



# Involving care home residents with care home activity providers

## Changes, Benefits and Learning from Public Contributors: Public Involvement Impact Case Study

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# Introduction

The UK National Standards of Public Involvement are used as a framework for the ARC EoE Public, Community, Involvement, Engagement and Participation (PCIEP) Strategy and includes 'impact'. We define 'impact' as "**the changes, benefits and learning**, gained from the insights and experiences of patients, carers and the public when working in partnership with researchers and others involved in NIHR initiative's" (*NIHR Patient and Public Involvement Impact Working Group, 2019*). Through this, we seek improvement by identifying and sharing the difference that public involvement makes to our research.

The ARC EoE PCIEP Impact Case Studies are used to evaluate the impact of PCIEP on ARC EoE research and to highlight the changes, benefits and learning gained from partnership working and public involvement in ARC EoE.

Public contributors have been invited to co-produce the case studies and the perspectives of public contributors are included in the case study.



# Public Involvement Impact Case Study: Involving care home residents with care home activity providers

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**Project Title:** Care Home Activity Providers facilitating Public Involvement in research as meaningful activity for care home residents (CHAPPI)

## What problem is this research addressing?

Care homes for older people look after an estimated 400,000 people in England and are a focus for health and social care research ([Office for National Statistics, 2023](#)). A systematic review (Backhouse et al., 2016) identified the limited studies involving older care home residents in the research process, and while public involvement is a requirement in all publicly funded research, researchers do not seem to be including care home residents in research although many residents would be interested to take public involvement roles. Researchers may not be allowed to make contact with care home residents directly or may assume asking for their involvement is too much burden, or that residents will not be able to contribute. Consequentially, the people most closely affected by research concerned with care homes are not influencing research questions or design, and there is sparse information for researchers on how to involve older care home residents in research.

This study built on the NIHR East of England Collaboration for Leadership in Applied Health Research and Care (CLAHRC) funded project, Residents Research Active in Care Homes (RReACH) in which older people living in care homes told us they were interested in public involvement roles in research, given the right support.

This study took place over 18 months exploring the process and outcomes of resident public involvement facilitated by activity providers in three ongoing care home related research projects. The research explored if researchers and care home activity staff could work together to support care home residents in public involvement and understand what the barriers and enablers were to public involvement, as well as how to get residents' views on shaping research projects.

## How were the public involved in this research?

There were three types of Public Involvement which fed into the CHAPPI study:

- A CHAPPI Advisory Group consisted of six external members plus CHAPPI researchers. The Advisory Group met 4 times and included someone living with dementia, so that their lived experience and knowledge could be incorporated into the study (e.g. what terminology should be used, and how such as when discussing residents' and use of the word 'home'). The remaining Advisory members included representatives from the National Care Forum, Hallmark Care Homes, a speech and language therapist and an independent consultant in adult social care.
- A Resident Advisory Group which met 4 times face to face in a care home with 2-3 researchers facilitating the group for around 1.5 to 2 hours. The group size ranged from 10 to 13 residents at each meeting. The Resident Advisory Group enabled the CHAPPI team to learn the practicalities of running and explaining CHAPPI and trying out some of the CHAPPI activity packs. There were opportunities to learn more about how to include people living with dementia and cognitive impairment in smaller groups. As the CHAPPI project progressed, findings were verified and their views fed into team meetings and the CHAPPI Advisory Group.
- A Public Contributor who was a family member with experience of running care activities who provided useful ideas about working with the care homes and activity providers and the importance of including people who may communicate in other ways such as non-verbal.

## What were the outcomes of public involvement in this project?

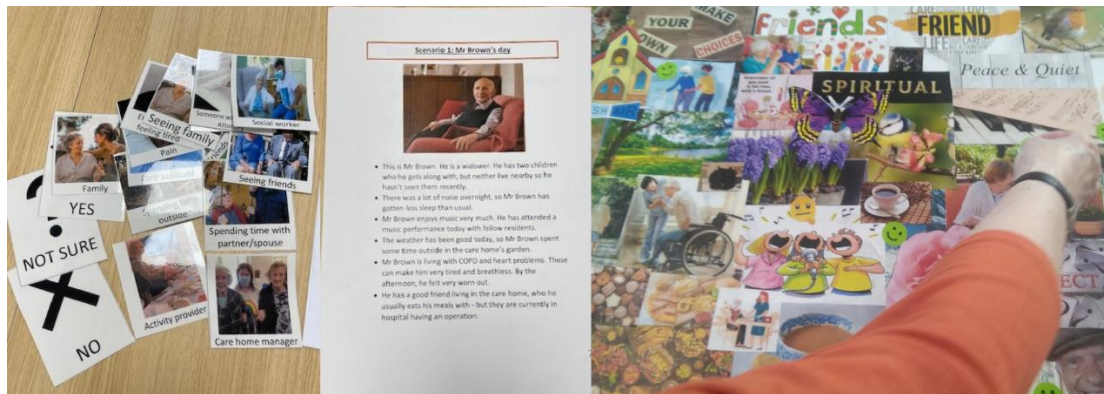
The research provided an opportunity for care homes to demonstrate how they were responsive to individual needs and contributing to knowledge development. Residents enjoyed participating and talking about different topics with other residents, and sharing their views with each other, helping to strengthen relationships between residents themselves. Care home residents thought it was important to be asked their opinions and were pleased their care homes were linking with outside activities. Some residents found the public involvement activity intellectually stimulating and valued this. Residents' voices were then fed back to the research teams and had an influence especially when it was noted if residents were expressing views different to what staff had heard from them before. Staff leading the activity also learnt new things from residents, such as direct improvements to their quality of life which were then actioned in the care home to the satisfaction of residents and activity staff.

The approach to public involvement used activity providers as intermediaries (a strategy that was suggested and tried during COVID-19 (Micklewright et al., 2024) and activity providers demonstrated that they could carry out this facilitatory role between researchers and older people in the care home. We facilitated care home activity staff to run public involvement activities based on activity packs developed in three previous studies:

[The DACHA Study: Developing resources And minimum data set for Care Homes' Adoption study | ARC East of England](#)

[Prioritising Research through Engagement with older Adult Care Homes \(the PREACH project\) | ARC East of England](#)  
[\(TIMES\) Tailored management of sleep in dementia | ARC East of England](#)

The activity providers chose how best to organise these activity sessions based on the needs and preferences of their residents. In smaller groups, this included either general conversations, at times using images or prompt cards, or more creative activities, including building group or individual collages and writing poetry (examples provided in the image below). In one group, which was larger than anticipated, the activity was set up as a group discussion led by the activity staff member.



Activity providers were able to give researchers guidance to develop materials for activities that their residents would engage with, and to then facilitate activities in which residents' voices and opinions were heard. These views were then communicated to researchers, who could in turn take this back to shape research projects. Through the research there was potential for residents' to experience citizenship and self-efficacy in shaping research, which is consistent with meaningful, personalised activities as advocated by NAPA.

This approach to care home public involvement requires time and resources for activity providers, care home staff, and researchers. While activity providers gain a novel, engaging, activity to carry out with residents, it also provides opportunities for new insights into their residents and their experiences. However, there are additional demands of meeting with researchers before and after the activity and explaining and discussing with residents their involvement. Some care homes were able to capitalise on engaging in research to demonstrate care home quality to regulators. Activity providers varied in experience in the role, having the support of a wider team, confidence in working with external researchers and facilitating public involvement activity into the usual activity provider role. Activity providers need accessible consistent resources to support their role in facilitating public involvement. There was also caution from both researchers and activity providers in creating activities that had potential to facilitate input from people with moderate or severe cognitive limitations and this should be explored in further research.

An aim of this project was to co-produce evidence-based guidance to support researchers and care homes, to successfully engage residents in care home research. This co-produced guide for activity staff is now being shared with networks including NIHR ARC East of England, National Activity Providers Association (NAPA), Skills for Care, Proud to Care North London Network and Hallmark Conference.

The work has been presented at the NAPA conference, Dementia Congress 2024, Margaret Butterworth Forum, Qualitative Health Research Network Conference, Cross ARC Care Home Research Network 2025 and British Society for Gerontology (2023, 2024, 2025).

Through Public Involvement, care homes can demonstrate that they are responsive to individual needs and further contribute to knowledge development. Through the research activity staff learned more about the residents and issues that could be used to improve care. Care home residents' experiences of taking part in research and understanding the benefits, costs and process elements of their public involvement were also explored. Researchers gained insights into residents' perspectives which could influence further research projects.

## How did public involvement influence the project overall?

Although we had originally planned to bring activity providers together in small groups, we found it was a challenge to find suitable times to arrange for this, as was arranging a time for the research team to visit and carry out further fieldwork. As a result, it took longer to conduct fieldwork, and reduced the number of times research term was able to meet with activity providers in preparation for the public involvement activity.

However, public involvement as an activity in care settings had the potential to enhance a culture of listening to individuals. It provided an additional opportunity for care homes to demonstrate that they were responsive to individual needs and contributing to knowledge development. Research outputs include a 'How To' Guide for care home activity staff, called 'Listening to residents voices: Help shape research.' The Guide introduces care home staff to care home research, public involvement in research of older people living in care homes, and how this can be a meaningful activity for residents. To help demystify public involvement in research the Guide relates it to other ways that residents' voices are heard, that activity staff may be more familiar with, like residents' meetings and suggestions boxes.

A partner Guide aimed at researchers to introduce them to the need for public involvement of older people living in care homes and the role that activity staff in care homes can take in facilitating this. is also being produced. The Guide will describe how to work with activity staff to collaborate in activity provider facilitated public involvement of care home residents in developing and completing research projects. Guides will be shared with ENRICH (NIHR Network, Enabling Research in Care Homes) and with relevant NIHR Research Support Services who support researchers in designing and developing research projects. These research dissemination activities will contribute to development of public involvement in research of older people living in care homes, and to the visibility of older people living in care homes as citizens with contributions to make to society.

The research has also provided future researchers a structured pathway around how to approach care homes and how to involve people living in care homes in public involvement. This has potential to change the perspective of researchers, with research being conceived and designed with the concerns of residents at the centre. Activity staff who become involved sharing their knowledge and insights about resident wellbeing into research studies, will also become more confident and experienced to engage with evidence to improve practice.

## What was the feedback from public contributors involved in this project?

*"It was a really lovely afternoon and the residents enjoyed themselves. It's so good for them to join in group conversation, it promotes inclusion, confidence and wellbeing. Thank you so much for including us".*  
Nichola Lazenby, Well-being Lead, Fairfield Manor Care and Nursing Home.

## What are the reflections and learning from public involvement in this research?

Went Well: Having a flexible approach to enable people to contribute in a variety of ways; offering support before and after and in between meetings; making contact with a care home that had not been involved in research (but had some existing connections) and residents appreciated being asked their opinions.

Challenges included research working with a large group (10-13) of residents who wanted to take part. Researchers found it difficult when entering a 'resident's home' and not feeling able to 'turn away' or exclude residents who were interested.

Learnings include noting that that the activity provider was key to supporting our public involvement. The project demonstrated that the particular approach to facilitating the public involvement in research of older people living in care homes could be effective. The team were able to learn more about how to include people living with dementia and cognitive impairment in smaller groups and the use of appropriate terminology through the lived experience of someone living with dementia.

Further research could usefully examine progress in care home research demonstrating care home resident public involvement, and impact on the body of care home research evidence. There is also scope to further develop an understanding of public involvement in the context of people with cognitive difficulties which severely limit communication through spoken language, and how this could be facilitated.

The study showed dedicated activity provision is not universal in care homes for older people. The 'practice' and 'academic' collaboration embodied in the research team provided a model for professional development in social care using a collaborative approach to research that respected and supported the skills and professional development of activity staff in care homes and positioned people living in care homes as active citizens.

### Further resources:

[Listening to Residents' Voices: Help Shape Research Guide](#)

[Listening to residents' voices:](#)

### References:

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For more information, visit the [project webpage](#)

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