Strategic Frameworks for Inclusive Research

A Practice-Informed Contribution to Institutional and Community Systems

An Elysium London White Paper

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1. Abstract

This paper outlines a practice-informed approach to inclusive research, grounded in five years of work across community-based organisations, namely Centric Community Research and institutional consultancy. Developed through lived experience, advisory roles, and formal collaborations with institutions across the public sector, academia, government and funders, the frameworks presented here offer an alternative to extractive or tokenistic forms of engagement. Four models are introduced: the Interspace Framework, which positions the researcher as a boundary-spanning actor between institutions and communities; the RCA Model (Relationships, Credibility, Access), a sequence for ethical and trust-based access, the Continuum Model, which situates participation as an ongoing process across the research lifecycle and the concept of pracademic translation, the often-overlooked skill of aligning academic, practitioner, and community perspectives to enable meaningful research and strategy. These are substantiated by theoretical foundations, including Paulo Freire's pedagogy of liberation, CBPR principles, and intersectionality theory. By bridging practitioner insight and academic standards, this paper proposes a contribution to the evolving discourse on inclusive research that is methodologically rigorous, relationally accountable, and structurally aware.

2. Introduction

In recent years, the call for more inclusive research has gained traction across the health, social, academic, and policy sectors. Whether prompted by equity mandates, widening participation goals, or the pursuit of more representative data, institutions are increasingly aware of the limitations of traditional research models that exclude, marginalise, or oversimplify the voices of those most affected by the issues under study. Yet despite this growing awareness, efforts to embed inclusive practice often remain superficial, focused on representation rather than redistribution of power, and participation rather than partnership.

My own journey into inclusive research was not academic in origin, but deeply practical. I began my career at Centric Community Research, a pioneering community research organisation working with communities who were often the subject of research but rarely the co-authors of it. Over time, I found myself navigating the uncomfortable space between institutional mandates and community realities, attending policy briefings one day and sitting in grassroots roundtables the next. It was during this period I first encountered the deep tensions and transformative possibilities of inclusive research methods. There, I helped shape models of engagement, power-sharing, and insight generation that sought to challenge institutional inertia while remaining grounded in ethical practice. Elysium London, the consultancy I now lead, builds on those foundations but with a clearer commitment to implementation. It is both a vehicle for strategy and a platform for translating inclusive values into tangible outcomes. My current work spans institutional advisory, research design, insight delivery, training and inclusive methodology support with organisations ranging from NHS bodies to universities and social funders.

In this paper, I set out the core frameworks that underpin this work, with the goal of offering practical guidance for those seeking to embed inclusive research in ways that are rigorous, relational, and structurally aware.

This is not an academic treatise, but it does adhere to academic standards. Nor is it a policy manual, though it speaks directly to policymakers and commissioners. It is a practitioner's framework, one informed by lived experience, refined through real-world implementation, and grounded in a commitment to research that does more than describe inequality, but helps address it.

3. Defining Inclusive Research

The term "inclusive research" is increasingly used across the domains of public health, social policy, and applied research. Yet, its definition remains fluid, and at times interchangeable with adjacent paradigms such as participatory research, co-production, or user-led inquiry. While these traditions have contributed significantly to the democratisation of research, inclusive research, as conceptualised in this paper, demands a distinct framing.

Inclusive research refers to an equity-centred, partnership-driven approach to knowledge generation that deliberately restructures who participates, how decisions are made, and which outcomes are prioritised. It treats marginalised individuals and communities not as subjects, but as co-owners of the research process. This includes the co-definition of research questions, the co-design of methods, and shared involvement in interpretation and dissemination.

Unlike some co-production models, which often begin from within institutional agendas, inclusive research is rooted in a dual accountability: to both the communities engaged and the institutions commissioning the work. It requires researchers to take an explicit stance on power, to recognise the historical and contemporary harms caused by extractive research, and to make structural commitments that extend beyond the research itself.

Where participatory research may centre on inclusion in data collection, and user-led approaches may elevate lived experience in interpretation, inclusive research, as understood here, demands coherence across the research lifecycle. This includes relationships, access, remuneration, positionality, and legacy. It challenges the false binary between rigour and relevance, asserting that deep community insight is not anecdotal but essential.

This definition is not proposed as a fixed endpoint, but as a working foundation for those seeking to move from extractive or tokenistic engagement toward structurally inclusive research practice. It is operationalised through the frameworks outlined in this paper and is grounded in both academic theory and field-tested implementation.

4. Theoretical Foundations

The frameworks presented in this paper are rooted in practice, but they are not without academic lineage. While developed in real-world contexts, particularly in the space between community organisations and public institutions, they are informed by established bodies of theory. This section briefly outlines four foundational influences that have shaped the inclusive research approach used at Elysium London.

4.1 Paulo Freire and Critical Pedagogy

Freire's Pedagogy of the Oppressed remains a central text in the development of participatory and emancipatory research practices. His emphasis on dialogue, critical consciousness (conscientização), and the co-creation of knowledge between educator and learner laid the groundwork for many participatory methodologies. In the context of research, Freire's ideas underscore the importance of positionality, reflexivity, and the rejection of top-down knowledge extraction. These principles continue to inform the reflective practices, power-aware facilitation, and participant framing within the inclusive research approach developed at Elysium London where community members are positioned as knowledge-holders, not just data points.

4.2 Community-Based Participatory Research (CBPR)

CBPR has become one of the most widely recognised methodologies for involving communities in research. Defined by Israel et al. (1998), CBPR promotes co-learning, mutual benefit, and long-term commitment between researchers and communities. Its lifecycle-based structure, which often includes co-design, co-delivery, co-analysis, and co-dissemination, directly informs the Continuum Model introduced later in this paper. CBPR also provides a methodological foundation for shared governance, capacity-building, and ethical accountability, all of which are embedded in Elysium London's approach.

4.3 Intersectionality

Developed by Kimberlé Crenshaw and expanded by scholars such as Patricia Hill Collins and Bell Hooks, intersectionality is not only a theory of identity but a framework for understanding the layered nature of discrimination and power. In research, intersectionality helps avoid reductionist approaches that treat communities as homogenous or static. Instead, it demands attention to how race, gender, class, disability, and other factors intersect to shape lived experience. This perspective is essential when designing inclusive research that seeks to generate insight without erasing complexity.

4.4 Boundary-Spanning and Translational Roles

The concept of boundary-spanning originates in organisational and implementation science, where it describes actors who operate across institutional or cultural boundaries to facilitate communication, trust, and coordination. In the context of inclusive research, this concept is particularly relevant.

Researchers and practitioners who work between institutions and communities must translate not just language, but expectations, timelines, and epistemologies. Literature on translational roles in public health and community engagement (for example, Williams, 2002; Gittell et al., 2008) reinforces the need for credible intermediaries who can build trust without becoming co-opted. This body of work provides important validation for the Interspace Framework developed later in this paper.

5. Frameworks Developed in Practice

5.1 The Interspace Framework

The Interspace Framework is the foundational model that informs the inclusive research work of Elysium London. It reflects a lived positionality: working not within the institution, nor solely embedded in the community, but in the space between. This “interspace” is not a neutral zone. It is defined by tension, translation, and the need for dual legitimacy. It is also where inclusive research, if it is to be credible and effective, must often take shape.

The concept draws partial parallels with the academic literature on boundary-spanning and translational roles. Scholars such as Williams (2002) and Gittell et al. (2008) have examined how actors working across institutional boundaries can facilitate knowledge exchange, reduce conflict, and build trust. In the public health context, this has included roles such as community liaisons, policy translators, and engagement specialists. However, while useful, this literature tends to frame the boundary-spanner as a function or role within the system. The Interspace Framework, by contrast, is proposed as an operational stance, one that shapes the design, delivery, and ethics of research itself.

In this framework, inclusive research is understood to emerge not from institutional mandates or community demands in isolation, but from the dynamic interaction between the two. The role of the interspace practitioner is to hold this tension to surface insight rather than resolve friction, and to translate values, risks, and outcomes in both directions.

Key Principles

1.Dual Legitimacy

Practitioners operating in the interspace must be seen as credible by both institutional stakeholders and community members. This legitimacy cannot be assumed based on professional status or lived experience alone. It is earned through prior investment, relational consistency, and visible accountability. The literature on trust-building in implementation science (e.g. Gilson, 2003) supports the notion that credibility is context-specific and must be actively maintained.

2. Fluid Translation

Inclusive research in the interspace requires the ability to translate institutional language and priorities into forms that resonate with communities and vice versa.

This includes not only linguistic translation, but also translation of values, expectations, and research cultures. The work of translational health researchers often highlights the difficulty of aligning institutional timelines with community readiness, a challenge echoed in inclusive research settings.

3. Tension as Insight

Where conventional research approaches may seek to minimise or bypass stakeholder conflict, the Interspace Framework treats tension as a generative source of data. Conflicting expectations, hesitations, or even refusals are not seen as barriers, but as indicators of what is at stake. This stance is supported by critical research traditions which argue that dissent can reveal structural power imbalances and surface hidden narratives.

4. Design from the Edge

Rather than retrofitting inclusion into pre-defined research processes, the Interspace Framework advocates for research that is designed with marginalised groups in mind from the outset. This principle aligns with design justice literature and emerging practices in equity-centred research, which argue that the most meaningful participation begins at the point of framing, not consultation.

The Interspace Framework is not a detached model. It is based on practice shaped by real interactions with NHS bodies, research universities, and community organisations across South London. It is presented here not as a universal solution, but as a useful tool for researchers and institutions seeking to ground their inclusive research ambitions in credible, relationally accountable practice.

5.2 The RCA Model (Relationships, Credibility, Access)

The RCA Model is a trust-based model I developed to guide inclusive research practice in settings where conventional engagement methods often fall short. It emerged as an evolution of a model shaped at Centric Community Research, originally framed as APC (Accessibility, Positionality, Credibility). Over time, I found that reframing these ideas through a trust-based sequence, Relationships, Credibility, Access, was not only more intuitive but more practical for stakeholders navigating real-world challenges around participation and inclusion. The model is structured around a simple premise: access is earned, not assumed. Before any data can be gathered, relationships must be built. Once those relationships are in place, credibility can be established, and only when both of these foundations are secure can true access be granted, not just to participants, but to the deeper, more meaningful insights that sit beneath the surface.

This structure is supported by findings in the participatory research literature. Lansing et al. (2023), for example, identify three central mechanisms for building trust in participatory settings: relationship-building, the embodiment of trustworthiness, and collaborative decision-making. These elements map closely onto the logic of the RCA Model.

Relationships (R)

In inclusive research, relationships are not a preliminary step before the “real work” begins. They are the foundation of the work itself. Building trust takes time, consistency, and a commitment to relational ethics. It requires proximity, presence, and patience. In my own work, I have seen how rushing into recruitment or data collection without taking this time often leads to silence, resistance, or withdrawal. The literature on CBPR and community engagement reinforces this, with scholars like Cargo and Mercer (2008) emphasising the centrality of relational investment to credible and ethical research.

Credibility (C)

Credibility, as I define it, is the community’s belief that you can be trusted. It cannot be granted by institutions or inferred from credentials. It is earned through transparency, follow-through, and ethical consistency over time. In many of the environments I work in, particularly where communities have experienced extractive or harmful research in the past, credibility is fragile. It may be established through intermediaries, trusted individuals or organisations who vouch for your work, but ultimately, it must be demonstrated directly. Gilson (2003) notes that trust in healthcare and research is a socially constructed process. My experience echoes this. Credibility is a relationship, not a status.

Access (A)

Only when both relationships and credibility are in place can meaningful access be granted. This goes beyond gaining agreement to participate. It includes access to cultural nuance, unspoken truths, and the deeper layers of lived experience that are rarely shared with outsiders. Access also comes with responsibility. It is not permanent. It can be revoked, and it must be respected. In contexts where trust has been broken in the past, I have found that access, once granted, carries an obligation to listen carefully, to act ethically, and to ensure the research offers value in return.

Reflection from Practice

The RCA Model has become a core tool in my work supporting institutions across public health, academia, and the third sector. The model has become central to helping institutions understand why previous engagement efforts may have failed, and to support them in redesigning their approach. While the model is presented as a sequence, I often highlight in practice that it is not linear. Relationships and credibility must be maintained throughout. Access is not a door that opens once, but a threshold that must be re-approached with care.

5.3 The Continuum Model

The Continuum Model offers a simple but powerful way to frame what participation can and should look like across the full research lifecycle, particularly for institutions and funders. It challenges the tendency to treat community involvement as a single moment, usually during data collection or consultation and instead frames participation as a continuous, structured commitment.

This model is not one I claim to have created from scratch. It is learned from my time at Centric Community Research and principles that have long existed in the CBPR literature, particularly the work of Israel et al. (1998) and Wallerstein and Duran (2006), who outline participatory structures that span from research design to dissemination. What I've found is that many institutions remain unaware of these models or struggle to apply them in practical terms. The Continuum Model offers a more accessible entry point, one that allows funders, NHS bodies, and academic teams to see the full arc of participation and identify the specific stages where they can meaningfully shift power.

This model informs project planning, advisory practice, and capacity-building processes at Elysium London. It offers a roadmap not just for conducting more inclusive research, but for doing so with greater coherence and accountability.

Stages of the Continuum

1. Co-Design

Participation begins at the very start, when research questions are being shaped. This is often the most overlooked stage, particularly in institutional settings where research agendas are predefined. Opening up this early phase to community partners ensures that research priorities are not imposed but negotiated. It also requires reviewing the language, frameworks, and assumptions that shape the project before any formal methods are selected.

2. Co-Delivery

This stage involves the active involvement of community members or organisations in carrying out the research. It may include training community researchers, co-facilitating focus groups, or embedding local knowledge into recruitment strategies. While many funders and institutions express interest in this model, few provide the resources or infrastructure to support it meaningfully. Exploring what co-delivery looks like within the constraints of available capacity without defaulting to tokenism is one of the central challenges of truly inclusive research.

3. Co-Analysis

True participation extends into interpretation. Too often, community involvement ends once the data has been gathered. The Continuum Model emphasises the value of including community researchers, panels or advisory groups in the analysis phase through sense-checking early findings, interpreting emerging themes, or identifying blind spots institutional researchers may have missed.

This process enhances both the validity and the credibility of the research, particularly when working across cultural or socio-political divides.

4. Co-Dissemination

Finally, inclusive research must take responsibility for how findings are shared. This includes designing dissemination strategies that return value to the communities involved, not just institutional stakeholders. It means producing outputs in accessible formats, in appropriate languages, and through trusted channels. It also means naming who the research is for and being honest when certain groups are likely to benefit more than others.

Reflection from Practice

The Continuum Model is not a checklist, and I never present it as one. In some projects, full co-design may not be feasible. In others, co-delivery may not be safe or culturally appropriate. The point is not to achieve all four stages in every case, but to make those decisions consciously, transparently, and in conversation with those affected. I use the model to help institutions reflect on their current research processes, identify gaps in participation, and adapt their approaches with greater intentionality and coherence.

This model has been particularly effective in my work with public health teams and academic researchers who are interested in participatory approaches but unsure where to start. By breaking down the lifecycle into tangible stages, the Continuum Model helps shift the conversation from abstract values to implementable practice.

5.4 Pracademic Translation

In my work, one pattern has emerged consistently: the gap between academic research and frontline practice is often as wide as the gap between researchers and the communities they hope to serve. These are not sequential barriers. They are layered, and unless we address both, inclusive research efforts are likely to stall, misfire, or deliver only surface-level results.

This insight became especially clear during my time presenting Centric's Community Research model at the Youth Diversions Ministry of Defence conference in Ireland. Surrounded by academics, practitioners and frontline staff. What I noticed was not just different perspectives, but different languages, expectations, and assumptions. Academics asked about theoretical frameworks. Practitioners asked how quickly the work could be implemented. Community stakeholders asked whether anything would change. To address these disconnects, I've come to see pracademic translation as a critical skillset - a capability that allows individuals or teams to translate knowledge, priorities, and processes across these three domains: academia, practice, and community. This is not just communication. It is a structural translation about aligning timelines, power dynamics, decision-making processes, and definitions of success. While the term pracademic has gained traction in education and public policy (Posner, 2009; O'Flynn, 2019), it remains underexplored in inclusive research.

I believe it offers a useful lens for thinking about what high-performing, equity-focused teams require. In my view, a truly effective research or strategy team needs to include or be supported by individuals who can operate across all three domains. Without this, research risks remaining theoretical, strategy risks being disconnected from lived reality, and community engagement risks becoming transactional.

Defining the Capability

I define pracademic translation as the ability to bridge and align academic insight, practitioner implementation, and community experience to deliver tangible outcomes. It involves:

- Translating theory into usable models for frontline delivery
- Contextualising practice-based insight for academic credibility and dissemination
- Embedding community knowledge in ways that shape both design and delivery
- Navigating institutional and grassroots expectations around pace, ethics, and accountability

This capability is not limited to individuals with dual roles. It can be developed, supported, and resourced as part of a team's overall skill profile. In my consultancy work, I often take on this role, helping institutions build coherence across their research and strategy functions, and ensuring that engagement is not siloed or symbolic.

Reflection from Practice

Although this model emerges from inclusive research, I have found it equally valuable in broader system change efforts. Whether advising on health equity strategies or supporting cross-sector collaborations, the challenge remains the same: without pracademic translation, efforts fragment. Researchers stay in their lanes, practitioners feel burdened by inaccessible knowledge, and communities disengage. However, when translation is present and done well, alignment becomes possible. Ideas travel further, and action becomes more feasible. Change begins to feel credible.

I offer this model not as a completed theory, but as a practical framework-in-use. It is a capability that can be built, and one I believe should be recognised as part of the gold standard for inclusive and outcome-driven work.

6. Applications and Institutional Use

6.1 Application of The Interspace Framework

Throughout my career, I have consistently operated in what I now call the interspace. This isn't a theoretical construct, but the day-to-day reality of working across multiple stakeholder groups with competing priorities, languages, and expectations. Whether advising NHS bodies, designing interventions with VCSE organisations, engaging with local authorities, or collaborating with academics, I have occupied a position that is neither fully institutional nor fully community-rooted. It is the in-between space where translation becomes the primary currency of trust, progress, and delivery.

The interspace is not a neutral or passive position. It is active, strategic, and fraught with competing demands. I first became conscious of this during my years leading business development and strategy in Centric Community Research. My role required translating academic insight into products and services that institutions could procure, understand, and implement. This often involved reframing dense literature into actionable proposals, policy-aligned language, or digestible strategic plans.

At the same time, I was translating in the other direction, drawing from what I was hearing in community spaces, consultations, and research fieldwork to inform institutional projects. I brought community voice into partnership conversations in a way that preserved its complexity without making it illegible to funders or local authorities. I had to constantly choose which lens to prioritise in a given moment, whether to centre institutional language, lived experience, professional standards, or cultural nuance.

This also extended into internal project delivery. When working with community researchers, I was often responsible for mediating between what the funder needed and what the community could realistically deliver. This meant translating timelines, ethical standards, and evidence requirements in a way that respected both the integrity of the work and the people involved.

Crucially, all of this took place within the context of running a functional business. I wasn't operating as a pure academic or an activist. I was managing cash flow, hitting revenue targets, building relationships with funders, and pitching to clients, all while trying to hold the values of equity, credibility, and community legitimacy.

The Interspace Framework didn't emerge from theory. It emerged from navigating these tensions from the daily decisions about how to speak, whose truth to centre, and how to ensure that what was delivered had value for all parties involved. It's a framework that now underpins the work of Elysium London, not as an abstract principle, but as a lived operating stance. The model has proved valuable in contexts where institutional stakeholders face complex and competing demands. It reframes the ambiguity and tension often experienced in the midst of participatory work not as failure, but as a critical site of learning, negotiation, and impact.

6.2 Application of the RCA Model

One of the most powerful applications of the RCA Model came during a project I led at Homerton Hospital, at the height of the COVID-19 vaccine mandates. This was not a neutral research setting. Staff members were facing the possibility of job loss if they refused vaccination. The stakes were deeply personal, especially for those from Black communities and other minority groups many of whom were disproportionately represented in the frontline workforce.

We were commissioned to understand staff perceptions, fears, and attitudes during this period to create a research-informed understanding of what was happening on the ground.

The context made the work inherently fragile. These were staff who had risked their lives during the pandemic. Some had lost loved ones. Others were wrestling with genuine concerns about vaccine safety, informed by real incidents in their communities, including, in some cases, family members who had died shortly after taking the vaccine.

In this climate, we could not assume participation. No matter how well-crafted our recruitment materials were, we knew digital outreach would not be enough. We needed to be physically present to build real relationships, in real time, in a place where trust had eroded. For a full twelve-hour shift, our team was set up inside the hospital's staff canteen, with banners, flyers, and chairs. But more importantly, we came as people. We introduced ourselves. We explained who we were, why we were there, and what Centric Community Research stood for at the time as a community-rooted organisation focused on building capacity for ethical, community-led research. This was the "R" in RCA: relationships. This had to come first.

Many staff members were sceptical. Some were openly resistant. However, by taking the time to engage face-to-face to listen rather than persuade, we gradually built the credibility required to move forward. We clarified our role as a neutral research partner, not a mouthpiece for the Trust. We made it clear that we were there to understand, not to advise or enforce, and we demonstrated consistency through our communication, by being transparent, and by treating every interaction with care. Only after that credibility had been earned were we granted access. Not in the form of a simple yes or no, but through genuine insight. Many staff eventually agreed to join private, often anonymous focus group spaces where they could speak freely about their experiences, their fears, and their feelings about the mandates.

The result was one of the most detailed, culturally nuanced reports I've ever worked on. It revealed fault lines in communication, differences in how trust was understood across departments and demographics, and emotional truths that would never have emerged through surveys or surface-level engagement.

None of this would have been possible without the RCA Model. If we had started with access and gone straight to data collection, we would have encountered silence, resistance, or even active pushback. Relationships and credibility were not optional; they were the foundation. The RCA framework gave us a structure to hold ourselves accountable to that process, and ultimately allowed us to produce work that mattered both ethically and institutionally.

6.3 Application of the Continuum Model

The Continuum Model is not something I've only taught or implemented, it reflects my own professional journey and the development pathways I've created for others. I've seen firsthand what happens when research participation is treated not as a moment of engagement, but as the beginning of a broader journey into co-production, leadership, and systems change.

In multiple projects, I've supported individuals who first joined us as participants responding to a research activity, or community consultation and over time moved into roles as community researchers, collaborators, and eventually peer mentors themselves. These were people who had never seen themselves as researchers, who had not previously engaged with literature or institutional systems, but who became trusted contributors to real, high-stakes projects.

We brought them into every part of the process: co-designing research questions, co-delivering fieldwork and interviews, co-analysing findings, and co-disseminating insights. Not as token gestures, but through structured involvement, ongoing mentorship, and careful framing of their knowledge as legitimate and essential. Alongside this, I invested time in coaching these individuals through each stage of their development. This went far beyond preparing people to present findings. It included:

- Supporting them to manage partner relationships and stakeholder expectations
- Helping them interpret academic literature in ways that aligned with their lived experience
- Mentoring them to manage teams of researchers or navigate their changing roles within their own communities
- Strengthening their ability to lead with confidence, while retaining integrity and local trust

This wasn't just about building individual capacity; it was about creating a culture of shared ownership and mutual respect across the research process. I don't present the Continuum Model from a distance. I've lived every stage of it. I began my journey as a community researcher conducting interviews, running focus groups, and transcribing data. I then moved through co-design, project management, stakeholder liaison, and strategic leadership. Eventually, I found myself holding stakeholder relationships across NHS systems, funders, academic institutions, and community groups simultaneously. In that sense, I don't just implement the Continuum Model. I am an example and outcome of the Continuum Model.

It has shaped how I think, how I train others, and how I structure the work of Elysium London. It is not a checklist. It is an orientation that recognises participation as a pathway, not a transaction.

6.4 Application of Pracademic Translation

Pracademic translation is rarely named, but it is essential. It's the capability that allows complex systems filled with people speaking different professional, academic, and cultural languages to work together without collapsing into confusion or hierarchy. When it's absent, misalignment creeps in, assumptions deepen, and communication breaks down. However, when it's present when you have people, teams, or environments that understand how to translate across academic theory, professional practice, and community voice, the quality of research and strategy improves exponentially. One of the clearest examples of this in my work came during Southwark Council's Rebuilding Trust programme. This was one of the first projects I led at Centric Community Research, alongside a new strategic partner, Social Finance.

We were tasked with producing research that could inform how the local authority engaged Black and minoritised communities in the borough. The scope was ambitious, the timelines were tight, and the politics were live.

What made it work was not just the research design. It was how the environment was structured. In the later stages of the project, we brought community members, Centric-trained community researchers, frontline practitioners, local authority staff, and academic researchers into co-design workshops. Each of them came in with different expectations, logics, and communication styles, but because the framing was clear, because the facilitation was intentional, and because I had helped set shared terms for the work, it worked. Everyone in the room understood the project's purpose, activities, and boundaries. The energy was collaborative, not defensive. The insights we generated weren't just representative; they were actionable. That kind of alignment is rare. It doesn't happen automatically. It has to be designed, held, and translated into existence.

There were also moments especially in national and cross-sector spaces where I felt this translation work acutely. At the NIHR Implementation Science conference, at the University of Limerick, I found myself speaking to academic researchers on one side and service practitioners on the other. The same question might be asked twice once as a theoretical provocation, once as a delivery concern. My job was to bridge that. To explain what a concept meant in terms of community buy-in or staffing limitations. To show what a promising insight would look like when implemented at street level. That's the mental agility pracademic translation requires and it's rarely recognised for the skill it is. Too often, systems rely on lone individuals to hold this capacity without naming it, supporting it, or building around it.

I saw glimmers of what this could look like structurally during an early engagement with a team at the Health Innovation Network South London. The team brought together clinicians, researchers, programme leads, and practitioners and in the short time I worked with them, there was a noticeable coherence in how they engaged across disciplines. Communication felt aligned, and there was a shared clarity that made the work feel more integrated than in most spaces I've been in. It stood out as a positive experience in how pracademic translation can begin to flow when the right people, culture, and intentions are in place. It showed me that this capability doesn't always have to rest on one person; it can be cultivated across a team.

7. Discussion: Implications, Gaps and Limits

The frameworks outlined in this paper are not a blueprint. They are not plug-and-play solutions. They are tools that have emerged from practice shaped by lived experience, tension, adaptation, and a deep commitment to working in the space between systems and communities. Their value lies not in their theoretical elegance, but in their usability. They help make sense of complexity. They offer structure where institutions are often overwhelmed. They create language for dynamics that too often go unspoken; however, none of them are perfect. Each comes with its own limits and applying them without attention to context, power, or resourcing would do more harm than good.

7.1 Implications for Institutions

If institutions want to work more inclusively not just at the margins, but at the centre of their strategy and research then they need to invest in more than outreach. These frameworks suggest that infrastructure matters. Translation needs time, trust needs investment, and participation needs scaffolding. That means:

- Commissioning differently, with flexibility, not just deliverables
- Resourcing relationship-building as a legitimate part of project delivery
- Training staff in translation, facilitation, and cultural competency, not just research methods
- Valuing local credibility and lived experience in the same way academic credentials are valued

Inclusive research cannot be built on extractive timelines, transactional engagement, or symbolic involvement. If institutions want to move beyond that, they must change how they design, fund, and evaluate research from the outset.

7.2 Gaps in the Frameworks

These models are grounded in qualitative and relational methods. They do not offer a comprehensive guide to quantitative research or large-scale systems modelling, and they are not intended to. While they can complement more traditional approaches, their strength lies in context-specific, community-rooted, and iterative processes. Institutions looking for standardisation, replication, or algorithmic scalability will need to build in other methodologies alongside them.

Another gap lies in scaling capacity. Many of these models, particularly Interspace and RCA rely on skilled individuals to hold relational and translational tensions. Building teams that can do this well, consistently, across geographies and sectors, remains a challenge. More work is needed to codify the training, mentoring, and reflective practices that support this kind of work at scale.

7.3 Limits of the Current System

Many institutions claim to value inclusion but continue to operate on structures that actively work against it. Procurement rules, rigid evaluation metrics, short-term funding cycles, and aversion to risk all make it harder for these models to take root. There is still a long way to go before the system is ready to absorb the kind of inclusive research practice it often commissions in name. There are also limits to what can be achieved through inclusion alone. Inclusion is not the endpoint. Without redistribution of power, resources, authorship, and decision-making, inclusive research can become another layer of performance that obscures the very inequalities it claims to address.

This paper does not offer solutions to all of these challenges; however, it does name them, and it offers a set of frameworks that, when applied with integrity, can help move institutions from good intentions toward credible action.

8. Conclusion and Future Directions

This paper does not offer a singular model of inclusive research. Instead, it presents a set of frameworks and models developed through practice that reflect the tensions, lessons, and possibilities that arise when research is approached not just as a technical process, but as a relational, political, and cultural act.

The Interspace Framework, the RCA Model, the Continuum Model, and the concept of Pracademic Translation each address different aspects of what inclusive research demands. Together, they offer a structural response to the recurring challenges faced by institutions that seek to engage meaningfully with communities and by communities that have long been over-researched and under-served.

These frameworks are not presented as complete. They require further testing, refinement, and adaptation across contexts. Their strength lies in their grounding in lived realities, operational complexity, and the hard-won lessons of delivering research under pressure, across difference, and through constraint.

Looking forward, several priorities are clear.

- There is a need to develop more formalised training, mentoring, and organisational development models that embed inclusive research capabilities not only at the level of delivery, but within strategy, commissioning, and governance.
- There is a need for funders and institutions to shift how value is defined, moving away from extractive metrics toward deeper markers of legitimacy, trust, and context-specific impact.
- There is a need for a more honest discourse within the research and policy ecosystem that names power, reckons with institutional limitations, and engages with communities as partners in knowledge production, not as sites of data extraction.

Inclusive research is not new, but it remains under-resourced, under-theorised, and under-implemented at scale. The contribution here is not a definitive answer, but a grounded intervention and offering from the space between systems and communities, between research and reality. It is in that space that future work must continue to be built.

This white paper is not just a reflection of my practice, it is an invitation to institutions, funders, and communities to rethink what inclusive research can truly become.

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