, practitioner researchers described the coaching element of the programme as a significant enabler in their effective participation in the programme. Practitioner researchers considered that the coaching enabled their personal and professional growth and development as a practitioner researcher, in building and developing confidence, particularly around dissemination of their research to promote impact. One practitioner researcher described that the coaching helped them with a 'debilitating' fear of public speaking, was 'liberating' and 'unlocked' their potential not only to complete their research project, but also to be able to disseminate and promote their findings, including at a large (2000 people) and a high-profile meeting with the then Government Housing Minister. (PR7 C1).

A key factor identified by the practitioner researchers was that the coach facilitated a supportive group experience during and in between residentials as well as individual support and development. (PR8 C2)

[The coach was] amazing (PR4 C1).

The coaching and facilitation were brilliant...I don't know if I'd have felt as confident participating without [the coaching] (PR16 C2)

Coaching was a huge help (PR9 C2).

The coaching helped you to be more creative and to actually think outside the box (PR12 C2)

I think [the coaching] was the difference between people potentially giving up because they felt like they couldn't carry on (PR13 C2).

Personality and skills of the coach - supportive and practical help, for example developing skills to manage nerves before presentations (PR17 C2).

I've been pushed and pulled and grown...and the penny has dropped that I've got the stuff that I can say is of value (PR7 C1).

Across both cohorts, the residential workshops were described as a key enabler for the practitioner researchers. A significant feature of the residentials was the development of strong peer support amongst the practitioner researchers, during and between residentials, and after the programme was completed. The practitioner researchers identified the facilitation and group coaching provided by the coach for the pilot during the residentials as an important enabler for this, as well as support from the coach which was available in between residentials via online group and individual coaching.

[Residentials] were really helpful as well because you were removed from the [work] environment, you know you've got that time to connect as well and spend time with [academic delivery team], [the coach] and everyone. So, I think that also really helped in terms of that achieving the goals of [the programme]. It wasn't just about the end product, it was about doing it together, learning together, motivating each other (PR5 C1)

Residentials - protected time away for work to focus, connect and network with other participants (PR17 C2)

The residentials were amazing. Like it's really helped me understand networks and I think the people that were there, my peers were such a good support and it was a really, really positive experience for me. (PR16 C2)

Everybody that was involved in [the residentials] has been a massive, massive help and support (PR9 C2)

That separation of like going to a different city even and taking those two days to like remove yourself, you're not in work, really helped me to be able to like engage in it properly (PR18 C2)

[The residentials] really good and really grateful, you know, to be able to experience that because. You know, we were very well looked after...You're away from the day-to-day stuff and it gives you that time to think and to focus a bit better than you would do otherwise. (PR10 C2)

A number of practitioner researchers identified a significant enabler was their personal award, and the ability to manage their own budget for relevant research-related development activities, including promotion and dissemination of their research findings.

The fact that we got money ourselves... there was something about that for me, I guess. I was thinking about why I got the confidence. So, it was confidence and trust you know, so that we were valued and trusted to be able to manage our own budget (PR4 C1)

Examples of how practitioner researchers used their personal awards included paying for attendance at research conferences (PR4 C1) (PR1 C1), to purchase relevant software to enable development of practice tools based on their research findings (PR2 C1), to support development of creative poster presentations and videos of their research findings (PR13 C2) (PR7 C1) (PR9 C2) (PR8 C2) and to support networking activities with academics and research groups (PR7 C1) (PR12 C2) (PR1 C1). A number of practitioner researchers used their personal award to purchase additional individual coaching to supplement the coaching provided within the programme, and to support them in their personal and professional growth as a practitioner researcher at key points in their research activities following the programme, for example prior to delivering a webinar or presenting their research to senior leaders in their own or other local authorities, or at a conference (PR7 C1) (PR17 C2) (PR8 C2) (PR12 C2).

I've been to two [research] conferences already, and just felt so inspired afterwards, and so like, energized, and felt like it gave me the confidence to think, oh, actually, I can actually do that. (PR17 C2)

I think without the [personal award], it would have been a barrier to maybe make [my research] grow as much as it has done. (PR8 C2)

Some practitioner researchers identified their academic supervisor as an enabler for them with the programme, although this was not the case for all, as discussed below. Practitioner researchers who experienced their academic supervisor as an enabler, identified availability and flexibility as important elements for them.

I couldn't really thank her enough for that sort of [support] at the end, that's when I really needed her. And she was responsive (PR13 C2).

Also, my University academic supervisor, I felt it was a really valuable working relationship (PR12 C2).

My [academic supervisor] was fantastic in terms of again building my confidence [and] supporting with those networks (PR16 C2).

Q4 (b) Thinking about your experience of the programme can you identify any barriers to your effective involvement in the programme?

Similarly to the enablers described above, practitioner researchers' responses identified barriers to their effective involvement in the programme as employer-based enablers and programme-based enablers, with the addition of a personal barrier identified by one practitioner researcher.

Employer based barriers:

Particularly with cohort 1, some practitioner researchers felt that their employers lacked clarity and understanding about the programme expectations, the funding arrangements for the employers and the personal award for the practitioner researchers.

One of the barriers is that senior management, like in terms of assistant directors, have no understanding [of] the programme. (PR6 C1)

Initially I felt like the local authority weren't quite on board. And there were initial teething problems around funding and finances, and ideas on the way that the budget (personal award) could be spent, which seemed to serve the local authority rather than [the PR]. (PR7 C1)

The programme delivery team met with senior leaders (PSWs) in each local authority prior to both cohorts, however it seems that this communication between the programme delivery team and the employers could have been improved, perhaps by also engaging with 'middle managers' who would be involved in the day-to-day management of practitioner researcher's workload during their time with the programme. This may have assisted some practitioner researchers who experienced barriers in their negotiations with their managers around protected research time for research days.

Some practitioner researchers also considered that a lack of an embedded research culture within social work and social care (in contrast to health care services), contributed some barriers in employers' understanding about the value of prioritising research time, and possibilities for future research via funding pathways beyond the programme (PR7 C1).

I think that because this was a new programme in adult social care it did not have the structures you would otherwise have found within health to help as a strong, robust system for research and enabling research... within the NHS people are actually encouraged to take time to do research (PR1 C1).

[The programme] has never been done before and the barriers that were with that, financial infrastructure, our LA doesn't understand the NIHR offer, PLAF and DLAF (PR6 C1).

Unlike cohort 1, which consisted only of practitioner researchers from adults' services, cohort 2 included a mix of staff from local authority children's services as well as adults' services. Two practitioner researchers from cohort 2 who both work in children's services identified that their frontline roles, one as a child protection social worker and one as a child protection team manager, resulted in some barriers and challenges to their participation in the programme. These practitioner researchers experienced a lack of autonomy to manage their own time, primarily due competing service delivery and research priorities, and the unpredictable nature of their workload in 'frontline' roles. This impacted on the practitioner researchers' ability to ensure they took all their protected research days as planned.

As a frontline practitioner [I'm] not in control of my own time, I can't plan my days that well because all that happens is one of the kids [service users] rings or something's happened and that's that. It's really hard to like, say, to one of my [service users] like, oh, I'm sorry. I know you've got this really important thing on Thursday, but I'm actually taking time out to go and read and write. It's very hard to do that as a social worker because you think, well [the service users are] my priority, as they should be (PR 14 C2).

How do you actually carry research into this practice as well as what? And I've asked myself that question a few times throughout this this process... caseloads have to come down... Managers need to, you know, allow people to put time in a diary to maybe go away and look at research. Or at least refresh the knowledge of research. Maybe even if it was once a month... all that has to change because that's part of the conditions that have to change to allow research to really sort of come into play (PR10 C2).

One practitioner researcher, who also worked as a frontline child protection social worker, was the only participant across both cohorts who, due to workload pressures, was unable to complete their research report within the timescale of the programme (PR14 C2).

Programme based barriers

Some practitioner researchers in cohort 1 described some 'teething problems' with the new programme (PR1 C1). For example, there was a slight delay in arranging the university library access for the first cohort (this was rectified for cohort 2). Also, feedback at the end of cohort 1's programme suggested that more guidance, provided earlier in the programme, on the requirements for the research report outputs would have been helpful (PR5 C1). This was also rectified for cohort 2.

There was some feedback across both cohorts about timetabling and scheduling of external speaker input during residentials. In particular, the input about NIHR finding opportunities, with some practitioner researchers suggesting there was some duplication across speakers, and others suggesting that the amount of such information could be reduced, whilst the timing of this within the programme could be improved (PR2 C1) (PR16 C2)

In Cohort 2, there were some inconsistencies across the practitioner researchers' experiences of their academic supervisors. One practitioner researcher felt they were not adequately supported, and one of the academic delivery team picked up this role to supervise the completion of their research report (PR9 C2). Another practitioner researcher's academic supervision was interrupted due to the supervisor becoming unwell; however, a replacement was found who was able to assist with research dissemination plans (PR8 C2). One practitioner researcher stated that the relationships that had been developed with the delivery team academics during the residentials meant that they would have preferred one of the academic delivery team to be their

academic supervisor, rather than someone else with a less close connection to the programme (PR17 C2).

Personal barriers

In cohort 2, some practitioner researchers expressed a personal barrier to their engagement with the programme in terms of experiencing 'guilt' that they were taking time away from their busy workload and their vulnerable service users, to undertake research activities. They also expressed concern about the impact of time away from their practice role on their colleagues and their team, as well as service users. (PR17 C2) (PR18 C2)

Q5 If you had a magic wand what one thing could we do to improve your experience of the programme and result in greater impact of your research?

Across both cohorts, practitioner researchers identified that it would be helpful to have support from the delivery team and a written set of programme guidelines for employers in advance of the start of the programme, to assist the practitioner researchers' direct line managers to understand more clearly the expectations of programme. For example, a requirement or agreement for protected time for research days, that is practitioner researchers' research time to be treated like annual leave, so they would not be contacted about work issues on those days (PR14 C2). It was also felt that this would help practitioner researchers' direct line managers to understand and value from the outset the potential outcomes, impacts and benefits of the programme and the practitioner researchers' research to service users, teams, local authorities and beyond (PR18 C2).

One practitioner researcher from cohort 2 identified that there had been some inconsistencies in practitioner researchers' experiences with their academic supervisors and recommended that this be addressed in any future programmes (PR17 C2).

Several practitioner researchers across both cohorts expressed a wish for more structured post-programme support to assist practitioner researchers with 'next steps' in relation to their practitioner researcher development journeys. In particular, practitioner researchers suggested support was required for subsequent funding applications for specific research pathways (e.g. PLAF/DLAF) (PR4 C1) (PR7 C1) (PR8 C2), as well as support with evaluating their own research and impact to continue to evidence the value and impact of their work and to identify potential further research projects (PR8 C2).

For each cohort, it was acknowledged that they had formed supportive peer networks and relationships during the programme, described by one practitioner researcher as a 'research community of practice' (PR8 C2), so support and mechanisms to stay in touch, and to re-group for updates and further collaborations was identified as desirable (PR8 C2).

Similarly, post programme support for local authorities would be beneficial to help them to understand the possibilities for practitioner researchers' next steps in their practitioner researcher development journeys. This included planning dissemination of research findings and promoting impact, as well as enabling funding applications that were more likely to be successful (PR6 C1) (PR5 C1).

Q6 What are your career plans and how will the programme help you to realise them?

Cohort1:

Practitioner researchers from cohort 1 identified that they were already realising some of the career plans that had motivated them to undertake the programme. At the time of the interviews, some practitioner researchers were already active within the processes of applying for NIHR funding via the pre doctorate and doctorate award pathways (PR4 C1) (PR7 C1).

Practitioner researchers also described they had achieved promotions to more senior roles in the same or a different LA (RK) (PR1 C1). In 2 local authorities, the impact of the practitioner researchers' research had led to the creation of a co-production research lead role within one local authority to enable the practitioner researcher to promote and develop practitioner research (PR4 C1), and the creation of a new specialist service delivery team in another local authority, based on the findings and recommendations of the practitioner researcher (PR7 C1).

Practitioner researchers identified that they had also begun to explore options for networking and collaborating with local universities, whilst remaining in practice, to 'bridge a gap' between researchers based in academia and practitioners in local authorities (PR6 C1). This has included guest lecturing about their research and findings, partnering with established academic researchers in their topic areas, building and co-ordinating networks for impact and influence in practice and policy, and pursuing opportunities for further practitioner research and publications (PR1 C1) (PR6 C1) (PR4 C1) (PR7 C1).

The practitioner researchers described that the programme had helped them to move forward with their career plans, by increasing their confidence and their awareness of opportunities for collaboration and development. This was conceptualised as developing increased confidence to 'push doors', be brave, and not be afraid of rejection (PR4 C1).

Cohort 2:

Practitioner researchers from cohort 2 also described they are exploring options for completing a PhD or seeking further research funding via the PLAF/DLAF routes, although for them this was at the exploratory stage, rather than actively engaged in applications (PR9 C2) (PR17 C2) (PR14 C2).

One practitioner researcher described that prior to the programme, she had assumed she would want to explore doing a PhD, however the programme helped her to realise

that she could undertake research and develop influence and impact whilst remaining in practice, and without necessarily taking an academic research pathway, at this stage:

this program that we've just done has actually had a bigger impact than I thought it would...it is already like catapulting the opportunities and wider impact...it's already opening so many doors. (PR13 C2)

Another practitioner researcher described that even though they wouldn't be pursuing a PhD now, their experience on the programme meant that further research study was now 'on their radar', which it hadn't been before (PR9 C2).

Practitioner researchers from cohort 2 also described that the programme had enabled them to see possibilities for research whilst remaining in practice, developing a dual role as practitioner researcher (PR14 C2) as well as opportunities to develop links with universities, including guest lecturing and potential research collaborations, which will assist with ambition to pursue an academic career in the future (PR10 C2).

One practitioner researcher had already achieved a promotion to a more senior role following the programme and now has ambitions to be a Principal Social Worker, hoping to promote research training and experience, aiming for this to be embedded within workforce development and support activities (PR8 C2).

Another practitioner researcher described that the programme had enabled them to develop confidence and skills in their research leadership and skills for co-production to enable evidence informed developments within their local authority:

I guess what the [programme] has done is... now I get to take a lead on supervision, and I can look at the supervision policy and I've got a plan to do a really impactful project. That's where we co-create something with our social workers and managers, rather than me just deciding what's best and putting that together myself... with the intention of like embedding that in our in our supervisions (PR16 C2).

Q7 Is there anything you would like to add about your experiences of the programme and/or its impact that we've not given you the opportunity to do so?

Across both cohorts, some practitioner researchers emphasised the importance of protected time for research days for them to participate effectively and complete the programme (PR13 C2). Some also highlighted the residential workshops (PR8 C2) and the individual and group coaching as particularly positive and impactful features of the programme (PR9 C2).

The residential were inspiring. We had some fun along the way...It was different, it was creative, It was liberating, It was – 'anything's possible' (PR7 C1)

Two practitioner researchers identified the lack of an embedded research culture within social work and social care practice settings, compared with health and other professions (PR5 C1):

It saddens me though that it still feels like we are pushing uphill, that this isn't a recognised pathway. (PR4 C1)

Overall, practitioner researcher responses to this question were positive about their experiences of the programme, and the impact it has had:

I don't think there was anything from my point of view that could have been done better (PR1 C1)

Meeting everyone, building networks, you can't underestimate the impact that this has all kind of bonded through the shared experience (PR6 C1)

Just want to reiterate how impactful [the programme] was. It was an incredible opportunity that really opened a lot of different doors for me - made me understand what was possible... I don't think I'd ever felt so encouraged before and so sort of supported and in an environment where it sort of mattered what I was saying. I don't think I'd ever had that before...the culture you fostered with all the people involved in it, was amazing...It is probably my best ever experience in social work.... It has changed me fundamentally. (PR16 C2)

I definitely, 100% know that I'd never have done this had the programme not offered the support within it as well...I felt very out of my depth initially... with the likes of [programme coach] and the coaching and with the likes of yourselves [academic delivery team]... it made it feel doable and reachable, and that it had purpose in it. So yeah, I'm really grateful for all of that. And for opening kind of my experiences or understanding of even the academic world and how that can benefit practice...I mean, it was tiring... it was hard work...but yeah, huge benefits and I'm hoping that the benefits will continue, not just talking about myself, but, you know, kind of for the purpose. (PR9 C2)

I feel quite honoured really to be able to have had the opportunity. I think it's changed me. My confidence has definitely increased, and I feel you know that it's really helped me much wider than just actually doing the piece of research so far. I just want to say thanks, to be honest. (PR12 C2)

It's absolutely the best thing I've ever done in my career, and that's 20 years old now! (PR7 C1)

Section 5: Managerial perspectives on the programme

This section reflects on the managerial expectations and experiences of the programme. These consisted of 7 interviews made up of 3 team managers (TM) and 3 Principal Social Workers (PSWs) and 1 workforce development manager (WFDM). These covered 11 practitioner researchers 5 from cohort 1 and 6 from cohort 2.

Table 3 Managerial Respondents for the Practitioner Researcher Development Programmes 2022-2023 and 2023-2024

Role	Cohort	Report ID
PSW	1	PSW1 C1
PSW	2	PSW2 C2
PSW	2	PSW3 C2
TM	1	TM1 C1
TM	2	TM2 C2
TM	2	TM3 C2
Workforce Development Manager	2	WFDM C2

Table 3 Abbreviations PSW =Principal Social Worker, TM= Team Manager

This was a difficult group to recruit as many had moved to new positions in a different authority (although some of these whom we contacted did agree to be interviewed) or were off sick or retired. Others did not respond. Also, in some cases the PSW was also the line manager.

As with the practitioner perspectives the focussed thematic analysis below is arranged in terms of the semi-structured interview schedule, that was similar to the one used for practitioners.

Q 1. What were you hoping would be achieved as a result of your member(s) of staff participating in the programme?

There were three key motivations expressed regarding support for a staff member. This emphasised employer commitment to support the development of staff research careers but in relation to research activity that is also of strategic importance to the employing local authority:

One is a confidence builder and a development of her as a practitioner, she's interested in academic work, bring something back we could learn from, it's about personal development and giving something back to the organisation. (TM2 C2)

for me, there was no research in adult social care.... I'd had a few members of staff contact me saying they wanted to be involved in research. And so, when that opportunity came up, we thought, OK. So, what I was looking for the research was to be able to improve services for residents. More about service improvement, more about organisational development although it's also going to help the career development of the participants win-win situation. (PSW1 C1)

I knew this was an important topic for her and at the same time strategically important for the LA, really hoping we could use the research and look at how to support our staff... So, it's a kind of win-win situation (PSW3 C2)

There was also a view that the programme was accessible as it didn't require staff to 'stop their jobs' which was also seen as positive from 'a job retention point of view' (WFDM C2). Others also noted that focusing on practitioner-based issues could simplify implementing creating a win-win situation.

Q 2. Can you give us any examples of the impact of your member(s) of staff's research for your team/organisation?

The respondents identified the importance of impact across personal, agency and beyond for the department:

I think for her it's had really brilliant impact for her. For us as an organisation and to be honest, it's gone wider than us as an organization. So, I've linked her in with was recently emailing someone from the NHSHer paper was shared with the director and the weekly brief to everyone. (TM2 C2)

The team manager also went on to say that the staff member had also delivered a course based on her research to her colleagues but had also developed a course for managers which she would be delivering next week.

Another team manager noted that:

the feedback that I got from her was, 'I love it, you know I love it'. Then you get really good health and well-being and balance and people are happier in their job, and then they go sharing that locally, nationally. (TM3 C2)

A good example of the ripple effect and positive outcome for the practitioner researcher leading into positive reflections for the local authority. Workers will often share the negative experiences of working for their local authority, but on this occasion, it was positive experiences. She also noted that:

On a local level the research has led to a city-wide service user consultation which is feeding into a multi-agency pathway development process - a test and learn project with the aim of building a specific, trauma informed housing provision for homeless women. (TM3 C2)

This has also led to this practitioner researcher working nationally in cross government initiatives.

A PSW also noted that another practitioner researcher's work from the programme was being used nationally, whilst another who had undertaken the programme and who was reserved and very quiet would not have been successful in obtaining a high-profile senior role without the increased confidence and thinking outside the box provided by the programme. This practitioner researcher's project had also led to the establishment of a specialist autism team within her authority. The PSW noted that:

I don't want people to come up with any research that won't benefit the organization, so we had areas, I think we need to know more around this area (PSW1 C1)

Of interest here is the PSW had previously identified practice areas that her authority would accept applications for the practitioner researcher programme.

In another case a social worker was promoted to a team leader during the programme. His team manager commented that this meant that the:

impact of his developed knowledge through his research could reach and impact more staff and his 'new' peer group of TMs - for the benefit of improving practice.developed in confidence in practice and leadership as a result of the programme - he achieved a sense of personal accomplishment in producing the poster and the research report while in a very busy job and navigating a promotion to team manager himself. (TM1 C1)

They also noted a further ripple effect identifying a particularly complex legal case where the service user was seen to benefit from the improvements in practice related to implementing the research.

Q 3 Thinking about your team's/organisation's experience of the programme, can you identify any:

a. Enablers which supported your member of staff to participate in the programme and to achieve impact?

A number of enablers were identified. There was a recognition by one manager that as her practitioner researcher was not a front-line worker it was easier to support her application. Another identified the motivation of their staff member and the project's link to a strategic issue allowed them to release her and support her fully:

The research topic could be chosen by the practitioner researcher, in discussion with their employer was of benefit to the LA.... Improving knowledge and practice through focussed research on a relevant topic area was a positive. The PSW was very invested in research and the programme and this also made a [positive] difference (TM1 C1)

The quote also highlights that having a PSW who is interested in research makes a difference, a point supported by another team manager. Alongside this, it is interesting to note that a PSW (PSW 1 cohort1) highlighted the importance of the Director's support who was very receptive to research and new ideas, however if they had said 'no', nothing would have happened.

The residential experience and how that symbolised investing in the practitioner researchers in a way that they would not have experienced before.

Residentials are critical to the programme. It's immersive...you've immersed yourself into something which is different to a world you're probably familiar with. But then that balance throughout the day you're in in that learning role, but then you're having that social afterwards that's more informal...it's a lovely balance... and in social care, how often are you offered training or a provision in which you actually get to kick back and stay overnight somewhere, so you feel like you've been invested in. (TM3 C2)

The importance of the residential was also highlighted by a PSW as an unusual opportunity but with the delivery team's support and academic tutors it led to more achievable research questions.

TM3 C2 also highlighted the coaching approach as stamping down on the 'imposter syndrome' and enabling the practitioner researchers to reach their full potential.

b. Barriers to your member(s) of staff's participation in the programme and achieving impact?

The potential barriers ranged from the personal to the day-to-day practice and structural issues and the way the backfill for practitioner researchers operated.

At the personal level one team manager noted that their staff member had a sensitive issue but felt this was well managed by the delivery team and felt that maybe she should have pushed the research more with the senior management team.

The day-to-day demands, particularly for front-line practitioners, were highlighted:

balancing the programme with the day-to-day kind of functions and priorities of working within a statutory setting I think is a barrier, not a barrier on behalf of the programme, just a barrier for anybody within that particular situation. (TM1 C1)

This is a particular issue for frontline staff whose ability to plan their work is often compromised by emergencies. However, it is worth noting that over both cohorts all participants attended all the residentials bar one participant, who missed one of the residentials due to a death in the family. This highlights the commitment of the practitioner researchers and the value they placed on the residential experience. One respondent (WRDM C2) suggested that the use of a learning agreement signed by an assistant director and the team manager as to how the 30 days study leave would be managed would have made it easier for the practitioner researchers who often felt they were having to fight for their study time.

At a structural level two PSWs (PSW 1 Cohort 1) identified the difference between health and social care in terms of managing back-fill:

So, in health, if a nurse is not there, you can easily call an agency for one day. We cannot do that for social workers. Social workers carry a caseload. So, for us, we didn't actually backfill them because we're working on the ground (PSW1 C1).

This caused some difficulties at the start of the programme but suggests the need for a different approach to back-fill whereby PSW3 C2 suggested that the backfill funding could be allocated to a practitioner researcher's team budget.

A lack of local authority research infrastructure in social care was also identified as a barrier:

We don't have like a specific team that oversee research, unlike health. I know they have a lot of infrastructure around research. There's nothing like that in social care (PSW1 C1).

This highlights a major disparity between health and social care and the access to research and research support for the development of a research informed culture and opportunities for staff to contribute to addressing practice issues and problems.

Q 4. If you had a magic wand what one thing could we do to improve your experience of the programme and result in greater impact of practitioner research in your team/organisation?

The answers to this question covered both improvements to the programme but also disseminating the research more widely than just to their local authority.

The practical suggestions for the programme covered a suggestion of 3-way meetings 3 times during the programme between the practitioner researcher, their academic supervisor and the employer. This they argued would:

have been able to enhance the dissemination and impact of the research further as she would have been more informed about it. Also - support from programme for employers about effective methods and tools for dissemination for impact and support to TMs to help to develop a dissemination plan (TM1 C1).

This point interestingly suggests that greater involvement of team managers could help in improving the dissemination and impact of the research. It could also be suggested that this would help with promoting a more research informed culture within the local authority.

Another team manager was conscious of the need to develop accessible formats for sharing what their members of staff have achieved:

we know they do the poster which we've shared and it's I think it's really good that you do that like the executive summary, it's a relatively short report. So, it can be easily read....Maybe video, not everyone's comfortable with that, but developing something that's really accessible like that to show senior leaders this is what this person has done. (TM2 C2)

A PSW who attended the presentations also noted:

... being in that room and hearing and experiencing it you can't replicate that just feeding back - video it, I took loads away from it. I was just expecting X's research. It was brilliant. I really enjoyed it (PSW3 C2).

Others suggested that not only could this session be videoed but also emails of the presenters shared and their reports as following the presentations practitioner researchers have been invited to other local authorities to share their findings.

We had other intern in to present their work family time with children we had her present at our Excellence Court Skills Programme'. If people could agree having everything shared from that (presentations), because I think I've some, but maybe not all of them. And if people could agree, there could just be a send out to everyone and then you get all that research for being involved in it would be really good. If people are comfortable with, contact details like e-mail addresses. So, we can say, can you come and speak to us about this thing? (TM2 C2)

Whilst another participant (WFDM C2) stated if their authority were to engage in another programme, they would like to have copies of all the practitioner researcher's research reports from the presentation day.

This indicates that in future programmes thought should be given as to how to share the practitioner research more widely and creatively. There was also a call for a formal follow up to show what had been achieved and whether anything else needed doing to continue to promote the research and its impact.

PSW1 C1 also wanted to see a dedicated research team in their local authority, or between local authorities, to support practitioners and promote a research informed workforce.

Lastly, a team manager identified the need for improvements in how practitioner researchers transition out of the programme.

when it comes to an end, it can feel like you've then fallen off the edge of a cliff and you'd have to be a really highly driven, confident, autonomous kind of person to keep going, whether that's impact driving that locally or more widely. But also, if you wanted to go on to further research opportunities. It's great that the programme has the NIHR and people coming in and inspiring people and talking about what next opportunities, but there's something about the mentoring of actually doing the next opportunity. (TM3 C2)

This comment is one that rightly raises questions about the need to develop a pathway for successful practitioner researchers to support them in developing bids for NIHR awards or similar research opportunities. It is important to avoid the programme merely being the end of a journey rather than a pathway to greater opportunities for practitioners to influence research to improve practice and the development of a practitioner researcher career pathway.

Q 5. Is there anything you would like to add about your experiences of the programme and/or its impact that we've not given you the opportunity to do so

A PSW noted that she made sure that everyone in their department was made aware of the research and:

that they presented at the forum which brought them into the limelight, everybody knew who they were and helped them in moving onto their next post. (PSW1 C1)

One participant was uncertain how the coach fitted in and how it connected to the programme, suggesting a need to clarify this further in the future (WRDM C2). There was also a feeling of a need for a follow up to see what impact the programme has had over time.

A PR provides a partial answer to the programme's impact with PRs achieving personal development, making small but significant changes within their own department, but also making changes beyond their departments and aspirations and evidence of inspiring award holders to think big:

To give a voice to the evidence on those facing multi-exclusion with complex needs, the first day [of the programme] I started to realise the potential, not just about research but also my self-development, more so than my previous degree on leadership and management. As a social worker I wanted to make a difference, I want to make a difference to Joe Bloggs, one single person. And the actually, [with the programme] I want to make a bigger difference. The bigger the difference the better. (PR7 C1)

In the next section the discussion we bring the key messages together from both the practitioner perspectives and from the managerial perspectives to identify recommendations for any future programme.

Section 6: Discussion and Conclusion

In this section we discuss the findings in relation to the identified purposes of the evaluation which were:

1. To identify the enablers and barriers to the effective delivery of the social care practitioner researcher development programmes as identified by the various stakeholder groups.
2. To identify the impact of the programme for the social care practitioner researchers and their organisations.
3. To provide recommendations for the future effective delivery of the programme.

We will also identify recommendations for NHS R&D North West. In particular, these will assist in the development of interventions designed to maximise engagement of social care practitioners in the wide range of practitioner researcher career development opportunities provided by the NIHR and other organisations.

Enablers

The practitioner researchers identified a wide range of factors that promoted engagement with the programme covering employer-based enablers and programme-based enablers.

The employer-based enablers included the 36 days of protected 'research time' indicating that undertaking research in these days was a legitimate use of the practitioner researcher's time. This was particularly the case when managers supported their workers to flexibly take their agreed 'research time'. Support from their line managers, PSWs and more senior managers greatly helped with this.

Based on discussions with managers and practitioner researchers, the requirement to produce a research report which reflected the focussed literature review and provided recommendations for practice, policy and further research ensured that this output was designed for dissemination and impact. Targeting the structure of the research report specifically at recommendations for local authorities and social care systems, rather than creating a generalised research report, was effective in engaging managers and other stakeholders. Additionally, the structure of the one-page summary received positive feedback

The managers and PSWs noted that it was easier to support their practitioner researcher when they had agreed the research topic and where it was identified as a strategic issue for the local authority, with senior management support. From the managers' perspective the programme provided a potential win-win scenario for the practitioner researcher and their organisation.

Recommendations

- 1. It is critical that PRs have the support of their employer and that any research projects are linked to strategic issues within their local authority.*
- 2. Any programme must engage the practitioner researcher's manager(s) to ensure that the practitioner researcher will be supported to access their research days.*
- 3. To ensure research reports are targeted at the practitioner researchers' local authorities, to increase potential for engaging managers and other stakeholders, thereby increasing impact.*

Participants saw the wider programme delivery team, as experienced researchers, academics, coaches and mentors, bringing essential experience and insight to discussions and in a range of ways, encouraging them to become more confident, able to network and collaborate effectively and begin to develop the wider skillset required to undertake research into practice. In addition, many stated their appreciation for the efficient manner in which the programme was managed by the wider NHS R&D staff group. Please see below for further comment.

Both practitioner researchers and managers noted the importance of the residential. These provided dedicated time away from the workplace for the practitioner researchers to immerse themselves in research, learn more about research and the practitioner researcher opportunities available, hear from others on their practitioner researcher journey, be creative, have fun, share ideas and build a community of practice.

Academic supervisors were valued by the practitioner researchers for their support and mentoring, but also for opening the door to sharing their research and experience with social work students. In cohort 2 there was some concern about the variability in experience with academic supervisors.

An integral part of the programme for the interns was the access to group and individual coaching. This was highly praised and valued by the practitioner researchers and contributed to building their confidence and willingness to be creative and move beyond their comfort zone. The role of coach was also strongly supported by a PSW who recognised significant changes to the confidence of her staff whom she had supported for the programme and felt it had contributed to them getting new, more senior roles in social work. Some practitioner researchers also used their personal awards to purchase extra coaching time.

The personal award was also important for the practitioner researchers. It was used in a wide range of ways, conference presentation and attendance, to purchase relevant research resources, record video presentations for YouTube, visit experts in the field or coaching.

Recommendations

4. *Future programmes should include a residential experience, if possible.*
5. *To consider regular meetings with academic supervisors to clarify expectations of role, address any issues and promote a positive experience for practitioner researchers and academic supervisors.*
6. *To continue with allocating a coach to each programme to support developing personal confidence and research effectiveness.*
7. *To continue with the personal award, if possible, to support practitioner researchers with research resources and promoting impact and dissemination.*

Barriers

These will be considered in relation to, personal, employer-based and organisational issues. In cohort 2 some practitioner researchers expressed guilt about taking time away from workload and vulnerable clients and putting extra work on team members. It was recognised by team managers and PSWs that front-line roles had less control over their workload, its priorities and planning research days than say a practice-development manager. This factor also related to difficulties using the back-fill monies for practitioner researchers. Whilst this was an advertised area of support to allow practitioner researchers to access their research days it proved difficult to achieve. Field social work is not like health provision where you are replacing someone on a shift pattern and can bring in a locum worker.

The employer barriers included a lack of programme understanding from senior managers, particularly for the first cohort. Although practitioner researchers across both cohorts also identified that it would help them if the delivery team developed a set of programme expectations to share with their managers prior to application. Given the previously noted importance of identifying managerial support as an enabler to obtaining research days, this must be stressed. A team manager also noted that they would have welcomed more contact from the programme to help with ensuring effective dissemination and maximum impact of their award holder's research. A workforce development manager also suggested that managers and senior managers could be included in agreeing the practitioner researchers' programme of research days.

Recommendations

8. *To consider acceptable ways in which 'back-fill' monies can be used to support practitioner researcher attendance on the programme and employers/ teams gain some financial compensation.*
9. *The programme delivery team to develop a handbook for local authority managers and senior managers including expectations of the programme,*

models of protected research time, how best to support staff, expected outputs and best practice in promoting impact of award holder's research.

In terms of organisation issues, it is important to acknowledge that both programmes were pilots where the academic delivery team learned as the programme developed. The practitioner researchers of cohort 1 identified some organisational issues which were then addressed for cohort 2. Cohort 2 also had some issues re programme planning which should be addressed for any future programmes. It is important to evaluate each programme and identify issues that can be addressed for better programme delivery.

Recommendation

10. To evaluate any future programmes to continually learn for the experiences of the practitioner researchers to develop the most effective programmes possible.

Impact of the programme

From the perspective of the academic delivery team and as evaluators we have been amazed and very proud at the extent of the impact of these programmes. The impact has covered personal development, impact on practitioner researchers' organisations and beyond.

The personal impact includes most of the programme participants being promoted to new, more senior roles often in the areas of their specialist research. The participants reported an increase in confidence and self-esteem. They now feel more capable of articulating their opinions, having utilised the programme to become more knowledgeable about research and able to support their views with evidence. They also have a wider range of creative techniques to communicate their work including YouTube videos, practice tools, posters and improved presentation skills. Importantly this has led to many of them sharing their practice and research with social work students and communicating and networking nationally and internationally with recognised researchers. In one case this has also included a research collaboration with an academic taking forward the recommendations from their research.

Their impact on their organisations has also been profound. The impact has led to new specialist teams in local authorities and improved Care Act assessments, the building of specialist accommodation for homeless women, the writing of a specialist training package on vicarious trauma for workers and a separate programme for managers which is being rolled to a multi-agency group. Another practitioner researcher produced a decision-making tool for assessing 'family time' in family court proceedings. This work has been shared with Local Family Justice Boards, whilst she has also presented her work to other local authorities and is about to conduct a formal evaluation of the work and present a webinar to be made available both within and beyond her organisation. Another practitioner researcher's research on supervision has led to them rewriting the

local authority's supervision policy based on her research, taking a lead in research and refocusing their plans to remain within social work practice and leadership within their local authority.

Interestingly, one practitioner researcher whose local authority was slow to engage with her work has nonetheless achieved external impact. The practitioner researcher has presented their work at a local university and online to other organisations. They have now been asked to co-chair a special interest group for a national professional organisation.

Since completion of the evaluation interviews the impact ripples on. Examples include one practitioner researcher from cohort 2 recently having an abstract accepted for a forthcoming special edition of the British Journal of Social Work. Two award holders from cohort 1 are co-operating on a journal article whilst another cohort 1 practitioner researcher was a member of a successful research bid in the use of AI in relation to her research topic. The impacts continue, even though it is now 2 years since they completed their programme!

It is worthy of note that the PSWs and team managers who attended the cohort presentation days primarily to support their staff, subsequently requested some form of report of the other practitioner researchers' presentations to share with others in their local authorities. Some of these have also asked the presenters from other organisation to present their work in their local authority!

Recommendation

- 11. The programme delivery team to consider how best to capture the practitioner researcher presentations in such a way that they can be shared between local authorities.*

This has been a very impactful programme for the practitioner researchers. The outcomes and impacts promise better practice tools for social care staff and research informed interventions for service users, which have the potential to be more effective and reduce the costs within social care. Many of the practitioner researchers have expressed an interest in further research training or gaining higher research qualifications, but they have identified a gap between this programme and making NIHR personal award applications or other routes to the development of a practitioner research career whatever form and direction this may take.

Recommendation

- 12. To consider potential bridging schemes for practitioner researchers to continue their research journeys.*

The programmes have evidenced that social work staff can become practitioner researchers and that they can achieve significant impact. More needs to be done to embed practitioner researchers in local authority workforces but also to increase the

local authority research infrastructure, to maximise the potential and benefits of practitioner researchers to influence social work practice, policy and the social work research landscape. This project has clearly proven that the model has achieved major individual growth, re-energised staff and made significant changes for practice and policy.

Section 7: Recommendations

1. *It is critical that practitioner researchers have the support of their employer and that any research projects are linked to strategic issues within their local authority.*
2. *Any programme must engage the practitioner researcher's manager(s) to ensure that the practitioner researcher will be supported to access their research days.*
3. *To ensure research reports are targeted at the practitioner researchers' local authorities to increase potential for engaging managers and increasing impact.*
4. *Future programmes should include a residential experience, if possible.*
5. *To consider regular meetings with academic supervisors to clarify expectations of role, address any issues and promote a positive experience for practitioner researchers and academic supervisors.*
6. *To continue with allocating a coach to each programme to support developing personal confidence and research effectiveness.*
7. *To continue with the personal award, if possible, to support practitioner researchers with research resources and promoting impact and dissemination.*
8. *To consider acceptable ways in which 'back-fill' monies can be used to support practitioner researchers' attendance on the programme and employers/ teams gain some financial compensation.*
9. *The programme delivery team to develop a handbook for local authority managers and senior managers including expectations of the programme, models of protected research time, how best to support staff, expected outputs and best practice in promoting impact of award holder's research.*
10. *To evaluate any future programmes to continually learn for the experiences of the practitioner researchers to develop the most effective programme possible.*

11. *The programme delivery team to consider how best to capture the practitioner researcher presentations in such a way that they can be shared between local authorities.*

12. *To consider potential bridging schemes for practitioner researchers to continue their research journeys.*

Final words

We had some fun along the way, and there was lots of it...It was different, It was creative, It was liberating, It was, anything's possible... It's absolutely the best thing I've ever done in my career, and that's 20 years old now! (PR7 C1)

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