National Institute for Health and Care Research

Research Ready Communities programme

Pilot evaluation 2021/22

Acknowledgements

We would like to thank all Community Champions, community partner organisations and community members for their honest and useful feedback on the Research Ready Communities programme pilot, and for reflecting on their personal experiences of the scheme.

We would also like to extend our gratitude to North West Coast, Yorkshire and Humber, and South London Clinical Research Networks for their leadership and continued collaboration in helping shape and improve the programme. A special thanks to Laurie Oliva, Mohammed Shaikh and Danielle Neal for their skills and expertise in creating and delivering the pilot phase of the programme.

Contents

Introduction

In Best Research for Best Health: The Next Chapter, NIHR recognises that it needs to:

- Take research closer to people in the communities where they live and work and build relationships of trust over time;

- Engage communities in under-served regions in dialogue about research;

- Build long-term relationships with community leaders;

- Give people the confidence to take part in health and care research.

Definition: under-served communities in health and care research

As a result of a consensus workshop made up of diverse stakeholders, including patients and members of the public, the NIHR-INCLUDE project identified 'under-served' as the most appropriate term when talking about improving inclusion in health and care research. Subsequently, this term was adopted for use across NIHR and by some external organisations. It reflects the notion that the research community needs to provide a better service for people in under-served groups and that the members of these groups are not responsible for the lack of inclusion.

The term 'under-served group' has no single definition. As an under-served group for one disease or type of study may be different to that of another, its meaning is often very context and study-specific. Some key characteristics that are common to several under-served groups are:

- Inclusion in research is lower than one would expect from population estimates

- Disease burden is not matched by the volume of research designed for the group

- Important differences in how a group responds to or engages with healthcare interventions in comparison to other groups, which research neglects to address

A non-exhaustive list of examples of groups that may be under-served by health and care research, either in specific contexts or more generally across the research landscape, is provided in the NIHR-INCLUDE guidance.

Introduction

The Research Ready Communities programme was designed to support Local Clinical Research Networks (LCRNs) to:

- Build relationships with under-served communities to increase their access to health and care research opportunities;

- Increase their knowledge and improve their understanding of how to work with and support under-served communities to feel confident to take part in health and care research.

The programme used tried and tested community engagement methods to provide LCRNs with a 12-month framework so they could start engaging with a local under-served community in their region.

This localised and place-based approach focuses on one community at a time in a specific area, in reflection of the capacity and level of engagement required to develop meaningful relationships and build trust with communities currently under-served by health and care research.

The programme is supported by materials, training and guidance provided by the Clinical Research Network (CRN) Coordinating Centre.

The Research Ready Communities model

The Research Ready Communities model

The Research Ready Communities model follows four main phases of activity:

1. Build partnerships with local community organisations and Community Champions to work together on the programme

2. Train and support Community Champions to conduct community research in the local area (walks, workshops and interviews) to better understand the community

3. Work with Community Champions and partner organisations to review community research findings and plan activities that will increase local access to health and care research

4. Work in partnership with Community Champions and partner organisations to implement planned activities

Programme pilot areas

Programme pilot areas

To understand whether the programme works in different communities, and could be a scalable model for LCRNs to engage with under-served communities across the country, the Coordinating Centre supported three LCRNs to pilot the model in one of their local communities.

Why these communities?

Blackpool (North West Coast CRN)

North West Coast CRN worked with young people aged 16-21 in Blackpool, which is "the most deprived local authority in England, and also experiences the lowest life expectancy in England" (Chief Medical Officer's annual report 2021: health in coastal communities).
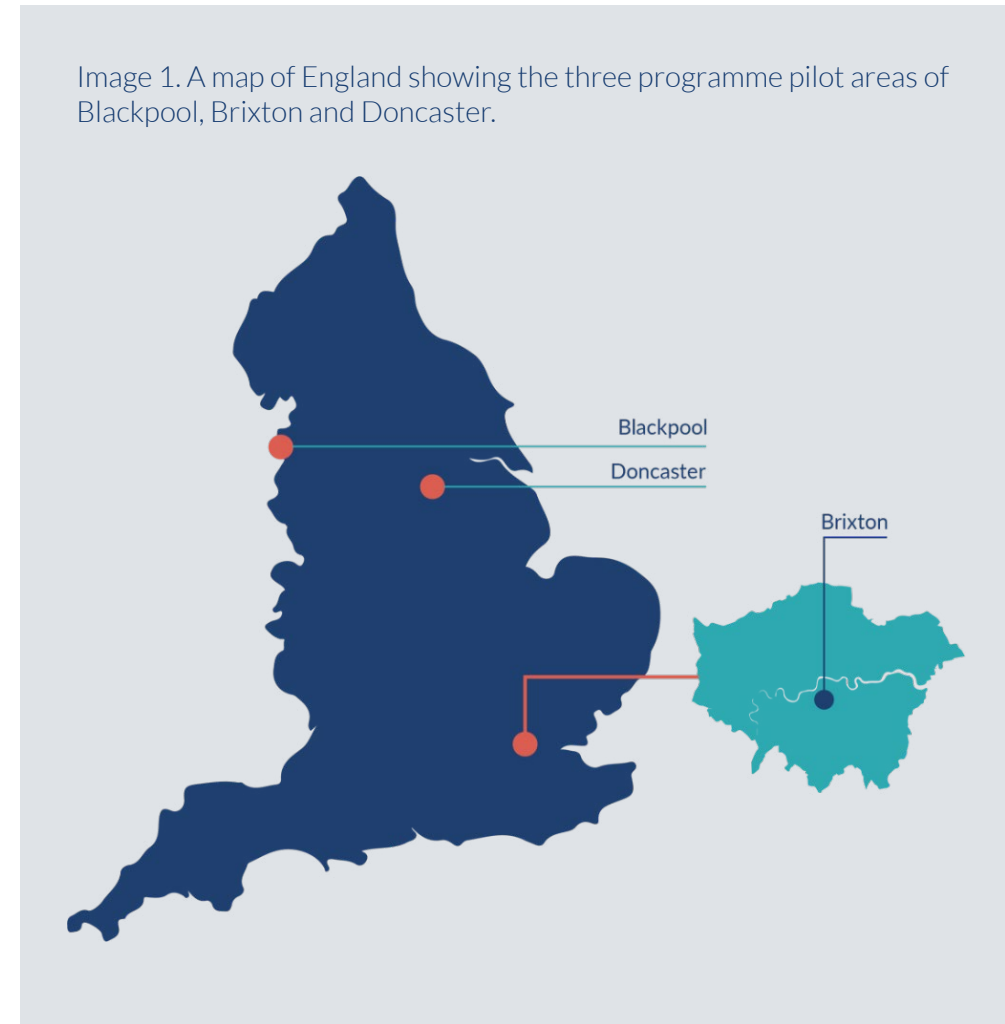
Doncaster (Yorkshire and Humber CRN)

Yorkshire and Humber CRN worked with residents in the Balby and Hexthorpe area of Doncaster, which ranked amongst the top 50 most deprived areas on the English Indices of Multiple Deprivation. Some of Yorkshire and Humber's most under-served communities in health and care research live here, including a South Asian population.

Brixton (South London CRN)

South London CRN worked with migrant women and residents of Angell Town estate and its surrounding areas in Brixton, which has a diverse population including ethnic minorities under-served by health and care research. 41% of the Brixton Hill ward area population are from non-white ethnic backgrounds.

Image 1. A map of England showing the three programme pilot areas of Blackpool, Brixton and Doncaster.

Implementing the Research Ready Communities pilot

Phase 1 - Building partnerships in the community

Community partner organisations

The first phase of the Research Ready Communities programme focuses on building relationships with local community organisations and partnering with them to implement the programme. Community partner organisations work with the LCRN to identify active community members as potential Community Champions.

Table 1. Community partner organisations

Pilot area	Partner organisations	How were partners identified?
Blackpool	Members of Blackpool Headstart Resilience Revolution: a social movement hosted and led by Blackpool Council to address the mental health needs of children and young people in Blackpool. ▶ **Headstart Blackpool** ▶ **Blackpool Council** ▶ **Citizens Advice Blackpool** ▶ **Healthwatch Blackpool** ▶ **Boing Boing**	Existing high level relationship with North West Coast CRN's Deputy Clinical Director facilitated partnership with Blackpool Council.
Doncaster	▶ **Flourish enterprises** A not-for-profit community interest company providing care and support services in the local community. ▶ **Healthy Her** A not-for-profit group facilitating women-only sports such as swimming, cycling, gym sessions and fencing. ▶ **Balby Community Arts** A participatory arts charity that creates art with people in Doncaster to improve life, learning, health and wellbeing.	One of Yorkshire and Humber CRN's regional Research Champions is an active volunteer and community member in the Balby and Hexthorpe neighbourhood. They used their volunteer work with Flourish enterprises and community connections to recruit the three partner organisations and other Community Champions.

Phase 1 - Building partnerships in the community

Community partner organisations

The first phase of the Research Ready Communities programme focuses on building relationships with local community organisations and partnering with them to implement the programme. Community partner organisations work with the LCRN to identify active community members as potential Community Champions.

Pilot area	Partner organisations	How were partners identified?
Brixton	▶ **Baytree Centre** An educational charity for women and girls in Brixton, providing services focused on education, training, and employability skills to enhance confidence and self-esteem, promote aspirations and opportunities, and improve the lives of migrants and refugees. ▶ **Big Local Impact** A charity delivering projects to make North Brixton a better place to live and work, through engagement with communities living on local estates.	Presented the opportunity at a regular umbrella voluntary and charity sector organisation meeting. The invite for this meeting was facilitated by Healthwatch Lambeth. South London CRN also connected with a range of other local organisations through Lambeth Clinical Commissioning Group.

Phase 1 - Building partnerships in the community

Community Champions

Community Champions are well-connected, active members of their local community, with good knowledge of local groups and associations. They are passionate about addressing local health inequalities and strive to create positive change for their community.

Community Champions work closely with their LCRN and partner organisations to implement the programme in their local area. They use their local knowledge and understanding to inform how the programme is delivered, to ensure the most effective and accessible engagement for community members.

The trusted relationship between them and community members ensures the programme reaches local residents, instigating conversations about health and care research with a 'trusted friend'.

Nine Community Champions took part in the pilot (four in Doncaster, three in Blackpool, two in Brixton). Each partner organisation identified and recruited a Community Champion, either from their active volunteer base, or staff members.

Community Champion training

The nine Community Champions received two ninety-minute free online training sessions and one full day face-to-face session, provided by the CRN Coordinating Centre.

The Coordinating Centre Community Engagement Manager designed and delivered the training programme, building on their experience and skills in community engagement and development methodologies.

The training provided:

- An introduction to health and care research, NIHR and the CRN;

- An overview of the Research Ready Communities programme and Community Champion role;

- Practical skills training to support Community Champions to implement initial programme activities in their local communities.

Phase 1 - Building partnerships in the community

The practical skills training introduced Community Champions to the Asset Based Community Development approach (see description under Phase 2 - Participatory community research), what we mean by 'asset' in this context, and how they would use this approach during the programme to learn about their communities' relationship to health research, so they could improve local access to research opportunities.

The training included three interactive activities designed to empower Community Champions to understand and practice the methods they would need to employ over the following eight weeks of community research.

- **Practice interviews** - The group discussed what they felt is needed to hold a good interview. The CRN Coordinating Centre provided them with a set of questions to use, and the Community Champions worked in pairs to practice interviewing each other. The group fed back their experience of being both an interviewer and interviewee, and how this might inform how they interview community members.

- **Practice community walks** - The Coordinating Centre provided participants with a printed map of the local area surrounding the training venue. Participants were instructed how to conduct a 'community asset-mapping' walk, by marking community assets on the map with a number and writing down a numbered list with the name of each asset next to the map. Walking in groups of 4-5, Community Champions spent 30-40 minutes identifying places and resources that might provide opportunities to increase access to health and care research for local residents, and noting these on the map. The group then discussed their findings.

- **Practice workshop** - The facilitator took the group through an example community workshop, explaining the different activities that Community Champions could do with a group of community members to collect insights and levels of awareness of health and care research. The facilitator demonstrated the activities so that Community Champions could experience them as a workshop participant and ask questions.

Phase 2 - Participatory community research

The second phase of the Research Ready Communities programme supports Community Champions to implement their skills training, by conducting interviews and workshops with community members, as well as 'asset mapping' walks in their local area. These activities were designed to help increase understanding about:

- The community's current perceptions and awareness of health research;

- Opportunities to increase local access to information about health and care research.

An asset-based approach to engagement

Asset Based Community Development is an approach to community development built upon decades of practice and research. It identifies and builds on the strengths, skills and resources ("assets") "that already exist across individuals, organisations and institutions that make up a particular community." (Nurture Development).

"Those assets can be used...to improve community life. You can't fully understand the community without identifying its assets. Knowing the community's strengths makes it easier to understand what kinds of programs or initiatives might be possible to address the community's needs." (Community Toolbox, University of Kansas).

Phase 2 - Participatory community research

By using three Asset Based Community Development methods (community interviews, asset mapping walks, and workshops*), Community Champions identified the community's existing strengths and resources, as well as general awareness about health and care research. These activities improved understanding of what the community actually needs to make health and care research opportunities more accessible to its members, and to know which potential local activities will be most effective to achieve this.

The CRN Coordinating Centre provided a set of supporting resources for Community Champions to implement these methods, including an interview guide and set of questions, a workshop facilitation guide, and an asset mapping walk guide.

*Due to the Omicron COVID-19 wave in late 2021/early 2022, face-to-face group workshops could not take place. In their place, Community Champions conducted more one-on-one one interviews with community members – online, over the phone, or in other ways in line with the COVID-19 restrictions at the time.

What is an asset?

An asset is a place or resource that exists in the community. It provides support or meets a particular need of people in the local area. An asset can be anything that is a strength in the community or has the potential to create positive change.

- **It might be a person**. For example, somebody who organises a local support or resident group, or who is an informal community leader.

- **It can be a local association or community group** that provides a place for people to meet, socialise, or come together around a common interest.

- **It can be services or institutions,** such as schools, early childhood centres, GP practices, or local government agencies.

- **It might be a physical place,** like a building or landmark, green space, or natural resource, that people use and visit.

A health research asset is any place or resource in the community that can help improve people's ability to take part in or inform health and care research design and delivery.

Phase 2 - Participatory community research

Analysing research findings

The CRN Coordinating Centre organised a full-day workshop for Community Champions and their LCRN programme lead, to reflect on their asset mapping activities. It included group discussions about their experience of implementing the activities, including new things they learned about their community, and the challenges they faced. The Centre used this feedback to improve Community Champion training and support (see feedback in community champion training reflections section).

The workshop included small group discussions (one group for each of the three local areas) to help each area answer two questions:

- How do people in our area currently relate to health research?

- What assets did we find in our community?

The findings and approaches to the community research activities in each local community are presented below.
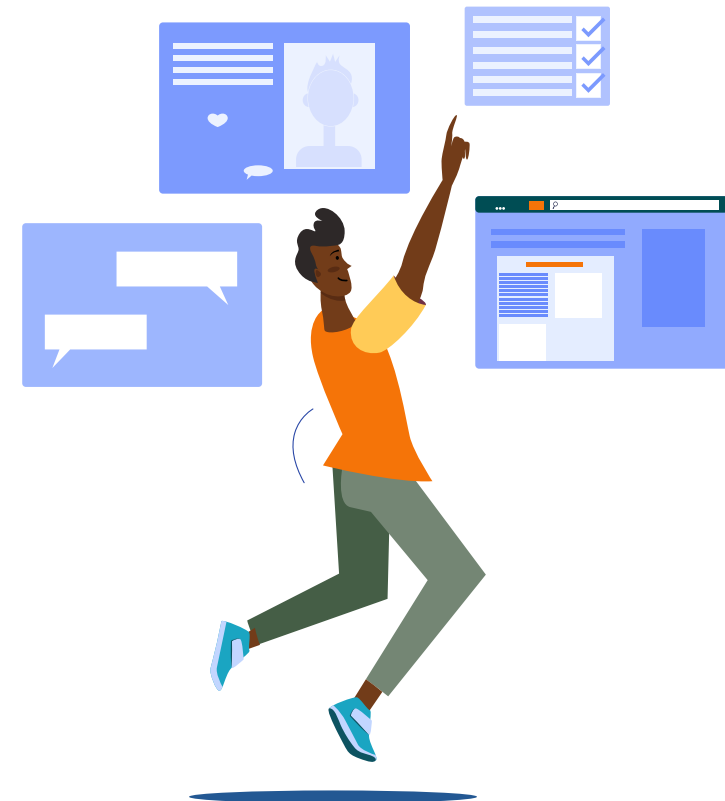
Local approaches and findings

Local approaches and findings
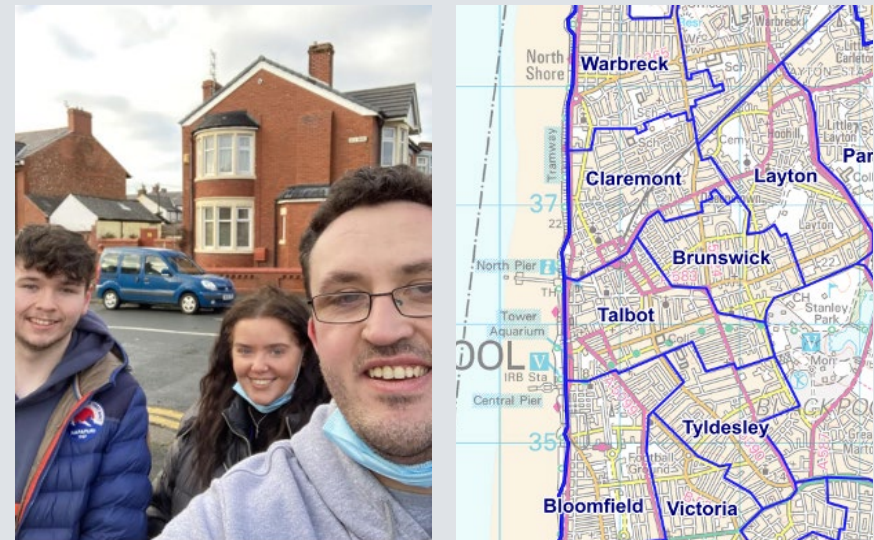
Blackpool

Approach

The Blackpool pilot team used underlined electoral ward data to identify three electoral ward areas to focus on, based on levels of deprivation; Bloomfield, Talbot and Claremont. Community Champions conducted asset mapping walks around these wards to identify the local places where people frequent and where to approach them for interviews.

Shoppers in Blackpool Town Centre were approached for interviews. The Champions also used their professional connections to identify potential interviewees:

- **Citizens' Advice Blackpool** analysed their client data bank to identify people by ward area who had granted permission to be contacted for research and campaigns work. They called people, explained the project and asked whether they were happy to be interviewed.

- **Blackpool Council** used relationships of their Children's Services team to approach people for an interview.

Image 2. Blackpool Community Champions conducting an asset mapping walk around their local wards, and a local authority ward map.[2]

[2] Ward map image © Crown copyright. All rights reserved. Blackpool Borough Council Licence No. 100019178. 2018.

Local approaches and findings

Community Champions also conducted a word cloud activity with 30 people aged 17-20, asking them what they first think of when they hear about health research.

Image 3. Word cloud of responses to the question 'What comes to mind when you hear the term Mental Health Research?'

Local approaches and findings

Image 4. Word cloud of responses to the question 'What comes to mind when you think of the term Respiratory Research?'

Local approaches and findings

Findings

Table 2. Blackpool community research findings

Awareness and knowledge about health and care research	Views about health and care research and taking part in research studies
▶ 3 out of 46 people felt they knew what health research is. ▶ People did not feel they could define what health research means. ▶ There was some understanding about how important health research is regarding quality of life and improving health and treatments.	▶ A lot of people expressed apprehension, suspicion and mistrust towards health research. People did not want to engage with it. ▶ Some people felt that getting involved in research could help themselves and others in the future, and would consider taking part if the benefits and the process were made clear. ▶ One third of people would prefer being paid to take part in research, to reflect the fact that people using local community services are on low incomes. They felt research approaches needed to adapt to individuals' circumstances. ▶ People stated that it is important to ensure health research priorities and studies reflect local community issues and specific health needs. Building trust and connections with the local community was important.

Local approaches and findings
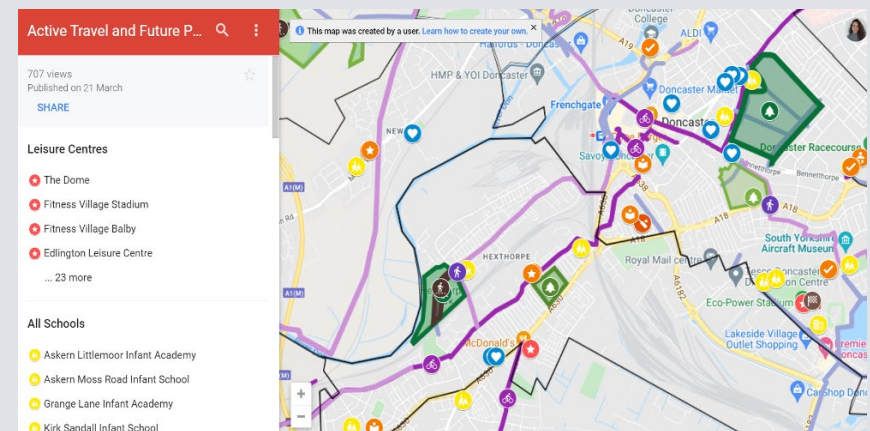
Doncaster

Approach

Community Champions interviewed:

- Peer support workers and volunteers at Flourish Enterprises and other local community groups;

- Participants in Balby Community Skillshare (a Balby Library project);

- 6-7 women at a monthly women's group meeting at Flourish Enterprises;

- 3-4 women at a 'Healthy Her' women's gym session.

One Community Champion was aware of an existing WellDoncaster partnership asset map for the Balby and Hexthorpe area that focussed on public health. Rather than duplicating existing resources, the Champions agreed to use this map and ask interviewees whether any community assets should be added to the map.

Image 5. Balby and Hexthorpe asset map produced by WellDoncaster. Source: Hexthorpe Community Profile: Well Doncaster 2021.

Local approaches and findings

Findings

Table 3. Doncaster community research findings

Awareness and knowledge about health and care research	Views about health and care research and taking part in research studies
▶ Most people interviewed had little knowledge about health and care research. Some associated it with drug trials and cancer research. ▶ Most people didn't know who to speak to for information about health and care research. They assumed people would be approached to take part if they had a relevant condition. ▶ Some people felt health and care research was scary and associated it with needles and people experimenting on you.	▶ Initially, people did not see the benefits of health and care research as they had little fundamental knowledge about it. ▶ Once people discussed the topic and Community Champions elaborated on health and care research, people could see benefits. ▶ People could relate research to their own health conditions and saw how more inclusive research could lead to better health treatments relevant to their own needs. ▶ They could also see the benefits for other people, saying they would take part if it would help others. ▶ In general, people were tentatively supportive of taking part in health and care research but would need to be a lot more informed about what it entailed. ▶ They expressed interest in meeting a researcher, and suggested a trusted friend accompany them to act as bridge between researcher and community.

Local approaches and findings

Brixton

Approach

One Community Champion who volunteers with Baytree Centre conducted 10 interviews in Spanish and English with migrant women who attend classes at the centre. The Champion volunteering in Angell Town Estate interviewed residents living in or nearby the Estate.

South London CRN and the two Community Champions identified a small area of Brixton for their asset mapping walk.

Image 6. Brixton asset map developed by Community Champions and South London CRN.

Local approaches and findings

Findings

Table 4. Brixton community research findings

Awareness and knowledge about health and care research	Views about health and care research and taking part in research studies
▶ There were different levels of awareness depending on people's motivations and what health meant to them.	▶ Some people were unsure how health research could benefit them and felt they needed more information about it.
▶ A lot of interviewees had heard of health and care research in certain areas, such as COVID-19, AIDS and children's diseases.	▶ Others felt it could benefit them, but only if researchers shared the results with the community.
▶ People were unaware health and care research was happening in their local area and that it was something they could take part in.	▶ People were tentatively willing to take part in research but only if they had more information.
▶ They needed a local place to obtain information, as they don't understand the information available online.	▶ English was not a first language for some interviewees, raising a question about how to make research accessible to people in these communities.
▶ People go to the Baytree Centre and other local places to obtain health-related information, rather than the GP.	▶ People wanted more information about NIHR and the programme, and why we had chosen to work in Lambeth.
▶ Some people knew they could go to the GP or hospital for more information, but wanted to know where else they could go for information, for example, community centres.	

Community Champion training and participatory community research:
What worked and what could be improved?

The CRN Coordinating Centre collected feedback from Community Champions after their participatory research activities, to understand what worked well and what needed to be improved. Feedback was collected through anonymous forms and group discussions during a workshop.

Community Champion training

What worked well?

- Community Champions felt the training was interactive and practical

- They felt listened to during training

- They felt the training provided them with a base knowledge about health and care research

- They felt meeting other Community Champions at the face-to-face training day was a programme highlight. They asked for more dedicated time to meet over the course of the programme.

"It was really, really good to be part of something on that wider scale and learn. Hearing how other people got on and the different experiences and their different approaches from the other parts of the country, it was really, really fantastic. I think I would have liked a lot more of that."

"I think the thing I enjoyed most was it gave us the opportunity to meet so many different people that we wouldn't normally get to meet."

"It was just amazing [...]. We didn't know anyone, from different walks of life, different backgrounds, and we were able to come together."

Community Champion training and participatory community research:
What worked and what could be improved?

What could be improved?

More training with a stronger emphasis on building knowledge about health and care research

- Some Community Champions felt that having two days of face-to-face training would have been more useful.

- Some felt more emphasis on what health research is, to help build their knowledge and confidence when talking about the topic would have been helpful.

- Some felt less confident at the training due to different levels of knowledge in the room. The CRN should acknowledge this disparity at the beginning of the training and emphasise that the training is designed to ensure everyone feels confident about the topic.

Make the training accredited or provide certificates

- Providing certificates and/or formal accreditation on completion would support Community Champions with their development and help attract people to the programme.

- It could also provide a form of recognition for those who cannot accept a recognition payment (for example, due to their immigration or welfare benefits status).

Find a more appropriate training location

- The venue was in a corporate area. This caused issues with the 'asset mapping' walk, which was intended to be done in a community-based setting.

Involve Community Champions in delivery of future training sessions

- One suggestion was to involve them in future training sessions, so that they can share their experience, learnings and advice.

Community Champion training and participatory community research:
What worked and what could be improved?

Participatory community research

What worked well?

Having an interview guide and questions

- Community Champions found the guiding script and questions provided helped them structure their interviews, and enabled them to adapt them to the context in which they were talking to people.

Practice makes perfect

- They found that with practice, and conducting initial interviews, the process became easier and they became more confident asking people for their views.

Generally, Community Champions found interviews rewarding and believed they gave a voice to community members.

"I think that it was quite an honour to actually be a part of that process, for them to share their experiences, give you an insight into what they thought about things."

"You kind of feel like you're doing some good because you're having these conversations and then you're educating people on what it [health research] is. So that felt really good, piquing people's interest."

"I enjoyed doing the interviews and they said they enjoyed talking about it because it was something they hadn't really thought about and I think they quite liked having their opinions listened to."

Community Champion training and participatory community research:
What worked and what could be improved?

What could be improved?

Start small

- There are so many assets and things happening in the community, so it is best to start small and focussing on one small area.

Getting responses was sometimes challenging

- When interviewees did not talk openly in response to questions, it was sometimes difficult to encourage them to speak more.

- In these instances, the CRN could empower Community Champions to use prompting questions, and how to effectively use pauses to encourage a response.

- To encourage more openness from interviewees, further training on how to talk about health research and the Research Ready Communities programme would have been helpful.

Letting people know what happened to their contribution

- The programme needs to incorporate a way to follow up with interviewees, to let them know how the information they shared helped inform local activities and the programme in their area.

Giving people information resources

- Community Champions felt it would have been helpful to have leaflets, website links or other materials with information about research that interviewees could take away afterwards to digest.

- The CRN should provide these resources to Community Champions before they conduct interviews and workshops.

Accessing local maps

- It was sometimes challenging to access ward-level maps from local authorities for the 'asset mapping walks'.

COVID-19 challenges

- Due to the initial surge in Omicron cases and temporary return to working from home, workshops and some face-to-face interviews had to be postponed, which they found restricting and frustrating.

Phases 3 and 4 - Planning and taking action in the local community

Once Community Champions completed their participatory community research, the findings were used to plan activities to increase access to health and care research for people in the local community. These activities were planned by Community Champions, community partner organisations and LCRNs.

Blackpool

Defining the 'Research Ready Community'

Before deciding on what action to take, the different Blackpool pilot partners felt the need to agree on their definition of 'research ready community'.

Originally, the term was understood to mean the wider community of Blackpool's young people. However, the partners felt that more time was needed to build Community Champions' skills in various aspects of health research and community participation. This would make them 'research ready' and help them work together with the North West Coast CRN and partner organisations to meaningfully co-produce the next phase of activities beyond the pilot year.

Co-production

Co-production is "a way of working, whereby everybody works together on an equal basis to create a service or come to a decision which works for them all." (Think Local Act Personal). It involves the inclusion of the people affected by an issue or service in a project as equal partners, for the whole process.

Co-production approaches are increasingly used in social care, and across the voluntary and public sector, with citizens working together with service providers to reach a collective outcome or design a service (Involve).

Phases 3 and 4 - Planning and taking action in the local community

Building a community of 'research ready young people'

On being presented with the Community Champion opportunity at the beginning of the pilot, sixteen young professionals (aged 16-21) from the Resilience Revolution movement became inspired to be involved. Although the pilot model was designed to support 3-4 local Community Champions in each area, North West Coast CRN saw an opportunity to engage a wider group of young people in Blackpool with an interest in health inequalities, over the longer term.

As such, they devised an expanded Research Ready Communities programme that went beyond the Coordinating Centre-supported pilot, supported by the LCRN's wider funding.

North West Coast CRN created four work streams that the sixteen young professionals could get involved in as 'sub-groups' of Community Champions, to upskill them in different areas of research design and delivery. They organised 'Research Ready Days' or site visits for each Community Champion workstream group to the North West Coast CRN office or Lancaster University. Community Champions spent time with a specific department related to their workstream and completed an action learning set.

What is an action learning set?

Action learning sets bring together a small group of people to focus on a practical challenge in an area of work. A member of the group presents a specific problem or challenge.

Other group members listen and ask questions about the challenge to help explore and understand it, as well as generate new insights and solutions to this challenge. Members take on the learnings from the set meeting and implement actions to address the identified challenge. (Action Learning Associates, 2022)

Community Champions have used some case study examples of issues relating to their workstream to complete an action learning set together, helping them build their skills in that particular area.

Phases 3 and 4 - Planning and taking action in the local community

Table 5. Blackpool capacity building work streams for young Community Champions

Workstream 1: Community asset mapping (participatory community research)	**Workstream 2: Disease and data**
▶ Community Champions in this workstream conducted the participatory community research activities during the pilot. ▶ They presented the participatory community research findings back to the wider group and will be part of further action planning discussions for work beyond the pilot year.	▶ Community Champions visited the Health Innovation Campus in Lancaster to meet North West Coast CRN's Business Intelligence Team and further develop their data skills. ▶ This will enable them to examine local data to identify research gaps on health inequalities that could become a focus of future co-produced research activities in Blackpool.
Workstream 3: Co-production	**Workstream 4: Marketing and Communications**
▶ Community Champions visited North West Coast CRN to understand what is involved in a research study. They developed recommendations for what is needed to make research more inclusive of local communities. ▶ This will enable them to plan co-produced research activities in Blackpool, with an informed understanding of what is needed to undertake research locally.	▶ Community Champions visited North West Coast CRN's Communications team and completed an action learning set, developing an action plan of how to embed the digital platform Research for the Future in parts of their local community. ▶ This will give them marketing and campaigns skills, to help raise awareness in the local community (for example, calling on community members to take part in a piece of co-produced research).

Phases 3 and 4 - Planning and taking action in the local community

Doncaster

Planning local activities

Community Champions organised an action planning workshop hosted at the Flourish Enterprise venue Catherine House. Participants included community members from Healthy Her, Balby Community Arts and Flourish Enterprise community groups.

The Champions co-facilitated small group discussions to answer the following questions:

- What should we be trying to achieve in Doncaster?

- What activities do we think will work best to achieve this?

- How can we use the resources available to do this?

- How can we work together to achieve this?

Participants agreed that initial activities in Balby and Hexthorpe should focus on raising awareness about – and increasing community members' access to – health and care research opportunities in the local area.

They felt the best approach was to conduct informal information sessions at local community group meetings (e.g. Healthy Her women's gym sessions, local library groups), followed by a larger, general community event about health and care research to which community group members could invite friends and family.

Phases 3 and 4 - Planning and taking action in the local community

Raising community awareness about health and care research

Community Champions organised an awareness raising event at Catherine House on a Saturday morning with a creche worker and vegetarian food provided, to ensure the largest possible attendance.

The event was attended by fifteen people, primarily of South Asian heritage, including two refugee families. Activites included:

- A Community Champion presentation about the Research Ready Communities project to date

- Another presentation about health and care research

- An interactive quiz challenging common misconceptions and concerns about taking part in research

- A talk from Rotherham, Doncaster and South Humber NHS Trust's (RDaSH) Assistant Director for Research and Development about ongoing research and future plans in Doncaster

- Small group discussions about community health issues, and what areas people wanted research to focus on

As a result of this half-day community event:

RDaSH and Yorkshire Humber CRN gained first hand information about the health needs and research priorities of local under-served communities.

Community members gained awareness about health research (demonstrated by event feedback).

RDaSH is now in contact with a young person and refugee families about working together to design and deliver inclusive research.

Phases 3 and 4 - Planning and taking action in the local community

Establishing 'research roots' in Balby and Hexthorpe

Catherine House, the home of Flourish Enterprise,includes a Walled Garden. Flourish Enterprise hosts a range of family events and regular activity groups at the garden centre. Yorkshire Humber CRN recently donated a tree to the garden to be the physical meeting point for future community events about health and care research in Balby and Hexthorpe.

As the tree grows over time, so will research activity and awareness in the surrounding community.

Clinical Trials Day family event

The first event was a community picnic on 28 May to mark International Clinical Trials Day. Attendees were able to talk and learn about research in a relaxed environment, and hang their wishes for research in the local area on the 'research tree'.

This event led to a number of positive connections, including:

- Recruiting a new young Research Champion;

- Organising a group meeting between Healthy Her group members and RDASH's Associate Director for Research to discuss how they can support local research;

- Building links between Yorkshire and Humber CRN and Doncaster Council.

Yorkshire and Humber CRN will follow up with Doncaster Council to explore how Councillor training on the importance of health and care research for local health and wellbeing could be incorporated into Doncaster's Councillor training programme.

Phases 3 and 4 - Planning and taking action in the local community

Brixton

Planning workshop

South London CRN organised an action planning workshop to identify what activities should be implemented in the local community. The workshop took place online due to COVID restrictions at the time.

Table 6. Brixton action planning workshop outcomes

Workshop participants	Agreed local activities

▶ Community Champions
 	
▶ Representatives from three local community organisations:
 	
  • Baytree Centre
 	
  • Big Local Impact
 	
  • Marcus Lipton Community Enterprise
 	
▶ Local public health and primary care representatives
	▶ An information session for women at one of Baytree Centre's health and wellbeing groups
	
	▶ An information stand at an upcoming community health and wellbeing event hosted by Marcus Lipton Community Enterprise
	
	▶ Continued contact between South London CRN and public health colleagues in Lambeth applying for NIHR's Health Determinants Research Collaboration funding

Phases 3 and 4 - Planning and taking action in the local community

Information session with migrant women at Baytree Centre

South London CRN attended one of Baytree Centre's fortnightly wellbeing sessions for migrant women in Brixton and talked to the group about health and care research. The session was attended by eighteen women from various ethnic backgrounds, with various first languages and limited English.

The session provided a basic introduction to health and care research, taking part in research, and where to find more information, with easy-to-read Be Part of Research leaflets provided. The Community Champion who volunteers with Baytree Centre interpreted some information for Spanish-speaking participants, and was able to explain some of the concepts and information being shared, making the session more accessible.

Raising awareness at a community health and wellbeing event

South London CRN was invited by Marcus Lipton Community Enterprise to host an information stand at a community health and wellbeing event, organised by EcoSystem Coldharbour Consortium.

This event enabled South London CRN to speak to various members of the local community about research in a trusted community setting. It also facilitated connections with other local community organisations and groups, providing further opportunities for relationship building and awareness raising with trusted community groups in the local area.

Image 8. Neha Modha, South London CRN's Patient and Public Engagement Manager at a community health and wellbeing event hosted by Marcus Lipton Community Enterprise.

Moving beyond a pilot to sustainable engagement: What is next in Blackpool, Brixton and Doncaster?

Blackpool

Doncaster

Brixton

Moving beyond a pilot to sustainable engagement: What is next in Blackpool, Brixton and Doncaster?

The Research Ready Communities programme is designed to establish initial relationships between the CRN and local communities that are under-served by health and care research. It is not intended to be a short-term fix to the long-term issue of increasing access to health and care research for under-served communities.

Rather, by working in partnership with the community to understand local needs and opportunities to increase access to health and care research, the programme should create the foundations for longer-term engagement. LCRNs and the communities they work with will need to decide how they want to take their relationship forward beyond the programme's activities, and this decision should be led by Community Champions and community partner organisations.

Blackpool: Co-producing a local 'blueprint' for research

On 26 May, Community Champions, partner organisations and North West Coast CRN came together for an end of pilot meeting to:

- Share learnings from the Community Champion 'Research Ready days'
- Discuss plans to co-produce a blueprint for community engagement in health and care research in Blackpool, and agree on who wants to be involved
- Present Community Champions with certificates recognising their involvement, contributions and skills development during the pilot programme

Partners and Community Champions who want to stay engaged in the next phase of the programme will soon meet to co-produce a plan for phase two of activities in Blackpool.

Image 9. Community Champions and partner organisation staff members with certificates for their involvement in the Blackpool pilot.

Moving beyond a pilot to sustainable engagement: What is next in Blackpool, Brixton and Doncaster?

Doncaster: Continuing community conversations about research

Rotherham, Doncaster and South Humber NHS Trust (RDaSH) has applied for funding from Yorkshire and Humber CRN to continue working with two Community Champions in paid roles to take local engagement in health and care research forward in Balby and Hexthorpe.

Yorkshire and Humber CRN will build on the connections and opportunities for future collaboration with RDaSH, Doncaster Council, and members of the community, which were established at the two community events.

Brixton: Raising community awareness in trusted local settings

One of Brixton's Community Champions facilitated an information stall for South London CRN at Lambeth Country Show in July 2022, one of the UK's biggest free family events hosted in Brockwell Park, Brixton.

South London CRN has also hosted a second information session at Baytree Centre for women who attend the centre's classes about diabetes and research. They will continue to work with community partner organisations, Community Champions and other groups they have connected with through the programme, to identify future opportunities for increasing access to health and care research for local residents.

Connecting to regional public health research initiatives

South London CRN has been in regular contact with the team leading a joint proposal for Lambeth Borough to NIHR's Health Determinants Research Collaboration funding, to identify how a successful bid could build on the initial activities and partnerships built in Brixton. If the bid is successful, there will be opportunities for Community Champions, community groups and local residents to directly share their views on local health and care research, for example, through plans for a Lambeth Citizens Assembly on health research.

What has been the impact of the Research Ready Communities pilot programme?

What has been the impact of the Research Ready Communities pilot programme?

The Research Ready Communities pilot programme demonstrated impact at various different levels. This section provides an overview of the programme's impact on:

- Community Champions

- The wider community

- NIHR Clinical Research Network

- The wider regional research infrastructure (e.g. NHS Trusts, local government, higher education institutes, NIHR Centres)

Diagram 1: Levels of impact in each local area

Wider regional health and care research infrastructure
NIHR Clinical Research Network
The wider community
Community Champions

What has been the impact of the Research Ready Communities pilot programme?

Impact for Community Champions

New knowledge about their local communities

Community Champions felt that they learned new things about their community through their involvement in the programme.

> It's just good to see all the kinds of assets that we can label in the areas that we chose. GP surgeries, hospitals, housing associations [...] it was just good to see that there are lots of assets in the community as well. Because I wouldn't typically know of a lot of assets in the community that we could use."

The CRN asked Community Champions to share one new thing they learned after doing their participatory community research interviews and walks.

What is one new thing that you learned?

- About local inequalities and the social determinants of health

"We found issues beyond health research about the barriers and limitations of local health inequalities."

"We learned about local deprivation and low income in the area [...] housing and accommodation issues."

- About the amount of local community activities, resources, and opportunities for engagement

"How many places there are in my area and getting excited about possibilities. The people we spoke to also saw these places in a new way."

"There are so many hidden places in one area that you never hear about."

- About the need to focus engagement on smaller areas in the local community

"I learned how big Blackpool is. We had to narrow our focus down to electoral wards."

What has been the impact of the Research Ready Communities pilot programme?

Increased knowledge about health and care research

Community Champions felt that the process taught them about health and care research. They felt it was now important to increase awareness in their communities about health and care research opportunities.

Developing transferable skills and confidence

Community Champions identified a number of transferable skills they developed as a result of participating in the programme, including:

- Conducting interviews

- Networking and building partnerships

- Strategy development and project leadership

- Community engagement skills, such as how to map local community asset

One Community Champion is now working with an NIHR-funded research fellow on the NHS Core20Plus5 approach to reduce health inequalities in their area. They said they would use the skills and partnerships acquired from the Research Ready Communities programme as part of this work.

Some also shared how they grew in confidence during the programme:

"I think beforehand I used to be quite a quiet person. I was never the person who put my hand up and answered a question. But everyone was really welcoming and really made me go out of my shell a little bit and feel more confident in what I was saying."

What has been the impact of the Research Ready Communities pilot programme?

Impact for the wider community

Increased awareness and changed perceptions about health and care research

A lot of community members Champions spoke to felt they knew little about health and care research. There were some misconceptions about taking part in research. Community Champions were able to raise awareness about health research through these conversations, addressing these misconceptions.

Built trust and created environments for talking about health and care research

The ability to increase awareness and change perceptions in the community about health and care research has been made possible by the programme being focused on building trust between the CRN, local partners and community members.

It has done this by facilitating conversations about health and care research led by trusted members of the community in spaces where people already meet locally and feel comfortable.

"I think it was interesting in a way, that the majority of people that actually did get involved in the project have never been involved in any form of research whatsoever. A lot of them were frightened of being involved in research and it was an eye opener for everyone to realise, hold on, it's not always about medication and going under the knife or tablets."

What has been the impact of the Research Ready Communities pilot programme?

Impact for NIHR Clinical Research Network

Provided an effective pathway for LCRNs to engage with under-served communities

LCRNs involved in the pilot felt that the Research Ready Communities programme:

- Provides a sustainable and effective model for community engagement that can be used by the wider network in different communities

- Provides a first step in the process to meaningfully engaging a specific under-served community about health and care research

- Can and must be adapted to the local context

Some LCRNs felt the programme had less impact than others, with consideration needed about how to sustain engagement beyond the pilot. However, the programme still provided the groundwork for building long-term relationships in the community.

LCRN reflections on the Research Ready Communities programme as a framework for engagement

"We have, in my mind, an effective model for community engagement for the NIHR. […] We've never had that before. I know it's a flexible landscape, but you do need a plan, a model at least. So, the Research Ready Communities pilot is effectively a robust community engagement model that other parts of the infrastructure could use. It's a great programme that does require us to think differently and stop doing other stuff that doesn't work."

"I think the impact has been tremendous […] because we found a way in which we know we can access groups that we haven't accessed before, because we didn't have a pathway."

"The project offers one of the most sustainable PPIE approaches. Supported properly by our LCRN, [Community Champions] will continue to be our "voice" in that locality for the foreseeable future. This is more sustainable than, for example, employing a local community worker who may move on to other jobs. Continuity and trust matter a lot when partnering with local under-served communities."

What has been the impact of the Research Ready Communities pilot programme?

Increased LCRN knowledge and understanding of local communities

LCRNs felt that the programme increased understanding of the local community and how to effectively engage with local residents about health and care research and make participation in research studies more inclusive.

Working with Community Champions and community partner organisations provided invaluable insight into the places and resources that exist in the community that could help increase local access to information about health and care research opportunities. Although the organisations identified through interviews and community walks did not always lead to immediate engagement with the LCRN, it opened up possible links for future engagement.

"The asset mapping process […] stimulated really useful thinking about what could happen in the future. If you need to run this trial or study in that specific ward, we've got knowledge to help you with that. So, it can enlighten how we shape any future research activity. If [a] university is running a study but is never sending any local people to talk about it, it is not going to work."

What has been the impact of the Research Ready Communities pilot programme?

Developed LCRN staff's community engagement skills

Staff with no or limited community engagement experience who led the programme in their local area felt that by leading the programme, they gained community engagement skill, and they were more confident in their role going forward.

However, adding more capacity building support and training for LCRN PPIE staff who don't have a community engagement background would be useful.

"It's been probably the best thing I've worked on since I started here. I would say I knew nothing about community engagement. I don't have any professional knowledge in the area, but by going through this pilot, it's just taken me through that kind of work. I could probably articulate to someone how to do community engagement and there's no way I could have done that like six months ago."

What has been the impact of the Research Ready Communities pilot programme?

Helped to align LCRN research to local health inequalities

Focusing on local engagement and deepening understanding of health inequalities within a specific community has enabled LCRNs to identify where the health inequalities and needs are within their wider region, and to consider how to align regional research to address this.

"We have started to think about how we align our research to health inequalities by ward level. It's that ward level thing that's really important.

We can look at our research delivery strategy across the region, which is a huge geography. What this programme has done is helped us say hang on, where is the health inequality? Which disease area? Which wards? Which age groups?

So, the pilot has a really good granular understanding of those health inequalities. It's got the potential to completely change things. For 15 years, we've delivered some really groundbreaking research as an organisation, but our health inequality gaps are getting wider. So this is the solution to address that."

What has been the impact of the Research Ready Communities pilot programme?

Impact on the wider regional research infrastructure

Build networks and relationships between the community, NIHR and the wider research infrastructure (e.g. NHS Trusts, local government, higher education institutes, NIHR Centres)

Taking the time to build community links and work with organisations embedded in the local area has enabled LCRNs to develop strong community networks.

The programme inspired partnerships between LCRNs and other stakeholders working on health research and wider health issues in the region, such as local NHS Trusts, local authorities and voluntary and community organisations, such as Healthwatch and Citizens' Advice Bureau.

It also provided links between these local actors and the communities themselves, establishing foundations for wider engagement about health and care research in the area.

Lessons learned: What were the challenges and what is needed to make this programme work?

Lessons learned: What were the challenges and what is needed to make this programme work?

LCRNs and Community Champions shared their reflections on what they found challenging during the programme, and what could be improved. They also shared their ideas on how to make this programme succeed across the country.

As with the programme's impact, learnings and challenges are reflected at different levels.

Diagram 2. The different levels at which challenges and lessons occurred during the pilot

Wider regional health and care research infrastructure

NIHR Clinical Research Network

The wider community

Community Champions

Lessons learned: What were the challenges and what is needed to make this programme work?

Community Champions

Provide more clarity about the aims and purpose of the programme

Community Champions wanted more clarity about what the programme was trying to achieve at the beginning of the programme, and what they could expect to be doing in their role over the year. They felt this would have helped them better understand the purpose of the participatory community research activities, and how to plan activities in their local area. Having a clearer timeline for the activities and responsibilities before signing up to the programme would have also been useful.

LCRNs need a role description and to meet with Community Champions to understand whether the role works for them

Community Champions are the driving force of the programme. Given their importance, some LCRNs felt they would have benefited from having a person specification and role description they could use for recruitment and to help initial conversations with potential Champions.

LCRNs need time to get to know potential Community Champions, understand their enthusiasm for the programme and its aims, consider whether the role will be a good fit for them, and how their group of potential Champions might work together.

Using Community Champion feedback to improve the programme

In response to this feedback, the CRN Coordinating Centre developed a brochure for LCRNs to use in their initial conversations with Community Champions.

It provides an overview of:

- Health and care research and why it is important

- The NIHR Clinical Research Network

- The Research Ready Communities programme

- The Community Champion role and a timeline of programme activities

- Potential benefits of being involved in the programme

Is the Community Champion role right for me?

Lessons learned: What were the challenges and what is needed to make this programme work?

Community Champions need to communicate regularly with LCRNs on their terms

Overall, communication between LCRNs and Community Champions was fairly regular. However, at different stages, communication became inconsistent in some areas, or was felt to be too frequent and demanding of Community Champions' time in others. Even where there were quieter periods with fewer activities, Community Champions would have appreciated regular check-ins and being kept informed.

LCRNs need to agree with Community Champions:

- The frequency of communication and meetings

- The best way to stay in touch (for example, email or WhatsApp)

- When Community Champions can expect to be contacted, and whether certain times of day should be avoided (for example, late evenings)

Lessons learned: What were the challenges and what is needed to make this programme work?

The wider community

Building relationships takes time and this needs to be accommodated in regional and national CRN planning and reporting

Relationship building is vital for long-term, meaningful community engagement. It also takes time.

In some areas, pilot year activities felt hurried as there was a rush to meet an outlined timeframe. More flexible timescales for implementing activities would have made those activities more successful, as it would have enabled the programme to reach more community members, and avoid any danger that the programme was tokenistically driven.

National and regional frameworks and reporting requirements must account for this, if CRN collaboration with communities is to be truly collaborative, meaningful and equitable.

"It was a bit rushed, like everything seemed to have to be done quite quickly because of the timeframe. I suppose in my work in communities, that's never the best plan because sometimes things take time to find and implement."

Engagement is most effective face to face

The pilot Research Ready Communities programme took place against a backdrop of COVID-19, including the UK's Omicron wave in 2021/22. As a result, a lot of Community Champion meetings and programme activities took place online, particularly in the first half of the programme.

Community Champions and LCRNs felt this impacted the numbers of people that could be engaged in the wider community and the ability to build relationships and engage people effectively in the local area. LCRNs felt the most effective approach was face-to-face meetings with Community Champions, partner organisations, and community members.

Lessons learned: What were the challenges and what is needed to make this programme work?

NIHR Clinical Research Network

The CRN needs to implement the programme flexibly and give power to Community Champions and partner organisations

The Research Ready Communities model provides a framework for engaging under-served communities and developing relationships. However, pilot feedback shows that it is essential the framework is implemented in a flexible way so it can adapt to specific local communities, building on the knowledge of Community Champions and partner organisations.

Whilst some LCRNs believed the model allowed for flexibility and local innovation, others felt the implementation was too rigid and less successful as a result. Community Champions also felt the programme was not flexible enough to incorporate their ideas and inputs, and would have liked more creative ownership of and decision making in programme activities. They appreciated when LCRNs responded to their ideas and allowed for more flexibility over the course of the programme.

"There's a lot of scope to hand the power of delivery to real community representatives. You don't have to follow it to the letter. It has to be adapted according to the community you have around you and the reality of your situation."

"It would be dangerous and almost bordering on offensive to communities to try to suggest that you can create one blueprint that works in every single community because they're so diverse aren't they? What might work in Blackpool might not work in Manchester, Liverpool, parts of Birmingham."

Lessons learned: What were the challenges and what is needed to make this programme work?

How can the programme be more flexible going forward?

- On the ground, the programme needs to be better co-designed and owned by Community Champions, community partner organisations and LCRNs, in equal partnership.

- The participatory community research activities (interviews, walks and workshops) should be planned together with Community Champions and community partner organisations, with Champions and partners able to decide how these should be implemented.

- More time should be given to the action planning stage, with Community Champions and community partner organisations empowered to decide the nature of activities. Implementation should be based on their knowledge and understanding of the community.

- Rather than approaching the programme with pre-determined ideas on local initiatives, LCRNs should work with the community to establish what really needs to be done and feel comfortable 'not having all of the answers'.

Lessons learned: What were the challenges and what is needed to make this programme work?

Managing expectations and sustaining engagement after the programme

LCRNs raised the challenge of managing expectations about what can be achieved during and after the pilot, and what the CRN can offer to communities. The need to maintain impetus after completion was also highlighted.

Supporting Community Champions to continue being the 'voice' in their community, and working in partnership with other actors in the wider health and research infrastructure (for example, local authorities, NHS Trusts) was considered the most effective means of ensuring engagement is sustained.

The CRN Coordinating Centre will consider how it can support LCRNs to continue building their relationships and activity in the local community, and engagement with Community Champions, after the first twelve months.

Developing a 'community ready' research workforce and resourcing community engagement

Implementing the programme and increasing LCRN focus on community engagement work requires a considerable amount of dedicated staff time and sufficient funding.

Not all PPIE staff have community engagement experience and would benefit from training and support. LCRNs would benefit from having more staff with skills, experience and roles dedicated to community engagement.

"I think it has stretched us in terms of resources. What it's forcing us to do is realign and rethink. We've hired engagement officers in our social care team."

For research to become truly participatory and inclusive, systems change is needed. This requires researchers and research organisations to build their skills in engaging with communities, beyond their PPIE staff or function.

"I find the whole thing about the community becoming research ready as a concept quite problematic to be honest, because there's a lot of people in academia and I'd even say probably within NIHR that wouldn't know how to engage with the community. So it feels a little bit one sided to me, if I'm honest, to say well, is the community research ready? Maybe it's about them becoming more ready to engage with the community."

Lessons learned: What were the challenges and what is needed to make this programme work?

Finance processes and recognition

- Local finance processes need to adapt to community-facing work

All three pilot areas saw challenges with finance processes and setting up recognition payments for Community Champions and partner organisations. Requirements in LCRN host organisation payment policies made it difficult to meet communities' needs. Payment policies must allow more flexibility and work better for communities engaging with the CRN.

Issues also arose where Community Champions were unable to receive payment, for example, because they were working as salaried professionals in a partner organisation, or where payment may have impacted on welfare benefits.

- Forms of recognition first need to be agreed with the community

Even though recognition payments are important and should be offered, Community Champions and partner organisations would have appreciated more information about possible options for recognition up front. This would have enabled them to advise LCRNs on the most appropriate form of recognition.

Partner organisations could have advised, for example, whether recognition payments would negatively impact people's welfare benefit payments, and suggest other forms of recognition. LCRN staff also need to know where to direct partners and Community Champions for advice on NIHR recognition payments and possible impacts on benefits.

> "The harder stuff is trying to get somebody paid. And the whole idea of our Trust turning payment round in thirty days […]. You have people in the room who can't afford the gas bill with today's cost of living crisis."

> "I just think a lot more consideration has to be given to how we look to incentivise people, because it was pretty frustrating to be honest. It won't always be an economic contribution. It will be actually [also] demonstrating a commitment to building people's knowledge, capacity, self-efficacy and that can all be done without paying people. Chat to people and say 'look, this is what we're proposing. What do you think?'"

- Appropriate level of recognition for Community Champions

Being a Community Champion requires a lot of time and work. Consideration needs to be given to how the role develops, and whether it continues to be a volunteer role with recognition payments, or becomes a more established long term (for example, with contractual documents).

Lessons learned: What were the challenges and what is needed to make this programme work?

The programme needs to connect with wider LCRN work

Aligning the programme to other areas of the LCRN's work is essential – it must exist beyond just an LCRN's PPIE function, and be embedded within other functions. Programme ownership and buy-in at LCRN leadership level, and from other staff, such as Principal Investigators and Direct Delivery Teams, is vital for success.

Lessons learned: What were the challenges and what is needed to make this programme work?

The wider regional health and care research infrastructure

Building partnerships in the regional research and health infrastructure is essential

The Research Ready Communities programme was most successful when working in partnership with other regional health and research organisations, for example, the local authority or NHS Trust.

Partners' existing relationships facilitated links with community organisations and helped with Community Champion recruitment, whilst providing a road-map for continuing to effectively work together in the community after the end of the pilot period.

To avoid duplication of efforts and engagement with the same communities, it is important to work with other NIHR centres in the region and understand what engagement work they are doing. This can also facilitate sustainable engagement.

Research Ready Communities Blackpool: An example of best practice for working in partnership

"It's having that cross organisational approach that I think has been really exciting. In Blackpool, it's all different organisations who have come together to provide Champions. I think without that, it would have been harder to work through the issues we had as a project.

It's been really helpful to have our data alongside the perspective of the Council, Headstart and Healthwatch. I think everything is underpinned by that cross organisational approach. If we didn't have it, it wouldn't have been half as good as it has been."

"We benefited from a high-level relationship with Blackpool Council. We went into an existing community-based infrastructure as a result of that high level relationship. For me, that's key."

Recommendations

Recommendations

The following recommendations are made for successfully implementing the Research Ready Communities model across the CRN in future, and to ensure the CRN is engaging with communities in a meaningful, equitable and sustainable way.

Working in regional partnerships for long-term engagement

- Work in partnership with other stakeholders in the region's research and wider health and care landscape. Identify synergies that may provide opportunities for future collaboration and engagement.

- Work with partners to identify existing local examples of engagement and participation outside a health and research context and share learnings on what works locally.

Supporting Community Champions

- Clearly establish up front the programme objectives in the local community. Make sure Community Champions and partner community organisations understand and are confident about:

  - The Research Ready Communities programme's purpose

  - Why the CRN wants to work with their community

  - Why making health and care research more inclusive is important and relevant to their community

  - What the Community Champion role involves, activity timelines, and the qualities of a Community Champion

- Spend time getting to know Community Champions and partner organisations by attending community events, meeting for coffee, etc. This will build relationships and create more effective engagement and work in the local community.

- Further develop Community Champion training so that it: takes more time; focuses more on fundamental health and care research knowledge; includes certificates or accreditation; and upskills them in different community engagement and participation methods to help them decide what they want to do in their community.

- Create more opportunities for Community Champions from different regions to meet one another, network and share learnings during the course of the programme.

- Establish an agreed way of working with Community Champions locally. Ensure this includes agreement about regular communication throughout the programme, and how this can be done in a way that works best for Community Champions and respects their time. Review this regularly with Community Champions, so the agreement can be amended to reflect any lessons learned or changes in circumstances.

- Consider continued engagement and development opportunities for Community Champions beyond the twelve month programme, for example, the Research Champion programme.

- Provide Community Champions with information resources about health and care research that they can give to community members during interviews and workshops.

Recommendations

Engaging members of the community

- Enact a process to share feedback with members of the community about how their inputs have contributed to the programme (e.g. people interviewed). Take the lead from Community Champions and partner organisations about how to design this, based on their knowledge of the local community and how they believe feedback can have the most impact.

- Meet face to face where possible and where this is the preferred option for community members, community partner organisations, and Community Champions. Meet people where they are, rather than expecting them to come to the LCRN (unless that is their preference), including in non-health settings, for example, a community cafe or centre.

Adapting the model to the local community

- The programme model should be adaptable and flexible. Whilst the same national materials and training will be provided to everyone, LCRNs should give ownership and decision-making power to Community Champions and partner organisations, who are best placed to advise about the 'when, where and how' of delivering the programme.

- Timelines also need to be flexible. Ensure there is sufficient time to plan and implement activities in the local community and avoid rushing through the different phases of the programme. National CRN frameworks and guidance need to allow for this flexibility at local level, reflecting the long-term nature of this type of work.

Internal resourcing and support

- Focus the programme's activities in one small locality rather than stretching out resources over a larger area (for example, at local authority ward level).

- Consider how to develop a 'community ready' research workforce to work alongside Research Ready Communities. For example, through training, provide support for staff that is tailored and appropriate to their role.

- Invest in the community engagement capacity and knowledge of new and existing staff to ensure the necessary skills and resourcing are in place to support meaningful engagement with under-served communities.

- Consider how the Research Ready Communities programme can be embedded within wider business-as-usual work and across different relevant organisational functions, to promote a sustainable approach to engaging under-served communities with shared responsibility and ownership.

Recommendations

- It is important that community partner organisations and Community Champions are appropriately recognised for their contribution in line with national NIHR guidance. Engage with finance teams and community partner organisations at the beginning of the programme to understand a) what forms of recognition and remuneration are appropriate and acceptable to the community, and b) what forms of remuneration and recognition are possible through local systems and processes, and whether there is flexibility to make this process as quick and easy as possible for the community.

- Review agreed remuneration with community partner organisations and Community Champions regularly to confirm that it still meets their needs. Make community partner organisations and Community Champions aware of advice about how recognition payments may impact on welfare benefit recipients or individuals seeking asylum, and of the free, personal and confidential benefits advice service that NIHR public contributors can access if they have questions or concerns about receiving payment should it be made available.

NIHR | National Institute for Health and Care Research

For more information about Research Ready Communities, please email: **crncc.ppie@leeds.ac.uk.**