

Researching in residence: Opportunities for co-production, inclusion and empowerment



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What's a researcher in residence?

- Embedded with practitioners and involved with day-to-day work rather than sitting with academics
- Focus on turning existing research evidence into actual practice change
- Carries out research based on what practitioners and service users think is needed
- Aim for research to be more relevant and effective because it is created and used where it really matters



Why did Hallmark want their own Researcher in Residence?



- **Participated in previous pilot project: CHARM** (care home action researcher-in-residence model)
 - 'In house' researcher support to discover, design and deliver small scale projects
 - Positions care homes as experts and builds skills and appetite for evidence-based practice
 - Involves and empowers the whole community, enhancing relationships
- **In response to problems with existing care home research approaches:**
 - Notoriously challenging, time-consuming and ambiguous outcomes for all
 - Lack of understanding and experience of care home contexts
 - Lack of translation to practice
- **Advantages for the organisation**
 - Development and retention of staff
 - Circumvent timescale and barriers for conventional research participation
 - External reputation; innovative and distinctive

Hallmark's Researcher in Residence

3 strands of work within organisation's dementia care strategy

1) Home Action Research Projects (HARPs)

- 3 homes a year supported to design/carry out own action research projects
- Hands-on support from researcher to learn and do research

2) Co-ordinating organisation-wide research

- Supporting projects that what would be helpful across the whole group
- Linking in with external projects
- Research Involvement Group: representation from team, families and residents to guide priorities and provide support

3) Communicating about research

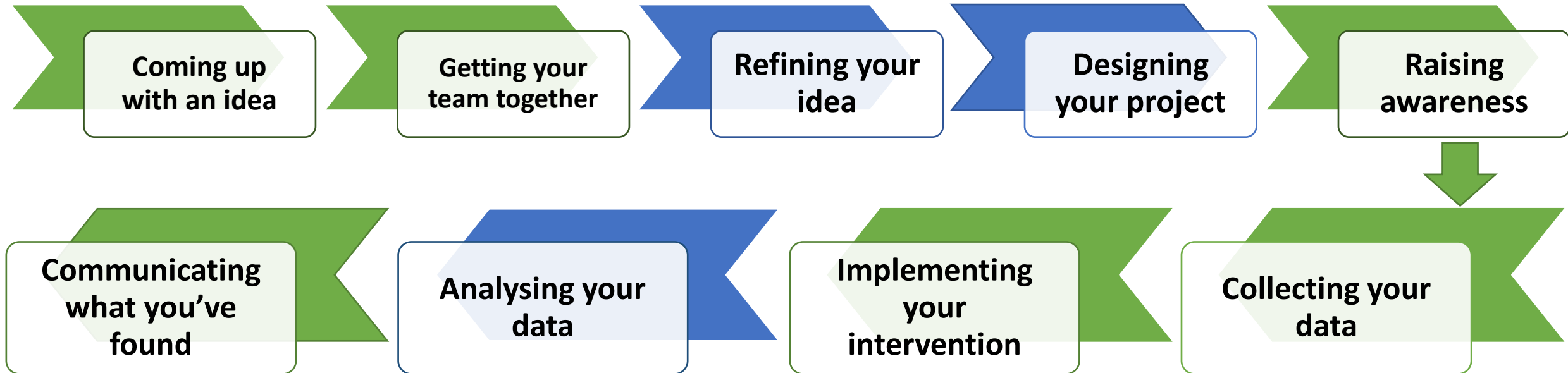
- Sharing new evidence in practical ways ('making sense' podcast, literature summary etc.)
- Celebrating and sharing work internally and externally

The HARP process

The researcher in residence works closely with a “Research Working Group” in the care home to take them through this semi-structured process

Greatest opportunities for co-production / inclusion

High levels of researcher influence



Our Current Home Action Research Projects



What does effective implementation of the “Thomas Tool” for social isolation achieve for our residents, team and family?



Causal study with pre/post measures

Establishing the impact of an existing intervention to combat risk of social isolation for residents living with dementia

Risky Business: How can we improve our community’s knowledge and attitudes when supporting residents to be independent and in control?



Descriptive/exploratory study

Developing an intervention to tackle risk aversion across the whole home

How can we help our residents to have privacy in their personal spaces of the home?



Descriptive/exploratory study

Developing an intervention to promote better privacy for residents living with dementia

Different levels of involvement



Co-production

- Identifying the topic and rationale for the research
- Oversight of process: research working groups chaired by the researcher-in-residence
- Choosing preferred research methods
- Designing data collection: creative workshops, surveys, interview questions etc.
- Facilitating data collection
- Reflecting on initial findings and identifying need for 'deeper dive'.
- Creating outputs and identifying next steps

Empowerment and inclusion

- Inviting all to participate in research working groups
- Residents designing images and posters for the project
- Residents supporting data collection
- Ensuring research participants from a wide range of team, residents and families

Barriers and facilitators of co-production



FACILITATORS

- Ambitious team members
- Creativity of team members
- Relevance of research project
- Flexibility on timescales
- Relationship and responsiveness of RiR
- Adaptability of action research
- Forward-thinking organisation

BARRIERS

- Family/visitor accessibility and engagement
- Resident cognitive abilities
- Time and workload pressures
- Dependency on care home link-person
- RiR distance from the home
- Desire for quick outcomes

Transformative potential

For researchers...

- More in touch with the real-world
- Demands better communication skills
- Methodological adaptation and responsiveness
- More accountable

For outcomes...

- More useable
- More tailored to individual needs – acknowledge complexity of real life

For research...

- Turning hierarchies upside down
- Agenda set by those who will use the research not academics
- Different focus for funding
- Improved agility and responsiveness to the real world

For care homes

- Increase their skills and involvement
- Promote their capabilities and expertise



Thank you

Any questions?



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For information about CHARM:

www.adsdementiablog.wordpress.com/charm

- Frost, Latham and Williamson, (2021) *The CHARM Framework a step-by-step guide for care homes to conduct their own research projects*
- Latham et al. (2022) *Introducing CHARM: the care home action researcher-in-residence model* Journal of Dementia Care 30:1
- Latham et al. (2022) *"I didn't even know you had this job!" The outcomes and facilitators of CHARM* Journal of Dementia Care 30:3
- Frost et al. (2022) *"Covid in a Care Home: the experience and impact of COVID-19 and a home's recovery from a staff perspective"* Journal of Dementia Care 30: