Loneliness in the community

Overview

Opportunity status:	Open		
Type:	Programme		
Opening date:	18 November 2025 at 1:00 pm		
Closing date:	18 August 2026 at 1:00 pm		
Reference ID:	2025/451		

Ready to apply?

Apply for this funding opportunity through our online application form

Apply now

 $(https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp\%3Fappid\%3D105112\%26nextlevel\%3D1\%26opportunityid\%3D10193285)$

Our <u>Public Health Research (PHR) Programme (https://www.nihr.ac.uk/research-funding/funding-programmes/public-health-research)</u> is looking to fund research that evaluates the health and health inequality impacts of community initiatives that aim to address loneliness at a population level.

This is a 2-stage funding opportunity. To apply for the first stage you should submit an outline application. If invited to the second stage, you will then need to complete a full application.

Eligibility

Please see our programme page for further detail on what we will fund.

Key dates

18 November 2025

Outline application opening date

18 August 2026

Outline application closing date

Early September 2026

Notification of decline decision if out of remit or non-competitive

End October 2026

Outline application shortlisting decision

End October 2026

Full application opening date

Early January 2027

Full application closing date

Mid March 2027

Full application decision

Studies within a trial or review

This funding opportunity is eligible for a SWAT/SWAR (study within a trial or study within a review), which can help significantly improve methodology of future research as well as the host study. Find out about the benefits of SWATs/SWARs and how to include one in your application (benefits of SWATs/SWARs and how to include one in your application (benefits of SWATs/SWARs and how to include one in your application (benefits of SWATs/SWARs and how to include one in your application (<a href="https://www.nihr.ac.uk/methodological-sub-studies-studies-within-trial-or-project-swat-and-studies-within-review-swar).

Webinar

We will be holding a webinar for this funding opportunity in June 2026. A registration form will open in the spring. Until then, our most recent webinar held on Tuesday 7 October 2025 includes all of the general tips for applying. If you would like access to the recording and a copy of the slides, please email phr@nihr.ac.uk (mailto:phr@nihr.ac.uk).

Apply now

 $(https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp\%3Fappid\%3D1\ 05112\%26nextlevel\%3D1\%26opportunityid\%3D10193285)$

Research specification

Introduction

Our Public Health Research (PHR) Programme invites applications in response to specific research questions. These have been identified, developed and prioritised for their importance to stakeholders including the Department of Health and Social Care and other relevant government departments, devolved administrations, policy makers, local government, commissioners of public health services, public health practitioners and the general public.

Research question

What are the health and health inequality impacts of community initiatives that aim to address loneliness at a population level?

Background

Tackling the root cause of loneliness requires the full engagement and support from a community-centred and multisectoral approach involving raising public awareness, engaging communities, and providing targeted support services. As with so many health and social inequalities, people in marginalised social groups are disproportionately affected by loneliness, and personal loneliness is associated with community-relevant outcomes such as lower social trust and sense of belonging to the local area. This funding opportunity will focus on the impact the community has on reducing or increasing the experience of loneliness.

Loneliness is a complex phenomenon, related to interpersonal social relationships, social structures, specific life events and an individual's social environment. Loneliness can be defined as a subjective, unwelcoming feeling of lack or loss of companionship, and evidence of its harmful effects is growing. Chronic loneliness increases the risk of mental and physical ill-health, premature mortality, increased healthcare use and societal costs, including reduced productivity at work and absenteeism. In 2022, nearly 50% of adults (https://www.campaigntoendloneliness.org/facts-and-statistics/#:~:text=ln%202022%2C%2049.63%25%20of%20adults%20%2825.99%20million%20people%29,loneliness%2C%20meaning%20they%20feel%20lonely%20%E2%80%98often%20or%20always%E2%80%99.) in the UK reported feeling lonely occasionally, sometimes or always, and approximately 7% of people in Great Britain experienced chronic loneliness, meaning they feel lonely 'often or always'. Loneliness is experienced across all ages. Nevertheless, evidence consistently finds higher levels for people aged under 25 years, compared to people who are middle-aged. For people aged over 65 findings are more varied, with some evidence of older people demonstrating the highest levels of loneliness compared to middle-aged people and some evidence of lower levels.

Although anyone can experience loneliness, loneliness is more prevalent in people from marginalised groups including people with disabilities, mobility or physical and mental health problems, single people/people living alone, renters, people whose race or ethnicity is underrepresented, LGBTQ+, inclusion health groups or caring responsibilities. The causes of loneliness are often complex, multi-layered, and mutually reinforcing. Loneliness stems from a combination of personal, community, societal and geographic factors rather than being the product of one event or change in circumstances. Triggers for loneliness are also widespread, but are often associated with life course transitions, such as adolescence, leaving home, becoming a parent (particularly young and new mums), retirement, people recently divorced, separated or bereaved. The negative feelings arising from loneliness (such as shame and despair) cause more self-isolating behaviour, which makes loneliness more entrenched, sometimes referred to as the psychological spiral of loneliness.

Although still developing, the evidence has shown a relationship between community identification and reduced loneliness (https://whatworkswellbeing.org/resources/tackling-loneliness-interventions/). Community-centred responses may therefore be well placed to support and enhance pre-existing coping strategies in people who are more vulnerable to loneliness. We often refer to the "community" without really taking time to explain what we mean by this. The word itself is a common experience that connects us with each other. Nevertheless, the meaning of community is complex and there is often an insufficient understanding of what a community is and its role in people's lives. First, community is not a place, a building, or an organisation. Community is both a feeling and a set of relationships among people. People form and maintain communities to meet common needs. When communities function well, members have a sense of trust, belonging, safety and care for each other, and social cohesion within a given community may be one of the most direct determinants of loneliness. For example, lack of accessible and affordable transport

can prevent people from building and maintaining social connection. A lack of green and public spaces to meet in or local groups to join can mean there are limited opportunities to socialise and connect with others. Likewise, high crime rates often lead people to feel unsafe within their local community, again limiting the opportunity to connect. There are further inequalities at a society level, financial and other inequalities may lead to people feeling lonely, as they may not be able to take part in paid-for activities. Others may be excluded due to a disability, long-term health problem, their gender, age, race or sexual orientation.

The poor evidence base around what works in tackling loneliness continues to act as a barrier to investment in loneliness interventions. Research into the effectiveness of interventions to reduce loneliness tends to consist of individual level short-term and/or small-scale studies. Other evaluations have addressed social isolation, such as befriending initiatives, but not necessarily loneliness. Although these studies often show evidence for the effectiveness of interventions, systematic reviews consistently call for longer-term, large-scale research into initiatives evaluating more population level community-centred (school, workplace, neighbourhood) interventions to reduce loneliness.

Funding opportunity scope

We would welcome population level research evaluating interventions that impact loneliness in the UK. We recognise that although social isolation and loneliness often come together, they are conceptually and empirically distinct from each other, and this funding opportunity will focus the impact on loneliness.

Research areas of interest could include, but are not limited to:

- community-centred initiatives aiming to prevent loneliness
- community-centred initiatives (including interventions not explicitly set up to target loneliness) which have an impact on alleviating or increasing loneliness (as an unintended consequence)
- interventions utilising community-assets, neighbourhood and place-based approaches to reduce loneliness. This may also include structural initiatives, transportation and lack of access to services
- evaluations of the role of anchor institution's in addressing loneliness
- evaluations of cross system multi-level interventions to tackle loneliness

- evaluations of interventions designed to gain (social) skills, confidence and build resilience in people to prevent loneliness
- evaluation of interventions aimed at developing and maintaining connections with the local community, for example Community Navigators and community connectors
- the impact of virtual communities on loneliness (positive or negative)

We acknowledge that in researching how interventions impact on loneliness, it would be valuable to understand *how* the intervention works in a particular area, as well as for whom, and under what circumstances. Making the findings more generalisable will support decision-makers to take evidence-based action to improve population health.

We recognise that for some proposals, underpinning or development work to understand the epidemiology and inform the evaluation of interventions might be beneficial. We are willing to consider applications that include a maximum 6 month period of underpinning or development work. Likewise, we also recognise that researchers at times need to conduct rapid baseline data collection, as well as other feasibility work, within a very tight timeframe. If this is the case, please contact the PHR Programme before applying to discuss further, or read more about the Public Health Research Programme Rapid Funding Scheme (https://www.nihr.ac.uk/funding/public-health-research-programme-rapid-funding-scheme/20247) on the webpage. You are strongly encouraged to familiarise themselves with the remit of the PHR Programme.

When considering whether to apply, please see the key information below. When developing your application, please consider contacting the Research Support Service Specialist Centre for Public Health (https://www.nihr.ac.uk/explore-nihr/support/research-support-service/public-health-specialist-centre.htm), and refer to the application guidance, paying particular attention to the points highlighted below:

Population (P) – While this funding opportunity is broad, you will need to specify and justify your choice of population. We recognise that interventions are likely to impact different (sub)populations in different ways. We would encourage you to pay attention to age groups, and to consider marginalised groups who have higher prevalence of loneliness and recognise where intersectionality may exist.

Intervention (I) – We are predominantly interested in the evaluation of interventions that operate at a population level rather than at an individual level. Our PHR Programme does not fund research into the treatment of disease, but we are interested in research that addresses the wider determinants of health. The description of the intervention may include the setting. We would

welcome evaluations of structural initiatives and their impact on loneliness, including unintended consequences. If evaluating smaller scale interventions, you will need to ensure these are generalisable to wider settings and populations.

Comparator (C) – While we recognise that conducting a randomised controlled trial is not necessarily possible or appropriate in many situations, we encourage you to consider including a suitable comparator.

Outcomes (O) – The primary outcome must be a health outcome. You will need to clearly describe and justify your choice of primary and secondary outcomes. You will also need to specify how outcomes will be measured in the short, medium, and long term. Where a primary health outcome is not feasible then intermediary and proxy outcomes are accepted, if appropriately justified.

Health inequalities - Of particular importance to our PHR Programme is an understanding of inequalities in impact of policy and access to services. Evaluations of interventions seeking to reduce health inequalities are also of specific interest.

Study design

A range of study designs can be used. Innovative methodologies are welcomed. You should clearly describe your methodological approach, and the rationale for this approach. We recognise that this funding opportunity is broad and expects you to be targeted in your research. You are expected to be aware of any policy changes that may influence the research as well as other relevant studies. You should identify the gaps in the existing evidence base and articulate why your research is important for decision makers. If relevant, you are encouraged to clearly identify how a wide range of existing evidence outputs can be combined with your study to deliver a whole societal approach.

Health economics: Understanding the value of public health interventions - whether the outcomes justify their use of resources - is integral to the PHR Programme, where resources relating to different economic sectors and budgets are potentially relevant. The main outcomes for economic evaluation are expected to include health (including health-related quality of life) and the impact on health inequalities as a minimum, with consideration of broader outcomes welcomed. Different approaches to economic evaluation are encouraged as long as they assess the value and distributive impact of interventions. Applications that do not include an economic component should provide appropriate justification.

Outputs

Pathways to Impact – we are focused on the impact of the research we fund. You are asked to consider the timing and nature of deliverables in your proposals; and encouraged to maximise the impact of your research by explaining how you will mobilise knowledge and ensure that it is useful and relevant to stakeholders such as policy makers, practitioners (e.g. educators, health and care

professionals), public health officers, special interest groups, charities, community audiences and other stakeholders.

Duration and costs

You are advised that we are custodians of public funds and value for money is one of the key criteria that peer reviewers and commissioning committee members will assess applications against.

NIHR Research inclusion

You must detail how you have considered inclusive research design and sex and gender throughout the whole research lifecycle and provide information on any associated costs. For full details see our research inclusion funding application guidance (https://www.nihr.ac.uk/about-us/whowe-are/research-inclusion/funding-application-guidance).

Application guidance

Please read the following guidance to help you complete your application:

- domestic outline application guidance (https://www.nihr.ac.uk/research-funding/applicationsupport/guidance/domestic-programmes-outline-application-guidance): this lists the fields that appear in the awards management system and explains what information you need to include for each one
- PHR Programme application guidance: see the information below for specific requirements our
 PHR Programme looks for in applications
- PHR Programme page (https://www.nihr.ac.uk/research-funding/funding-programmes/public-health-research): details about the programme remit
- <u>funding assessment criteria (https://www.nihr.ac.uk/research-funding/application-support/domestic-funding-programmes-assessment-criteria)</u>
- research inclusion guidance (https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/funding-application-guidance): it is important that you fully consider inclusive research design and sex and gender throughout the whole research lifecycle
- finance guidance for applicants (https://www.nihr.ac.uk/research-funding/applicationsupport/guidance/finance-guidance-for-applicants)

public health specific public involvement guidance from the Research Support Service
 (https://sites.google.com/view/nihrrssscph/public-and-community-partnerships/public-and-community-partnerships-guidance)

Research plan

Write a maximum of 5 A4 pages for your research plan. This should include all sections and figures. When reviewing applications, we will not consider any additional information over this 5 page limit.

Background and rationale

Refer to the domestic outline application guidance for details on what to include.

Aims and objectives

Refer to the domestic outline application guidance for details on what to include.

Methodology/plan

For the 'Methodology/plan' section, please include the information below.

1. Project design and methods

Please provide the precise aims and research questions your project will address, justifying these by referencing relevant literature. You may like to present these in a PICOST format (Population, Intervention, Comparator, Outcome(s), Setting and Timing).

Summarise your project plan plus any additional points required to support statements made in the previous sections of your application. Include any key references required to justify the points made, for example the use of particular outcome measures or methods of analysis.

When the <u>Prioritisation Committee (/research-funding/funding-programmes/public-health-research/phr-prioritisation-committee-members)</u> assesses your outline application they will look at whether your proposal addresses the public health need, value and importance of the research question. Will your research provide the evidence needed by decision makers on a prominent public health issue, and will it reduce inequalities in health? If the Prioritisation Committee does not consider that your proposal is of sufficient importance, they will decline your application at this stage.

The <u>Funding Committee</u> (/research-funding/funding-programmes/public-health-research/phr-committee-members) will need to be able to clearly identify from your proposal the planned development of the intervention and what stage it has reached that is whether it's a feasibility, pilot or definitive study. If you are proposing a definitive study, please demonstrate that there is sufficient evidence from

preliminary studies to justify this. If you cannot, you may wish to apply to the PHR Programme for funding of a pilot or feasibility study. For applications citing pilot studies, you should provide information on how the pilot has informed the proposed study and details of all the available pilot data.

Our aim is to ensure that the findings from the research we fund benefits as many people as possible. The Funding Committee will therefore look for evidence that the findings will be generalisable beyond the participant group for your study.

Research design

- For primary research: clearly summarise your study design.
- Include all of its components (for example primary and secondary outcomes, process and economic evaluations) and relevant time points for baseline and follow-up data collection for each component.
- You should reference established research techniques, providing details of how exposure to the intervention will be determined or defined.
- You should fully explain and justify any adaptations of these for the purposes of the research proposed.
- For evidence synthesis: if you are proposing a systematic review and/or an evidence synthesis, you should provide details regarding the size of the available literature base, along with details of the search and review strategy.

If your application proposes to carry out feasibility and/or pilot studies or is staged (for example, full effectiveness evaluations with a built in pilot phase), you should include clear criteria against which to judge whether progression to the next stage is justified. If you are proposing an evaluation of effectiveness, you should detail any prior scoping, feasibility and/or pilot work and, where appropriate, how the progression criteria of any feasibility and/or pilot study has been met. There are no set progression criteria to use but you should aim to explain whether the uncertainties which need to be addressed have been determined, or how they will be. This will give confidence that a full evaluation is feasible.

Examples of progression criteria could include, but are not limited to:

- can or did you recruit people or centres within a reasonable time span and retain them to follow-up?
- is or was the intervention sufficiently acceptable and feasible to implement?

- can the intervention be delivered with reasonable fidelity?
- do you have commitment to fund the intervention for the duration of the study?
- can the outcome measures be measured across your target population?
- is the underlying question still the same or has the context changed?

Please note that the criteria listed above should be used as a guide only. It does not represent a comprehensive list of all the progression criteria that should be included within an application for a feasibility/pilot study. It is also not a comprehensive list for which feasibility will need to be evidenced in an application for an evaluation of effectiveness.

Evaluation

You should include details of the intervention(s) or policy under evaluation, such as:

- its components and their frequency and intensity
- theoretical basis
- · specific techniques used
- modes of delivery
- who will deliver the intervention

You may like to refer to the <u>TiDIER guidance on reporting interventions</u> (https://www.equator-network.org/reporting-guidelines/tidier/) (Template for Intervention Description and Replication). Providing a clear description of what is being evaluated or studied is key to justifying the need, value and importance of a study. It is also essential to explain to our Funding Committee how your study design is fit for purpose. We have a broad view on what constitutes an 'intervention' or policy under evaluation.

Control or comparator group

Please state what comparator(s) will be used in your study. Justify its appropriateness for answering the research question, and describe how it will be selected.

Study population

Which population(s) will be the target for the intervention and the participants in the research? How will the population(s) be recruited and retained?

Setting

Where will the research be undertaken and the intervention delivered?

Outcome measures

Please state and justify the primary and secondary outcome measures.

Methods for data collection

For each outcome, process or economic study component proposed, please state the source of the data that will be analysed. Where this is primary data collection, please state the quantitative and/or qualitative method used where appropriate. Where this is secondary data, please describe the characteristics of the dataset and the process by which access will be obtained.

Primary outcomes must be health related. The PHR Programme will accept proxy measures for health as long as they are appropriately defined and the link to health is clearly justified. You are encouraged to consider additional outcome measures including those relating to the broader determinants of health and health inequalities, which should be specified and justified. When describing your approach to health inequalities, please give details of relevant health inequalities related to your study; the nature of the inequality and the definition of the population groups.

Sample size

Please describe and justify the proposed sample size for each element of the study. Justify the values used in the calculation by giving their source and/or some sensitivity around assumed values.

Data and analysis

Please detail how you will analyse each study data set. Clearly state the purpose of any analysis. You must state the proposed type and frequency of analyses including the selection of participants who will be included in the analyses. Describe any planned interim and sub-group analyses, sensitivity analysis and how missing data will be handled.

Health economics

Understanding the value of public health interventions – whether the outcomes justify their use of resources – is integral to the PHR Programme. The main outcomes for the economic evaluation are expected to include health (including health-related quality of life) and impact on health inequalities, with consideration of broader outcomes welcomed. Your economic evaluation should make clear where resources relate to different economic sectors and budgets. We encourage different approaches to economic evaluation as long as they assess the value and distributive impact of interventions. If your application does not assess distributive impact of interventions or does not include an economic component, you should provide appropriate justification.

Stakeholder engagement

You are strongly encouraged to ensure that a wide range of stakeholders are meaningfully involved in the design and planning of the research and throughout the work. Examples of stakeholders include decision-makers, commissioners, members of the public*, and people with lived experience. You might do this through involving them as costed or rewarded members of the research team.

2. Timeline and milestones

For your project, please provide a clear indication of the study timescale and dates by which key milestones should be achieved.

3. Study management

Please state how your study will be managed, and who will manage it.

Where applicable, this section should also describe how any conflicts of interest will be managed, such as involving stakeholders with a financial or non-financial interest in the intervention within the study team or as collaborators. The research we fund must be independent. Where there is a conflict of interest, you should consider the role of the conflicted person(s) or organisation and how the study is set up and delivered, from study design through to reporting, to ensure that any potential bias is minimised. Also, where a study involves an existing intervention delivered by an organisation on a commercial basis, you should clearly justify why the evaluation should be supported via public funds and not privately financed.

Research governance and ethical approval

Please indicate what research governance issues will need to be addressed in your research and state how you will seek and obtain ethical approval. You must either comply with the research ethics framework formulated by the Economic and Social Research Council (ESRC) or obtain approval via the National Research Ethics Service (NRES).

Please note that we will check all proposals recommended for funding which involve a clinical trial. We check for potential overlaps using WHO trials (https://trialsearch.who.int/) before we communicate any funding decision. Consequently, a funding recommendation may not be taken forward if a major overlap is identified at this stage. It is therefore important that you highlight any potential overlaps before your application is considered by the Funding Committee. You should then explain how you expect your proposed research will add to the body of knowledge, referring to current policy and practice.

4. Working in partnership with those affected by your research

Refer to the domestic outline application guidance for details on what to include.

5. Knowledge mobilisation, dissemination and impact

Refer to the domestic outline application guidance for details on what to include.

6. Your research team

Refer to the roles and relevant expertise of specific applicants as appropriate. See the domestic outline application guidance for more details on what to include.

7. Inclusive research

Refer to the domestic outline application guidance for details on what to include.

8. Intellectual property or commercialisation

Refer to the domestic outline application guidance for details on what to include.

Uploads

Please add the following to the 'Uploads' section of your application. Please note that any additional uploads not required at the outline stage, or larger than the stated limits, may be removed without notice.

Flow diagram (mandatory for PHR)

Upload a flow diagram on a single side of A4. The diagram should illustrate the study design and the flow of participants, if appropriate. If your project consists of more than one work package, consider a diagram that conveys the sequence and timing of research packages as well as how the work packages are linked.

Logic model (mandatory for PHR)

Upload a 1 page logic model depicting your theory of change, to help explain the intervention being evaluated.

References (mandatory)

Upload 1 A4 page of references.

Flexible upload (not permitted)

Not permitted at outline stage. If shortlisted to submit a full application, letters of support are permitted at that stage.

Further help

- Research Support Service Specialist Centre for Public Health. (https://www.nihr.ac.uk/supportand-services/research-support-service/public-health-specialist-centre)
- We encourage you to watch a video from the Prioritisation Committee on <u>'Engaging and responding to the public health community'</u>

(https://www.youtube.com/watch?v=pUVuDft0mal&feature=youtu.be).

- We encourage you to watch a video from the Funding Committee on <u>'Advice on applying for funding'</u> (https://www.youtube.com/watch?v=-mFJ3nO8oxc&feature=youtu.be).
- Another useful resource is our <u>public health blog post written by Professor Frank Kee</u> (https://www.nihr.ac.uk/blog/public-health-research-you-cant-ignore-the-latest-trends/11015).

Application process

Find out how to apply for this funding opportunity and what you need to do to get your application ready.

How to apply

Log in to our application system to apply

(https://awardsmanagement.nihr.ac.uk/s_Login.jsp?dest=/Apps/app_viewopportunity.jsp%3Fappid%3D10511 2%26nextlevel%3D1%26opportunityid%3D10193285). This funding opportunity is on our new awards management system and you will need to create a new account if you do not have one already.

The closing date is 18 August 2026 at 1pm. Applications received after 1pm on the closing date will not be considered.

Please read all guidance detailed in the 'Application guidance' section of this funding opportunity.

Download application form template

You can download a Word document template of the application form below. Please use this template as a guide only, to help you prepare your application. For example, to see how many characters are accepted in each section and to see how information in the form is laid out. Please do not try to use this as an application form; it cannot be submitted as an application. You must submit your application online via our awards management system.

(/media/24286/download/)

domestic-outline-application-form-template.docx

DOCX

Last updated: 3 December 2025

Download document (27.2 KB)

Research inclusion and reasonable adjustments

At NIHR we are committed to <u>creating a diverse and inclusive culture (https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion)</u>. We encourage applications from people from all backgrounds and communities bringing diverse skills and experiences. If you need any reasonable adjustments throughout the application process, please contact the programme team via the information in the Contact Details tab.

Research Support Service

Got a research idea and not sure how to turn it into a funding application? The NIHR Research Support Service (RSS) supports researchers in England to apply for funding, and to develop and deliver clinical and applied health, social care and public health research post award. <u>Find out how the RSS can help you (https://www.nihr.ac.uk/explore-nihr/support/research-support-service/).</u>

Please speak to the NIHR Specialist Centre for Public Health (SCPH) (https://www.nihr.ac.uk/support-and-services/research-support-service/public-health-specialist-centre) about the design of your research as soon as possible by completing their online form (https://forms.office.com/pages/responsepage.aspx?id=yRJQnBa2wkSpF2aBT74-h0kWZblocV1JrrOy6kkhN6hUMzVGSktGTVczNTQwWEZFSDhTM0hBQlFONCQlQCN0PWcu&route=shorturl). A successful application takes a long time (several months) to develop.

Research support (Wales)

If you and your team are based in Wales, please contact <u>Health and Care Research Wales</u> (https://healthandcareresearchwales.org/support-and-guidance/for-researchers) for support with your application.

Contact Details

- For help with your application contact phr@nihr.ac.uk (mailto:phr@nihr.ac.uk).
- For more information about the funding programme, visit the PHR page (/node/62916).
- For help developing your application, if in England, contact the Research Support Service (https://www.nihr.ac.uk/explore-nihr/support/research-support-service/).