



COMMUNITY VOICES PROJECT Service Evaluation Report



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Organisation NIHA

Presented 16/03/2023

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CHAPTER 1.0

Authors and Acknowledgments

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Presented to ICB: 16th March 2023

The author offers thanks to colleagues at NHS Norfolk and Waveney Integrated Care Board (SA/RJ), UEA, and the following individuals who have offered assistance to specific elements of this project (in alphabetical order):

- Emma Coombes for her assistance with preparation of documentation for ethical approval submission and liaison with ICB in the initial set up phase
- Max Griffiths for his assistance in coding the raw data for component 2
- Carrie Jackson for her role in preparing, submitting and obtaining the original ethical approvals and liaising regarding the project set up
- Kate Price for her assistance liaising with the author regarding data capture methodologies
- Lucy Price for her role in transcribing focus group data and as primary coder for component 3
- Anna Sweeting for her role in running the three focus groups for component 3 (focus groups)

CHAPTER 2.0

Original Project Specification

Norwich Institute of Healthy Ageing (NIHA) was consulted and appointed to evaluate the Community Champions programme with an overall evaluation budget totalling £20,000 (including VAT). The purpose of this section is to provide a reminder of the brief description of the evaluation methodology, along with proposed roles and responsibilities of the CCG and NIHA across the evaluation.

2.1 Evaluation methodology

There are three components to the evaluation as follows: 1) feedback from Community Champions' on the training programme they undertook to identify any recommended improvements, 2) an outcome evaluation of the Community Champions programme which will focus on examining the themes raised by members of the community during their conversations with Community Champions, and 3) a process evaluation of the Community Champions programme to understand what worked and any challenges, which will be used to inform the wider roll-out of the programme going forward.

Component 1: evaluating the training programme (CCG to lead)

Community Champions will complete a pre and post online survey to gather their feedback on the training programme they undertook. This will provide insight into their views on the training provided, along with how equipped they felt to undertake their role and have conversations with members of the community. Collation and analysis of feedback will be ongoing throughout the programme, with the findings being used to adjust the delivery of training and make improvements as required. The CCG will lead this component of the work and NIHA therefore do not expect to be involved in this analysis.

Component 2: outcome evaluation of the Community Champions programme (NIHA to lead)

Community Champions will record notes of the conversations they have with members of the community. It is anticipated that within these notes Champions will record the topic of concern of the conversation and/or any challenges in accessing health care services raised by the person they spoke with. This may include topics not directly

related to health care, such as perceptions about crime and anti-social behaviour and access to green spaces, etc, that local communities raise as being important factors that inform their views about engaging with healthcare services. Champions will also record the outcome of the conversation including whether the person they spoke with proposed to take action and whether that action would have been taken irrespective of the conversation (i.e. record any information on what might have happened if the conversation had not taken place). NIHA suggest it would be beneficial for Community Champions to receive training on how to record conversations and that they are given a framework within which to do this. This will help to standardise the conversation data recorded by Champions.

The ICB will supply NIHA with a copy of the conversations and NIHA will then lead the analysis of these data. NIHA propose to undertake a thematic analysis of a sample of conversations (sample size to be determined once the ICB have provided an estimate of the number of conversations they expect to be recorded and the budget available – see options).

Component 3: process evaluation of the Community Champions programme (NIHA to lead)

A focus group will be undertaken with Community Champions to identify what they felt worked well and what the key challenges were in undertaking their role. It is proposed that Community Champions will be recruited via support from the District Councils who are assisting with the delivery of the programme along with the Voluntary Community and Social Enterprise (VCSE) sector. A further focus group will therefore be undertaken with VCSE community leaders/recruiting organisations to understand their experiences of what worked and any challenges they encountered in recruiting Champions and supporting them in their role. Additionally, both the Community Champions and the VCSE community leaders/recruiting organisations will be asked their views on the impact of the programme, for example they will be encouraged to share examples of where members of the community reported that a conversation with a Champion either resulted in a positive outcome or where it made no difference.

It is anticipated that both focus groups will be undertaken online to remove the need for participants to travel to a central location. It is hoped that this will improve attendance and additionally help with finding a mutually convenient time to meet. The ICB will facilitate arranging the focus groups by providing relevant participant contact details to NIHA. NIHA will undertake the focus groups and produce a thematic analysis of the findings from these. Both focus groups will be undertaken towards the end of the project (anticipated September 2022 to maximise the likely number of participants by avoiding the main holiday period).

2.2 Report writing

The findings from the batch of focus group conversations will be written-up in the final report, along with the findings from the two focus groups (anticipated October-November 2022). As an optional extra, we could provide a step by step guide to analysing the conversations and a training session for analysis to then be undertaken within the ICB longer term.

CHAPTER 3.0

3.1 Quantitative Analysis

Data for the Norwich locality was collected using different methods than the data for Norwich. In preparation for this analysis the data used in this report was received already coded by the locality teams.

Descriptive Data

Overall Norfolk submitted 554 conversations to this analysis, Norwich submitted 838 conversations. Not all analyses had recorded data for every conversation so where relevant throughout the number of conversations used within that analysis will be reported.

Age and Gender of service user

The age of participants accessing the service within the Norfolk locality seemed evenly spread across the life span (see Table 1). Despite being categorised as a vulnerable group at risk of Covid-19, only 10% of conversations engaged with older adults (>65 years). A similar percentage of the conversations were held with young adults (under 25-year-olds). Females (n=222, 66.9%) accessing the service more than their male counterparts (n=107, 32.2%).

Table 1 – Frequency and percentage of Engagement with service, split by age category for Norfolk locality.

Age group	N	Percent	Valid Percent	Cumulative Percent
16-24yrs	45	11.3	13.4	13.4
25-34yrs	37	9.3	11.0	24.4
35-44yrs	70	17.6	20.8	45.2
45-54yrs	65	16.3	19.3	64.6
55-64yrs	56	14.1	16.7	81.3
65-74yrs	40	10.1	11.9	93.2
75+	18	4.5	5.4	98.5
Prefer not to say	5	1.3	1.5	100
Total	336	84.4	100.0	
Missing	62	15.6		
Total	398	100		

From the Norwich locality, adults seemed to engage with the service more so than younger or older adults (see table 2). Norwich locality conversations seemed to reach

a slightly higher percentage of older adults (~25%) compared to Norfolk locality conversations (~15%). Engagement statistics split by gender for Norwich localities show the same trends as Norfolk based data, in that females (n=143, 66.2%) accessing the service more than their male counterparts (n=70, 32.4%).

Table 2: Frequency and percentage of Engagement with service, split by age category for Norwich locality

Age Group	N	Percent	Valid Percent	Cumulative Percent
Under 18 (with consent)	5	2.2	2.3	2.3
Young adult (18-30)	33	14.5	15.4	17.8
Adult (31 -60)	122	53.5	57.0	74.8
Older Adult/Retired	54	23.7	25.2	100.0
Total	214	93.9	100.0	
Missing	11	4.8		
Invalid	3	1.3		
Missing Total	14	6.1		
Total	228	100.0		

Comorbidities

Of those conversations where the data was recorded (n=279), 61.6% of participants (n=172) were healthy individuals reporting no comorbidities, 28.3% (n=79) reported comorbidities and 10% (n=28) preferred not to say. For individuals with comorbidities, 31.7% (n=59) reported they had been vaccinated against Covid-19, compared with 17.3% (n=13) of individuals without a comorbidity. This difference was statistically significant supporting that individuals with comorbidities were more likely to be vaccinated against Covid-19 than their healthy counterparts ($\chi^2(4) = 10.549, p = .032$). Comorbidity data was not available for analysis from Norwich localities.

Location of conversation

From 398 Norfolk locality conversations, 10% (n=40) did not report a location of where the conversation took place. The most common location for Norfolk locality conversations to take place were at ACCESS drop-in's (n=72, 18.1%), with Community Centres being the second most common (n=61, 15.3%). Conversations were held in over 40 differing county wide location venues (See Table 3).

From the 225 Norwich locality conversations, just 5.3% (n=12) did not report a location of where the conversation took place. By far the most common venues were Church coffee mornings which accounted for nearly a quarter of all conversations held (cumulative accountable percentage 23.1%). Other conversations did happen in church locations but just not during coffee mornings. Conversations were held in over 99 differing city locations (See Table 4).

Table 3 – Descriptions of locations where conversations took place within the Norfolk localities

Conversation Location	N	Percent	Valid Percent
MISSING	40	10.1	10.1
Community Centre	61	15.3	15.3
Church	2	.5	.5
ACCESS office	18	4.5	4.5
Local Council	10	2.5	2.5
Street	11	2.8	2.8
Community Event	3	.8	.8
Library	3	.8	.8
A Local Business	39	9.8	9.8
A school	1	.3	.3
Shop or shopping centre	30	7.5	7.5
ACCESS drop in	72	18.1	18.1
Someone's Home	49	12.3	12.3
Car Park	3	.8	.8
A cafA©	19	4.8	4.8
At the Flower Farm	1	.3	.3
Bread Kitchen	1	.3	.3
Bus stop	2	.5	.5
Coffee Morning at a Church	1	.3	.3
Community Cabin at Travellers site	1	.3	.3
Cuppa Care Project	3	.8	.8
Gorleston Food club	1	.3	.3
Gorleston Seafront	1	.3	.3
Great Yarmouth seafront	2	.5	.5
GYROS Pop up	1	.3	.3
Headway –Support Group	1	.3	.3
High Street	1	.3	.3
Market Place	1	.3	.3
On email	2	.5	.5
Online class	1	.3	.3
Other (please Specify)	1	.3	.3
Out in public	1	.3	.3
Over phone	1	.3	.3
Park	5	1.3	1.3
Phone	1	.3	.3
Seafront	1	.3	.3
The waterways	1	.3	.3
Tourist information office	2	.5	.5
Vision Norfolk	1	.3	.3
Workplace	1	.3	.3
Youth Club	1	.3	.3
Youth Project	1	.3	.3
Total	398	100.0	100.0

Table 4 - Descriptions of locations where conversations took place within the Norwich localities

Conversation Location	N	Percent	Valid Percent
MISSING	12	5.3	5.3
St Catherine's Church Coffee morning	35	15.6	15.6
Coffee & Catch up Norman Centre, Kings venue	3	1.2	1.2
Kings Coffee and catch up	4	1.7	1.7
Library drop in	1	.4	.4
The mosque	1	.4	.4
Picnic at Peterson Park	2	.9	.9
Aylsham Road	1	.4	.4
Barber shop, West Earlham	1	.4	.4
Baseline arts and crafts session	1	.4	.4
Bicycle links workshop, Anglia square	1	.4	.4
St Augustine Church hall, coffee morning	4	1.8	1.8
Community hub, community picnic	1	.4	.4
Building blocks, stay and play group Cadge road	3	1.3	1.3
Butterfly café	2	.9	.9
Food bank at St Elizabeth's Church	3	1.3	1.3
Camerados Public living room, Pottergate	1	.4	.4
Castle garden	1	.4	.4
Chatham street during walkabout	1	.4	.4
Coffee morning at Fellowes Close	1	.4	.4
Cross roads, St Elizabeth Church	4	1.8	1.8
St Elizabeth Church, Cadge road coffee morning	17	7.6	7.6
Cuppa care bus	2	.9	.9
Dereham road bus stop	3	1.3	1.3
DIY workshop at Phoenix centre	1	.4	.4
Drug store skate shop, King street	1	.4	.4
Fellowes close sheltered housing	1	.4	.4
Fellowes close	2	.9	.9
Fishergate Oasis	2	.9	.9
Freedom Friday, Cadge Road community centre	2	.9	.9
Funding bid workshop run by art at work	1	.4	.4
Future Basline Malpit	1	.4	.4
The forum Pride event	3	1.3	1.3
Gildencroft park	2	.9	.9
Hair care share (Magdalen St)	2	.9	.9
Hayleys baps, Aylsham road	1	.4	.4

Headteacher at Earlham early years nursery	1	.4	.4
Henderson Park Ivy road	2	.9	.9
Henderson Community Hub funday	3	1.3	1.3
Jex Road	8	3.6	3.6
Just a cuppa –millennium library	2	.9	.9
Larkman lane	1	.4	.4
Cadge road community centre	4	1.8	1.8
Local park while walking dog	1	.4	.4
Luncheon Club, Salvation army	3	1.3	1.3
Malpit community garden	4	1.8	1.8
Mandarin cycles	1	.4	.4
Matthew project	2	.9	.9
Meeting at Alchemista coffee	1	.4	.4
Meeting at Franks Bar	1	.4	.4
Meeting at St Stephens church	1	.4	.4
Meeting at the school	1	.4	.4
Messy play at St Catherine's Church	1	.4	.4
Aldi Dereham road	1	.4	.4
Met in passing on Cadge road	1	.4	.4
Mile cross Library	4	1.7	1.7
Mile cross picnic	2	.9	.9
Mile cross Road	1	.4	.4
Nature connect walk	4	1.8	1.8
New routes	1	.4	.4
Norwich food stores, Bowthorpe road	1	.4	.4
Community hub, Cadge road community centre	4	1.8	1.8
Oak street	1	.4	.4
Anglia square	1	.4	.4
Flats on Rouen road	2	.9	.9
Outside Larkman shop	2	.9	.9
Outside pop up shop	4	1.8	1.8
Over the phone conversation	1	.4	.4
Phoenix centre	2	.9	.9
Phoenix centre café	1	.4	.4
Pit stop allotments	1	.4	.4
Police box Aylsham road	1	.4	.4
Ramadan celebrations Aylsham road mosque	2	.9	.9
West Earlham shops	1	.4	.4
Bridge plus at Chapelfield Methodist church	2	.9	.9
Salad dodgers, Anglia square	1	.4	.4
Shoebox community hub	2	.9	.9
Shoebox coffee morning	1	.4	.4
Shoebox peer support workshop	1	.4	.4
Silver birch court	1	.4	.4

Walking around North Earlham	1	.4	.4
St Martins Charity shop, Magdalen st	1	.4	.4
St Marys church coffee morning	1	.4	.4
The pavilion	1	.4	.4
The playhouse	1	.4	.4
City academy Norwich	1	.4	.4
Parkour centre	1	.4	.4
Volunteers event phoenix centre	2	.9	.9
Waterloo park	1	.4	.4
YMCA café	2	.9	.9
Age Uk, zoom meeting	1	.4	.4
Works & Volunteers at St Elizabeth church	1	.4	.4
West Earlham woods	1	.4	.4
West Earlham Library	1	.4	.4
West Earlham bus stop	1	.4	.4
Picnic bag at St Elizabeth Church Cadge road	1	.4	.4
Total	225	100.0	100.0

Length of conversation

Within the Norfolk locality, length of conversation varied greatly with the minimum engagement time being 2 minutes and the maximum being 2 hours ($n=351$, range = 118 minutes, $M=15.77$, $SD = 13.5$). Conversations held with groups ($M = 23.79$, $SD = 15.5$) were longer in duration than those conversations with only one individuals ($M = 15.17$, $SD = 13.2$). This difference between categories was statistically significant ($MD= -8.620$, $t(2349) = -3.048$, $p = .002$). This difference may be parsimoniously explained by the fact that more individuals needed to speak within the group based conversations or it may be due to group dynamic factors. Trends were observed for females ($M=16.92$, $SD=16.1$) to engage in longer conversations than males ($M=14.20$, $SD=8.7$) yet this difference was not significant at a 0.05 alpha level ($MD= -2.723$, $t(292) = -1.579$, $p = .115$). Data regarding conversation length was not available for analysis for Norwich localities.

Engagement with service

From the 398 Norfolk locality conversations, only 2.5% had engaged with a Trusted Communicator previously. No gender differences were noted in those who had accessed a Trusted Communicator previously ($\chi^2(4) = 1.927$, $p = .749$). The vast majority of individuals ($n=303$, 76.1%) had never spoken to a Trusted Communicator previously. 11.3% of conversations did not capture whether the individual had previously engaged with the service. In regard to actively accessing the service approximately one fifth of Norfolk locality conversations were started by a member of the public approaching a Trusted Communicator ($n=69$, 19.2%). It was far more likely for Trusted Communicator to approach participants with this occurring over 80% of the

time (n=290, 80.8%). When exploring gender differences within the locality, females (21.5%) were more likely to approach Trusted Communicators than males (11.9%) although this was not a significant difference ($p = .101$).

From the Norwich locality, data was not recorded if the member of the public had engaged with the service previously; however what was recorded was whether that member wanted to remain in touch with the service after the initial conversation had closed. From the available data, nearly three quarters of individuals did want to keep in touch (n=145, 71.1%). See Table 5.

Table 5: Frequency and percentage of individuals wanting to keep in touch with the service after their initial engagement with service, for Norwich locality

Interested in Keeping in Touch	N	Percent	Valid Percent
No	5	2.2	2.5
Yes	145	63.6	71.1
Did not mention	54	23.7	26.5
Total	204	89.5	100.0
Missing	24	10.5	
Total	228	100.0	

No gender differences were identified between those who wished to keep in touch and those who did not ($\chi^2 (6) = 4.927$, $p = .553$). Additionally, no statistically significant associations were found between age category and wanting to keep in touch ($\chi^2 (6) = 2.769$, $p = .837$). Data was also recorded if individuals actively wanted to do something to contribute in their community. The responses were reasonably evenly split between yes (n=67, 29.4%), no (n=71, 31.1%) and maybe in the future (n=59, 25.9%); 13.6% of conversations (n=31) did not record this data. See Table 6.

Table 6: Frequency and percentage of individuals wanting to contribute to the community, for Norwich locality

Wanting to contribute to community	N	Percent	Valid Percent
No	71	31.8	36.0
Yes	67	29.4	34.0
Maybe in future	59	25.9	29.9
Total	197	86.4	100.0
Missing	31	13.6	
Total	228	100.0	

A statistically significant relationship exists between the categorical variables of 'wanting to keep in touch' and 'actively wanted to do something to contribute in their community' ($\chi^2 (4) = 60.154, p < .001$).

Conversation format (Group v individual)

A significant number of Norfolk locality conversations were held with individuals (n=335, 84.2%) as opposed to a group (n=24, 6.0%), with 39 conversations (9.8%) not reporting this data. Of those groups who engaged in conversations a Trusted Communicator, 100% (n=24) had never engaged with the service previously. No statically significant differences were noted for a particular gender and if they tended to engage more as a group or an individual ($\chi^2 (2) = .873, p = .646$). Comparative data was not available for analysis for the Norwich localities.

Covid-19

Of 347 Norfolk locality conversations, 68.3% (n=237) had reported that the individual they were speaking with had been vaccinated against COVID-19, 22.4% (n=89) had not been vaccinated with the remaining 21 conversations not reporting that data. Differences in vaccination status were not statistically significant as males and females seemed to report similar percentages of being vaccinated ([Male = 68.0%; females = 67.2%], [$\chi^2 (4) = 2.982, p = .561$]).

From the Norwich locality, only approximately one fifth of conversations reported being vaccinated against Covid-19 (8.3%, n=19), approximately one third did not mention/record vaccination status (30.7%, n=70) and this data was missing in nearly 60% of conversations (57.9%, n=132). See Table 7.

Table 7: Frequency and percentage of individuals Vaccinated against COVID 19 for Norwich locality

Vaccinated COVID 19	N	Percent	Valid Percent
No	7	3.1	7.3
Yes	19	8.3	19.8
Did not mention	70	30.7	72.9
Total	96	42.1	100.0
Missing	132	57.9	
Total	228	100.0	

No gender differences were identified between those who were vaccinated and those who were not ($\chi^2 (4) = .533, p = .970$). Despite between a fifth (21.2) and a third (38.5%) of conversations not mentioning Covid-19 vaccination status among these age groups (see Table 8) a statically significant association as found between age category and being vaccinated against Covid-19 ($\chi^2 (6) = 14.027, p = .029$).

Table 8: Frequency and percentage of conversations for Norwich locality, relating to COVID-19 discussions split by decision to be vaccinated and age category

Vaccinated COVID 19	Age	N	Percent	Valid Percent
Missing	Under 18 (with Consent)	4	3.0	3.3
	Young adult (18-30)	20	15.2	16.7
	Adult 31-60)	64	48.5	53.3
	Older adult/retired	32	24.2	56.7
	Total	120	90.9	100.0
	Missing	11	8.3	
	Invalid	1	.8	
	Missing Total	12	9.1	
	Total	132	100.0	
No	Young adult (18-30)	1	14.3	14.3
	Adult (31-60)	1	14.3	14.3
	Older Adult/retired	5	71.4	71.4
	Total	7	100.0	100.0
Yes	Young adult (18-30)	5	26.3	26.3
	Adult (31-60)	10	52.6	52.6
	Older Adult/retired	4	21.1	21.1
	Total	19	100.0	100.0
Did not mention	Under 18 (with consent)	1	1.4	1.5
	Young Adult (18-30)	7	10.0	10.3
	Adult (31-60)	47	67.1	69.1
	Older Adult/Retired	13	18.6	19.1
	Total	68	97.1	100.0
	Invalid	2	2.9	
	Total	70	100.0	

Data shows that for the targeted population, young adults were more likely to announce that they had been vaccinated (see Table 9), yet caution must be expressed here due to the very small numbers within the analysis. This may warrant further investigation if the focus of future programmes continues to raise Covid-19 in conversations held by Trusted Communicators.

Table 9: Frequency and percentage of individuals Vaccinated against COVID 19 split by age group/category for Norwich locality

Age	Vaccinated COVID 19	N	Percent	Valid Percent
MISSING	Missing	11	100.0	
INVALID	Did not mention	2	66.7	100.0
	Missing	1	33.3	
	Total	3	100.0	
Under 18 (with Consent)	Did not mention	1	20.0	100.0
	Missing	4	80.0	
	Total	5	100.0	
Young Adult (18-30)	No	1	3.0	7.7
	Yes	5	15.2	38.5
	Did not mention	7	21.2	53.8
	Total	13	39.4	100.0
	Missing	20	60.6	
	Total	33	100.0	
Adult (31-60)	No	1	.8	1.7
	Yes	10	8.2	17.2
	Did not mention	47	38.5	81.0
	Total	58	47.5	100.0
	Missing	64	52.5	
	Total	122	100.0	
Older Adult/retired	No	5	9.3	22.7
	Yes	4	7.4	18.2
	Did not mention	13	24.1	59.1
	Total	22	40.7	100.0
	Missing	32	59.3	
	Total	54	100.0	

Additionally, statistical significance was also observed for the associations between area and vaccination for Covid-19 ($\chi^2(4) = 22.543, p < .001$). (See Tables 10 and 11). Yet again, authors show caution on this observation, due to the small numbers included within the analyses and the numerous factors associated with the association.

Table 10: Frequency and percentage of conversations for Norwich locality, relating to COVID-19 discussions split by decision to be vaccinated and area

Vaccinated COVID 19	Area	N	Percent	Valid Percent	Cumulative Percent
Missing	Mancroft	17	12.9	13.0	13.0
	Mile Cross	80	60.6	61.1	74.0
	North Earlham	34	25.8	26.0	100.0
	Total	131	99.2	100.0	
	MISSING	1	.8		
	Total	132	100.0		
No	Mancroft	2	28.6	28.6	28.6
	Mile Cross	5	71.4	71.4	100.0
	Total	7	100.0	100.0	
Yes	Mancroft	1	5.3	5.3	5.3
	Mile Cross	1	5.3	5.3	10.5
	North Earlham	17	89.5	89.5	100.0
	Total	19	100.0	100.0	
Did not mention	Mancroft	21	30.0	30.0	30.0
	Mile Cross	16	22.9	22.9	52.9
	North Earlham	33	47.1	47.1	100.0
	Total	70	100.0	100.0	

Table 11: Frequency and percentage of individuals Vaccinated against COVID 19 split by area for Norwich locality

Area	Vaccinated COVID 19	N	Percent	Valid Percent	Cumulative Percent
MISSING	Missing	1	100.0		
Mancroft	No	2	4.9	8.3	8.3
	Yes	1	2.4	4.2	12.5
	Did not mention	21	51.2	87.5	100.0
	Total	24	58.5	100.0	
	Missing	17	41.5		
	Total	41	100.0		
Mile Cross	No	5	4.9	22.7	22.7
	Yes	1	1.0	4.5	27.3
	Did not mention	16	15.7	72.7	100.0
	Total	22	21.6	100.0	
	Missing	80	78.4		
	Total	102	100.0		
North Earlham	Yes	17	20.2	34.0	34.0
	Did not mention	33	39.3	66.0	100.0
	Total	50	59.5	100.0	
	Missing	34	40.5		
	Total	84	100.0		
	Total	84			

Topic of conversations

Norfolk localities only reported three Themes, where-as Norwich reported eleven different Themes (see Table 12). For Norwich locality conversations, the most raised theme was Community with 32% of conversations raising it. The least favoured to be discussed was Accessibility and Inclusivity with only 2.6% of conversations including such a theme. For Norfolk the most raised theme was Health and Wellbeing with 80.3% of conversations raising that (26.8% in Norwich localities). The least favoured to be discussed was Cost of Living with only 2.9% of conversations including such a theme. See Table 12 for the percentages and frequencies each theme was discussed by locality.

Table 12 – Percentages and frequencies each theme was discussed by locality

Locality	Theme	N	Percent	Valid Percent
Norwich	Community	268	31.9	32.0
	Parents & Children	36	4.3	4.3
	Cost of Living	74	8.8	8.8
	Natural & built environment	81	9.7	9.7
	Older people	14	1.7	1.7
	Crime & ASB	32	3.8	3.8
	Health and Wellbeing	225	26.8	26.8
	Young People	28	3.3	3.3
	Education, Employment & Learning	22	2.6	2.6
	Accessibility & Inclusivity	57	6.8	6.8
	Vulnerable People	1	.1	.1
	Total	838	99.9	100.0
	Missing	1	.1	
	Total	839	100.0	
Norfolk	Cost of Living	16	2.8	2.9
	Health & wellbeing	445	76.9	80.3
	Accessibility & Inclusivity	93	16.1	16.8
	Total	554	95.7	100.0
	Missing	25	4.3	
	Total	579	100.0	

There was an expected significance difference between the topics of the Themes raised during conversations between localities ($\chi^2 (10) = 565.869, p < .001$). As known, conversations that happened in the categorised Norfolk locality were primarily Health and Well Being focused (n=445/554). In the Norwich locality, the conversations were split between many topics of focus. The conversations were not as tightly driven as the Norfolk localities ones and therefore the members of the public had more freedom to dominate the conversation towards topics they perceived most important. In Norwich locality the topic of Health and Well Being was the focus of far fewer conversations when compared to Norfolk (n=225/838).

For Norwich locality, conversations the most raised code was Local Organisations and Activities with 9.9% of conversations raising that. For Norfolk the most raised theme was Health Services (41.0%), followed by Covid-19 with 24.4% of conversations raising that. See Table 13 for the percentages and frequencies each code was discussed by locality.

Table 13 – Percentages (%) and frequencies (N) each code was discussed by locality

Health	Code	Norwich			Norfolk		
		N	Percent	Valid Percent	N	Percent	Valid Percent
	Long Term impact of COVID on community	29	3.5	3.5	-	-	-
	Special needs	8	1.0	1.0	-	-	-
	Mental health/wellbeing/isolation of parent	5	.6	.6	-	-	-
	Mental health/wellbeing of child	3	.4	.4	-	-	-
	Depression	4	.5	.5	2	.3	.4
	Bipolar Disorder	2	.2	.2	-	-	-
	Anxiety	15	1.8	1.8	-	-	-
	General mental health	55	6.6	6.6	16	2.8	2.9
	General wellbeing	11	1.3	1.3	7	1.2	1.3
	Wellbeing	1	.1	.1	-	-	-
	Social isolation	21	2.5	2.5	16	2.8	2.9
	Grief & bereavement	8	1.0	1.0	1	.2	.2
	General physical health	13	1.5	1.6	7	1.2	1.3
	Physical activity	25	3.0	3.0	1	.2	.2
	Food & Nutrition	8	1.0	1.0	2	.3	.4
	Weight/obesity	1	.1	.1	1	.2	.2
	Sciatica	-	-	-	1	.2	.2
	Head injury	2	.2	.2	-	-	-
	Dementia	1	.1	.1	-	-	-
	Injury & Recovery	6	.7	.7	1	.2	.2
	Epilepsy	-	-	-	1	.2	.2
	Cancer	2	.2	.2	2	.3	.4
	Covid	23	2.7	2.8	13 5	23.3	24.4
	Heart Condition	-	-	-	1	.2	.2
	Addiction	10	1.2	1.2	9	1.6	1.6
	Health services	16	1.9	1.9	22 7	39.2	41.0
	Health advice	-	-	-	14	2.4	2.5
	Young people special needs	3	.4	.4	-	-	-
	Mental health (specifics around accessibility/inclusivity)	3	.4	.4	1	.2	.2
	Physical disability	16	1.9	1.9	4	.7	.7
	Learning difficulty	8	1.0	1.0	-	-	-

	Support for carers	9	1.1	1.1	2	.3	.4
	Dementia	2	.2	.2	-	-	-
	Health Total	310	37.1	37.3	451	77.9	81.4
Non-health	Creative	18	2.1	2.2	-	-	-
	Community spirit/neighbourliness	71	8.5	8.5	-	-	-
	History & memories	3	.4	.4	-	-	-
	Volunteering	51	6.1	6.1	-	-	-
	Communication	5	.6	.6	-	-	-
	Networking	8	1.0	1.0	-	-	-
	Local organisations/activities	83	9.9	9.9	-	-	-
	Activities	22	2.6	2.6	-	-	-
	Support & advice	12	1.5	1.0	-	-	-
	Food	30	3.6	3.6	-	-	-
	General	29	3.5	3.5	11	1.9	2.0
	Utilities	3	.4	.4	5	.9	.9
	Free/affordable activities	8	1.0	1.0	-	-	-
	Money advice	1	.1	.1	-	-	-
	Benefits	3	.4	.4	-	-	-
	Natural areas	24	2.9	2.9	-	-	-
	Transport & Infrastructure	14	1.7	1.7	-	-	-
	Housing	4	.5	.5	-	-	-
	Developments	2	.2	.2	-	-	-
	Local Facilities (eg shops, playgrounds)	13	1.5	1.6	-	-	-
	Littering & Cleanliness	11	1.3	1.3	-	-	-
	Private gardens/allotments	4	.5	.5	-	-	-
	Community gardens/allotments	10	1.2	1.2	-	-	-
	ASB	14	1.7	1.7	-	-	-
	Safety	5	.6	.6	-	-	-
	Reputation	3	.4	.4	-	-	-
	Experience of crime	4	.5	.5	-	-	-
	Murders/knife crime	1	.1	.1	-	-	-
	Drugs	6	.7	.7	-	-	-
	Vandalism	2	.2	.2	-	-	-
	Fly tipping	3	.4	.4	-	-	-
	Support	2	.2	.2	-	-	-
	Activities	17	2.0	2.0	-	-	-
	Jobs	3	.4	.4	-	-	-
	Training	6	.7	.7	-	-	-
	Cooking	2	.2	.2	-	-	-

	Education system	7	.8	.8	-	-	-
	English	3	.4	.4	-	-	-
	General accessibility	7	.8	.8	77	13.3	13.9
	Digital inclusion	4	.5	.5	10	1.7	1.8
	Inclusivity (non – disability)	7	.8	.8	-	-	-
	Homelessness	1	.1	.1	-	-	-
	Non Health Total	52 6	62.5	62.7	10 3	17.8	18.6
	Total both components	83 6	99.6	100.0	55 4	95.7	100.0
	MISSING	1	.1	-	25	4.3	
	INVALID	2	.2		-	-	
	Missing Total	3	.4		25	4.3	
	Total	83 9	100.0		57 9	100.0	

Norwich as a locality had more asset-based conversations than Norfolk (50.9% compared to 29.7%). (See Table 14). This difference between localities in the percentage of conversations being asset based was statistically significant $\chi^2 (1) = 63.033, p < .001$.

Table 14 – Frequency and percent of asset-based conversations, split by locality

Locality	Asset Based	N	Percent	Valid Percent	Cumulative Percent
Norwich	No	412	49.1	49.1	49.1
	Yes	427	50.9	50.9	100.0
	Total	839	100.0	100.0	
Norfolk	No	407	70.3	70.3	70.3
	Yes	172	29.7	29.7	100.0
	Total	579	100.0	100.0	

The percentage of conversations from the Norfolk locality that were deficit based was 71.5%, compared to 49.5% of Norwich locality conversations (see Table 15). This difference between localities in the percentage of conversations being deficit based was statistically significant $\chi^2 (1) = 68.522, p < .001$.

Table 15 – Frequency and percent of deficit-based conversations, split by locality

Locality	Deficit Based	N	Percent	Valid Percent	Cumulative Percent
Norwich	No	424	50.5	50.5	50.5
	Yes	415	49.5	49.5	100.0
	Total	839	100.0	100.0	
Norfolk	No	165	28.5	28.5	28.5
	Yes	414	71.5	71.5	100.0
	Total	579	100.0	100.0	

Both localities reported low percentages for neutral base conversations, yet the difference between the localities was also statistically significant $\chi^2(1) = 16.905$, $p < .001$, with Norwich as a locality reporting significantly higher rates of neutral based conversations ([Norfolk 0.7%] [Norwich 4.4%]).

Conversations tended to have a focus and remain focused. Only 5.4% (Norwich) and 7.1% (Norfolk) of conversations were both asset and deficit based. See Table 16 for a breakdown of the focus of the conversations divided by locality.

Table 16 – Frequency and percent of the conversation focus, split by locality

Locality	Conversation Focus	N	Percent	Valid Percent	Cumulative Percent
Norwich	Asset Based only	375	44.7	45.4	45.4
	Deficit Based only	369	44.0	44.7	90.1
	Neutral Based only	33	3.9	4.0	94.1
	Asset and Deficit Based	45	5.4	5.4	99.5
	Asset and Neutral Based	3	.4	.4	99.9
	Deficit and Neutral Based	1	.1	.1	100.0
	Total	826	98.5	100.0	
	Missing System	13	1.5		
	Total	839	100.0		
Norfolk	Asset Based only	130	22.5	23.7	23.7
	Deficit Based only	376	64.9	68.5	92.2
	Neutral Based only	2	.3	.4	92.5
	Asset and Deficit Based	39	6.7	7.1	99.6
	Asset and Neutral Based	2	.3	.4	100.0
	Total	549	94.8	100.0	
	Missing System	30	5.2		
	Total	579	100.0		

Summary

It is acknowledged that the methods used for data capture differed between localities (Norfolk and Norwich). Comparative analyses were conducted where data allowed.

The age ranges (categories) of those who accessed the service differed between localities, with an even split across categories being observed for Norfolk localities, but middle-aged adults seemed to access more than other categories in Norwich localities. In both localities, females accessed the service more than their male counterparts. Nearly three quarters of those who accessed the service were deemed healthy (no reported comorbidities).

Length of conversation ranged significantly (from minutes to hours) with a presenting mean time of ~15 minutes. Group conversations were significantly longer in duration. Nearly all conversations were first time conversations, with only 2.5% of individuals reporting they had previously accessed the service. Three quarters of individuals reported they would like to keep in touch after their initial conversation.

As expected, Norfolk based conversations reported a high level of data capture for Covid 19 vaccination status, with nearly 70% of individuals reporting they had received a vaccination against Covid 19. However, for Norwich based conversations, Covid 19 was not a specified topic of primary interest for these conversations, and this data was missing for nearly 60% of conversations. These Covid 19 vaccination status statistics reflect that Norfolk based conversations had a primary focus around Covid 19. This trend continues to be observed when the number of Themes were calculated from the conversational data. Norfolk reported significantly fewer Themes than Norwich localities (with the majority of those reported focusing on Health and Wellbeing). The increased number of Themes being reported in the Norwich localities reflects the more open nature of those conversations.

Further comparisons were observed relating to the connotation of the conversation, with Norwich localities reporting a clear trend for holding asset-based conversations and Norfolk localities reporting higher statistics for deficit-based conversations.

These findings are discussed within the Executive Summary section in Chapter 9.0.

CHAPTER 4.0

4.1 Qualitative Analysis - Coding methodology

Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. This analysis method is what was applied to this service evaluation.

4.1.1 Transcription:

Focus groups audio recordings were transcribed verbatim by LP. For full transcript of the Trusted Communicators/Project leads and Strategic Management Team focus groups see Appendix 1, 3 and 5 respectively.

4.1.2 Familiarisation of data:

Both primary and secondary coders listened to all audio recordings for each focus group twice independently before meeting to discuss a plan of action for beginning coding. Brief notes were made at this stage and general viewpoints from each focus group shared.

4.1.3 Coding:

An inductive approach was implemented allowing the data to determine the codes. Coding refers to highlighting certain sections of the transcript (i.e. phrases or sentences) and applying shorthand labels or “codes” to describe their content. At this stage it is important to be thorough so any quotation that seemed relevant or potentially interesting was extracted and inserted into the coding framework document. Codes of similar connotation and/or meaning were grouped together. These codes allowed us to gain a condensed overview of the main points and common meanings that recur throughout the data.

4.1.4 Generating Themes:

The next step involved evaluating the codes that had been created to identify patterns among them. This is the start of emerging potential themes. Themes are broader than codes and several codes can be grouped under a single theme.

4.1.5 Reviewing:

Primary coding was conducted (LP) and presented to the secondary coder (NG) for validity checking. Feedback was provided by the secondary coder on the themes, codes and quotations used. Feedback included suggestions for renaming of themes and codes, appropriate placement of quotations, connotation of wording used etc. At this stage, it may be decided that some of the originally proposed codes were too vague or not relevant enough (for example, because they do not appear very often in the data), so they were discarded. Other codes might have become themes in their own right. The recommendations made by NG were then implemented and the next version of the coding framework document presented. This circle of validation, reviewing and checking was conducted three times for each focus group (Champions/Project Leads and Management Team).

During this reviewing process it was imperative to ensure that the themes were useful and accurate representations of the data.

To provide a confirmatory perspective an overview exercise was conducted whereby we returned to the data set to compare our themes against it. Only four key words could be noted for each focus group. This was to ensure that the selected themes that had been applied were covered and that no key, important areas had been omitted and that the chosen themes truly represented the data. To see these overview themes, see Appendix 8.

All quotations were also reviewed to ensure that they fitted not only the code they have been assigned to but also the overarching theme.

4.1.6 Defining Themes and codes:

This stage involved scrutinizing the connotation of the wording used for all themes and codes and ensuring that no other wording would be better used, and that the titles of both the codes and themes are truly representative.

References:

Caulfield, J. (2022, November 25). How to Do Thematic Analysis | Step-by-Step Guide & Examples. Scribbr. Retrieved December 14, 2022, from <https://www.scribbr.com/methodology/thematic-analysis/>

CHAPTER 5.0

COMPONENT 3 – Focus Group Analysis

5.1 Trusted Communicator / Champion / Connector Focus Group Data Analysis

5.1.1 Duration

One focus group took place with seven attendees for a duration of ~60 minutes.

5.1.2 Attendees

Two attendees were from Norwich based localities and are from here on in referred to within the text as 'Trusted Communicators' and within any quotes used as CC (standing for Champions/Connectors).

Five attendees were from Norfolk based localities and are from here on in referred to as 'Champions'.

Four (57%) attendees were female, three (43%) male.

5.1.3 Staffing

The focus group was led by a research fellow (AS) employed by the Norwich Institute of Healthy Ageing (NIHA).

5.1.4 Schedule

A copy of the focus group schedule can be found in Appendix 9. A copy of the transcript which was transcribed verbatim can be found in Appendix 1.

Champions/Connectors were asked primarily about three main aspects during their focus group:

- 1) Training (Section 3.2 below)
- 2) Role (Section 3.3 below)
- 3) Suggested improvements (Section 3.4 below)

5.2 Training

The data from the Trusted Communicators focus group, primarily led to the data regarding 'the training programme' being categorised under four primary themes, training methodology, flexibility, collaboration and outcomes. Data was coded under these themes and are outlined below with examples given.

Analysis

The focus group discussions began with Trusted Communicators offering their views on the 'training methodology'. Points were raised regarding the 'structure' of the programme which was on offer. The majority of Trusted Communicators seemed in agreeance that the current structure was indeed needed in order for the training to work well:

CCM2: I thought it was pretty well structured and easy to follow (Male Champion/Connector)

CCM2: I just needed the structure (Male Champion/Connector)

More information regarding the aspects of the structure that worked well particularly are raised later in the discussions.

Training Methodology / Aspects of training

Trusted Communicators key thoughts were that they enjoyed the training, they felt reassured by the facilitators and that the training provided a strong, comprehensive guide to the role:

CCF4: I think our training was good and it was comprehensive (Female Champion/Connector)

CCF3: I also enjoyed it (Female Champion/Connector)

Trusted Communicators felt at ease and felt informed:

CCF4: ...we talked about assets within the community and places where we could go to have conversations, so we were given lots of information like that (Female Champion/Connector)

CCF4: They were very reassuring. They kind of told us there was no right or wrong answers (Female Champion/Connector)

Training Methodology / Power of group-based training

Many Trusted Communicators raised the concept of training in groups or with others. Despite the general consensus from the Trusted Communicators feeling that the training was good overall, once they started to feel at ease talking, they offered opinions where they felt that the training would be enhanced and also that their experience would also be improved if they were able to be trained with many others:

CCM3: I don't know if myself and Sarah attended a completely different set of training? I believe it was just given to the two of us at the time because we were kind of nominated from the organisation (Male Champion/Connector)

*CCM3: ...whether that [*Training] didn't work out maybe as well because there's only two of us (Male Champion/Connector)*

CCM1: I've missed out quite a lot there because originally I was gonna [going to] do this with another two colleagues and they both dropped out (Male Champion/Connector)

CCM1: It might have been nice to team up with a couple of you guys for a phone call or something, or an email just to you know I think because my other two colleagues dropped out I felt a bit isolated with it (Male Champion/Connector)

The key here is that conversation swayed towards the importance of being trained using a group format.

Training Methodology / Format

Trusted Communicators were happy to discuss the elements of the training and what they thought worked well and what may have been restrictive or a formality. It was also noted through discussions that seemingly Norwich and Norfolk based Trusted Communicators received differing training packages:

CCF4: So perhaps that's why our training and that was a little bit different because it was a completely new role. (Female Champion/Connector)

In summary the general consensus was that the Norfolk training programme did include more 'didactic' elements, for example flip charts and PowerPoint presentations:

CCM3: ...[it consisted of] PowerPoints, yeah and then going through those but it wasn't really much in depth (Male Champion/Connector)

CCF4: we went into Shoe Box and we had like a flip chart and we wrote stuff on the flip charts and we did some brainstorming with post it notes (Female Champion/Connector)

CCF4: We had um like a flip chart and we wrote stuff on the flip charts and we did some brainstorming with post it notes (Female Champion/Connector)

CCF1: Most was obviously done by the internet but then one of our Community Champions sort of obviously went through the survey (Female Champion/Connector)

The overall majority viewpoint was that training was at its best when it was interactive and when the exercises involved were location or community based. From the discussions during this focus group, Norfolk based training programmes tended to offer more training using online modes, more PowerPoint presentations, Norwich locality tended to include face to face training and the opportunity to put what they were learning into practice:

CCF3: ...ours was very much hands on, um I found it really fun (Female Champion/Connector)

CCF4: We went for a walk to see if we could spot assets down a particular road and then we did actually go out and have some conversations (Female Champion/Connector)

CCF3: we went out into the community, we were told to go down one particular road to find assets, so we could identify what's strong perhaps down that road to start conversations (Female Champion/Connector)

CCF1: three of us at the beginning had training by PowerPoint and then one of the community Champions set us all round the table and went through the survey with us (Female Champion/Connector)

Training Methodology / Survey

Following on from conversations which arose from how the training format may have been different between localities, conversations were also focused on the methodological differences in how the conversational data was captured. Trusted Communicators were offered information as part of their training as to how the conversations can provide the data to be collected.

CCF1: ...one of the community champions, then sort of set us all around the table and went through the survey with us (Female Champion/Connector)

CCM3: straight after the training we were chucked in with a couple of emails that we go to, you then click this one to 8 or whatever it is and you try and answer the questions in it (Male Champion/Connector)

The term 'survey' was used repeatedly when Norfolk based Trusted Communicators referred to how they collected their referral data:

CCM3: ...they call it a referral, I think it is, but it feels much more like a survey (Male Champion/Connector)

CCM2: I wasn't aware up until now that this was er a survey that was being done by the whole community (Male Champion/Connector)

CCM2: ...you're asking them to come help you fill out a survey (Male Champion/Connector)

The connotation surrounding the word 'survey' was not conducive to the ethos and aims and objectives of the open conversations which are held by Norwich based Connectors:

CCM1: It's not necessarily a case of sort of sitting asking questions having that conversation and sort of digging out what you know you can find (Male Champion/Connector)

CCF4: ...see ours, it's not really like a survey, so the form that we fill in is just more of a way of recording our conversations (Female Champion/Connector)

CCF4:...our conversations are just completely organic (Female Champion/Connector)

These Norwich based 'open conversations' are viewed in a more positive light than the Norfolk based 'survey':

CCM2: If your making comparisons between survey results, well you might look at ours and go can't you just copy and paste (Male Champion/Connector)

CCM1: ...we're getting the results of having really good conversations and input (Male Champion/Connector)

CCF3: ...its open to anybody there's no right or wrong conversation, that's their story (Female Champion/connector)

CCF1: Its definitely been power of conversation (Female Champion/Connector)

Training Methodology / Practicalities

After their training experiences, Trusted Communicators perceptions of how to begin their role seemed positive and realistic. There seemed to be a viewpoint of practical thought of how the conversations would be and an air of ease of how they would flow:

CCF3: Ruth encouraged us to um make compliments to start conversations (Female Champion/Connector)

CCF4: Until you actually get out there and start doing it, you can't really be taught (Female Champion/Connector)

*CCF1: So if we sort of thought um we could sort of slip it[*survey] in their conversations and kind of get their take on things that's what we were doing (Female Champion/connector)*

CCM1: Personally, I found it easy, I went out and I did a few practices with family and friends (Male Champion/Connector)

Flexibility / Work on own Initiative

After the training Trusted Communicators had formed some of their own thoughts on how they felt they would approach the conversations with clients. Comments were made regarding having the autonomy to apply some idiosyncrasy in their differing approaches of how to apply the training principles they had learned.

CCF1: I think 2 maybe 3 of us at the beginning had training by PowerPoint and then one the community champions set us round the table and went

through the survey with us but again everything's sort of quite, you sort of go out and go off your own initiative with it (Female Champion/Connector)

They also felt competent and had plans on how they were going to capture the required data through the 'survey' without interrupting the open natured discussions:

*CCF1: So if we sort of thought um we could sort of slip it [*survey] in their conversations and kind of get their take on things that's what we're doing (Female Champion/Connector)*

Within this data capturing exercise at the focus groups, no further comments were made regarding if Trusted Communicators felt empowered to make their own decisions in this instance or if they would have felt a more structured approach would assist them more initially in their roles. Commonly when an individual is permitted to work on their own initiative it is perceived a positive action yet as data here provides no direction either way, this would be worth exploring more when developing training programmes for any future programmes.

Training Methodology / Reflective Practice

Discussions between Trusted Communicators seemed to focus on how their actions would help them once they had completed their training. As stated above, their perceptions of the role seemed positively at ease. They also seemed relieved when they had knowledge that their training in some sense would continue in the way of reflective practice communications. However not all Trusted Communicators felt that they had the opportunities to engage in reflective practices on a regular basis:

CCF4: We have a meeting every two weeks with the other connectors; it's called reflective practice (Female Champion/Connector)

Reflective practice sessions were viewed positively, and Trusted Communicators felt they assisted them in conducting their role well through learning new methods and techniques:

*CCF4: Every time we go to one of them [*reflective practice session] we're kind of learning maybe new things and new techniques and new ideas from the other connectors who have been doing it a bit longer than us (Female Champion/Connector)*

CCM2: Its being able to say things like how did you approach people in the first place and what sort of works and what's not, I thought they were quite valuable really (Male Champion/Connector)

It seemed that all agreed that the notion of reflective practice was a useful practice to engage in, and that it presented itself in many ways. Trusted Communicators did not have to attend the sessions in order to be reflective on their own practices, Trusted Communicators also noted that reflective practice could be conducted alone:

*CCM1: I quite like filling it [*survey] all in I find it quite reflective (Male Champion/Connector)*

It would be beneficial if all programmes moving forward contained elements of reflective practice for the Trusted Communicators and ensure all, irrespective of locality have structured, regular opportunities to engage.

[Collaboration / Link up with others](#)

A theme that continued to be raised throughout discussion was the sense of benefiting from linking up or working in close proximity to others. There was a sense of loss if a Trusted Communicator was not able to be trained with others in a group setting:

CCM1: I've missed out quite a lot there because originally, I was gonna [going to] do this with another two colleagues and they both dropped out (Male Champion/Connector)

CCM1: you know its having that person to bounce off as well (Male Champion/Connector)

It was not just the perceived benefits of being trained in a group, but also the perceived beneficial effect from attending the forums and meetings continued to be echoed:

CCM2: I certainly have been to at least one kind of forum (Male Champion/Connector)

*CCM2: I thought they [*Forum] were quite valuable really (Male Champion/Connector)*

Trusted Communicators also felt a sense of linking with others in regard to their assignment locations. It was felt a positive act to be assigned within close proximity to the area in which you lived as that provided a sense of belonging and link with the community and therefore the individuals within it:

CCF4: We were recruited as community connectors who lived within the communities that we would be working within so that we could you know so that we related to the people who live there (Female Champion/Connector)

Outcomes / Unclear of purpose

Many welcoming and positive feedback points were raised regarding the training programme received by the Trusted Communicators. However, there seems to be an element which has not been addressed satisfactorily at the end of the programme. At the end of their training, Trusted Communicators were still unclear what the purpose of the project was:

CCM2: I'm still a little bit in the dark about the purpose of the of the exercise, what are you hoping to gain to achieve from it (Male Champion/Connector)

CCM3...and I still sit there thinking, well I er still don't get what the point of this all is (Male Champion/Connector)

CCM1: We're getting the results of having really good conversations and input but is it what's required (Male Champion/Connector)

There was also a lack of understanding of who the key clientele and target population in question was:

CCF1: ...but who are we actually targeting...(Female Champion/Connector)

CCM2: ...but it sounds like you're doing a project that's about the entire population? Umm, that's news to me, but it might be news to me through my own fault, not yours (Male Champion/Connector)

Clarity was also needed in regard to data capturing, however one Trusted Communicator offered that a sense of clarity came once they began role play and the role:

CCM1: It wasn't until I started doing a bit of recording; I really started to get my head around what was actually required in terms of the data to put in (Male Champion/Connector)

Outcomes / End product unsure

Not only did Trusted Communicators have questions that remained unanswered at the end of the training programme, they also were left perplexed at times by the overall aim of the entire project:

CCM2: We all three of us felt a little unclear exactly what the end aim goal what we were trying to achieve was (Male Champion/Connector)

CCM3: ...but I don't know what the end product is (Male Champion/Connector)

CCM1: ...it's just not actually really knowing exactly what we were trying to achieve (Male Champion/Connector)

Queries were also raised regarding the benefit to the clients and how, in practical terms, this project can provide the desired help to those in need:

CCM3: ...what are our tenants likely to gain from this? (Male Champion/Connector)

It was raised that having open conversations brought many issues to the conversation and Trusted Communicators queried knowing how to prioritise the issues and having a plan to assist in as many areas as possible:

CCF1: ...because we such a wide range of issues its sort of knowing again where we are going with it?.. (Female Champion/Connector)

Based on these quotations it would be advisable to revisit the training programme/s and ensure that a section is inserted or if already exists, highlighted, regarding the overall aims, objectives and goals for the project and/or overall Community Voices programme. Potentially it may be worth considering if a context slide to explain the background or any needs assessment conducted may be beneficial too to the Trusted Communicators.

5.3 ROLE

The data from the Trusted Communicators focus group primary led to the data on 'the role' being categorised under six primary themes, engagement, perception, target population, collaboration, utilisation and outcome. Data was for the coded under these themes and are outlined below with examples given.

Analysis

Engagement / Feedback

Feedback from Trusted Communicators regarding their ability to engage in the role was generally positive:

CCM1: Personally, I'm enjoying doing it, its good fun to do (Male Champion/Connector)

Engagement / Freely engaging

Trusted Communicators also reported that members of the public also seemed willing to freely engage with them in the role:

CCM2: I've found anybody I've approached is kind of happy enough to tell me their story (Male Champion/ Connector)

CCM2: ...people have been able to tell their stories (Male Champion/Connector)

Trusted Communicators also offered potential reasons as to why they perceived they have been welcomed and accepted, including but not limited to, isolation, loneliness of the members of the public who engage with the service but also the shared and peer experience that the Trusted Communicator brings to the role:

CCF1: Being a friendly face as well, sort of like the elderly, they've now felt like they've made a friend and they've got somewhere and someone to go to (Female Champion/Connector)

CCF4: ...people just think we kind of get it because we live it (Female Champion/Connector)

Perception / Provider

Trusted Communicators unanimously felt that it was because of their provider status as to why members of the public felt they could freely engage as openly as they did. It was a positive attribute that Trusted Communicators were viewed as a peer and not an authoritarian figure:

CCM2: It's quite difficult actually to find a group that's open to discuss things with somebody who looks like they work for the government or whatever (Male Champion/ Connector)

CCF4: We work very closely with a member of Norwich City Council who she is a conversations officer and I think she feels very much that sometimes people are put off by her Norwich City Council Status so she quite often doesn't wear her lanyard (Female Champion/Connector)

CCM2: when we're engaging with migrant communities because we're not embedded in them, my experience has been when I've been doing the surveys is whilst I got an opportunity to promote the services of New Routes to people I'm meeting, they couldn't care less who I'm working for (Male Champion/Connector)

CCF1: being a friendly face as well, sort of like the elderly...they've now felt like they've made a friend and they've got somewhere and someone to go to (Female Champion/Connector)

Engagement / Client centred communication

Despite Trusted Communicators reporting their perceptions that members of the public were willing to engage, what we know from evidence-based practice on client-centred communication for successful behavioural change that it is vital to firstly elicit and understand patient perspectives in order to develop a shared understanding of the problem, the goals, and the barriers to that, for a successful outcome. Client-centred communication skills include using open questions, affirmations, reflections and summaries to ask, assess and then assist the client to find ways to achieve a successful outcome. From the quotation evidence in this service evaluation, it seems as though Trusted Communicators were frequently resorting straight to suggesting to clients actions they could take instead of engaging in client centred communication skills:

CCM1: ...have you thought of Citizens Advice? Have you thought of well being? (Male Champion/Connector)

CCM1: They've got a bit of a problem and I said well, hypothetically perhaps you want to ring your landlord, or perhaps you ought to actually ring the doctor again, persevere and do things (Male Champion/Connector)

CCM2: ...we've had this conversation so therefore I suggest you do the following (Male Champion/Connector)

CCM1: ...and I think there's quite a number of people, you know, probably been able to make a suggestion too (Male Champion/Connector)

Numerous discussions involved the Trusted Communicators admitting they directly make suggestions to the members of the public they spoke to. It is unsure if the training programme that Trusted Communicators received did not cover the core client centred communication skills and how they should be applied in order to elicit and understand patient perspectives or if indeed the training was comprehensive in these methods and Trusted Communicators just did not employ them during their conversations. It is advised that this element is evaluated and addressed prior to moving forward with any similar future projects to ensure it is included in future training programmes.

[Collaboration / Link to other organisations](#)

In addition to the perception that members of the public are freely engaging, Trusted Communicators also report that the role has enabled a link to other organisations in that proximity:

CCF3: ...the community has literally just embraced us (Female Champion/Connector)

CCF3: We've made really good relationships with a lot of other organisations and charities in the area (Female Champion/Connector)

CCF3: People, organisations within the community have started inviting us into meetings (Female Champion/Connector)

CCF3: We've met with some of the county councillors and it's all been you know really positive (Female Champion/Connector)

They feel that having this link allows them to understand more about what is happening in the community, what services are provided and contacts at these organisations,

CCF3: ...what's happening in the community and share with the people that would like to know (Female Champion/Connector)

CCM1: ...useful to know what else is going on, and I mean if any, there's another organisation.. (CCM1)

Having these links means they are able to help the members of the public they speak to more effectively:

CCF1: We go around like various community centres and pass on different places and all different things that are on offer, they never realised these things were going ok (Female Champion/Connector)

CCM1: Certainly I've spoken to a quite a number of people I've been able to sign posts on to other organisations (CCM1)

Outcome / Recording and relevance of data

In various guises, Trusted Communicators spoke of the data they were required to collect and all seemed aware that it was an important element to do so well. As with the training programme, it was discussed how Trusted Communicators in differing locations (Norwich, Norfolk) used different methodologies and platforms to collect their data:

CCF4: see ours it's not really like a survey, so the form that we fill in is just more of a way of recording our conversations (Female Champion/Connector)

CCF3: I think the difference with our conversations with what me and CCF4 have is it's open to anybody there's no right or wrong conversation (Female Champion/Connector)

CCF1: we we're kind of slotting the surveys in while doing the welfare checks (Female Champion/Connector)

There was concern that the data collection may impede the ability to have as open conversations as Trusted Communicators may feel would be necessary:

CCM3: If someone's talked to me about their health and wellbeing and all other bits and pieces, I go on to meet, they call it's a referral but it feels more like a survey (Male Champion/Connector)

Some also felt like using a survey methodology allowed no room for individual data capture and that the restrictions meant that the idiosyncrasies of each conversation were lost:

CCM2: I am finding is I could write the script because I'm pretty much entering the same sort of thing over and over again (Male Champion/ Connector)

It was also noted that differing communities may, quite plausibly, record differing data. That is not an indication of the importance but of the clientele the conversation was with. The point was not made as a positive nor negative but more one of acknowledgement from the Trusted Communicators that they do envisage and believe that participant characteristics will lead to differences in data capture:

CCM2: I don't know how that compares to the survey results you guys are getting cause you're doing different sectors of the community (Male Champion/ Connector)

CCM3: we'll only ever really kind of work with our tenants if that makes sense because there the people that we come across (Male Champion/ Connector)

CCM2: there might be some real cultural differences going on here, because I never hear anything about mental health from any of the Eastern Europeans ever (Male Champion/Connector)

CCM1: if you go into Holt and talk to people in Holt go 10 miles down the road to Cromer, but people have got very differing things to say (Male Champion/Connector)

CCF1: the elderly are quite angry about it and they're at the point where they ring 111 and even turning up to A&E just to get basic appointment cos they're at their wits end (Female Champion/Connector)

However, despite the discussions about the methodology itself to collect the data, it seemed agreed that the recording of what was needed was simple:

*CCM3: ...its [*platform for recording data] fairly self-explanatory (Male Champion/ Connector)*

CCF4: we do have a bit on health questions but if you don't talk about health in that conversation you don't tick it (Female Champion/Connector)

After reflection on the methodologies used to record and capture the data, many Trusted Communicators offered the opinion that they felt the open discussion method was beneficial over the more 'survey' type methods that had been discussed. The open discussion method allowed data to be captured on a much wider scale and the ability to reflect back on previous conversations was a perfect example about utilising the system to enhance engagement with members of the public.

CCF3: So yeah I think it's really good that we can actually reflect on previous conversations (Female Champion/Connector)

It became apparent that Norfolk did not have this ability, illustrating a significant difference between localities:

CCF3: and can you reflect on your previous conversations that you've had? Er the other, no. (Female Champion/Connector)

Outcome / Health Outcomes

Although Trusted Communicators acknowledge that certain target populations may report differences in data from others, generally it was perceived by Trusted Communicators that the majority of their conversations contained elements relating to: 1) general health and wellbeing, 2) mental health, 3) access to services and 4) Covid-19. In this instance the perception that Covid-19 was the topic in many conversations was not surprising as it was the original focus of the project in some of the targeted areas (primarily the Norfolk locality):

CCM2: Our assessments sort of cover a piece about the health and wellbeing (Male Champion/Connector)

CCF3: Mental health is always been, the biggie and er the increase in the prices of living (Female Champion/Connector)

CCF3: ...mental health and trying to make appointment or follow up with a doctor's appointment and seeing the GP is um that's mentioned quite a lot (Female Champion/Connector)

CCF1: We find the same in our area that getting a GP appointment is just near on impossible (Female Champion/Connector)

CCF1: ... isolation as well since COVID, they're not getting out, the loneliness, that kind of thing, so it's been good to realize and actually get out there and see what's actually happening and who's struggling (Female Champion/Connector)

Utilisation / Role / Service

Strengthening links and building relationships with known organisations and beginning communications with previously unknown organisations are undoubtedly positive

attributes of the role. In addition, Trusted Communicators also felt that this role aligned with their existing skills and experiences:

CCF4: It wasn't like we didn't already have a job, and then this became part of our job, this was our job, this was a new job (Female Champion/Connector)

CCF1: It was building that into your work life of what you've kind of already doing. (Female Champion/Connector)

Trusted Communicators also noted in a positive light that they felt this role actually utilised their existing skills and roles and because of this meant that they have been able to widen their remits and implement these further:

CCM1: We've spread the entire thing and organization much further...I think it's been a positive thing to do (Male Champion/Connector)

*CCF1: We've tried to build into our work life because we do so many different things, we're not just sort of limited to one thing, we're all over the show so we try to sort of showcase it [*voices survey] as much as we can to everybody (Female Champion/Connector)*

CCM1: I've been able to sort of sell our own services and actually pick up a lot of other stuff as well (Male Champion/Connector)

The perception and feeling regarding utilisation has not been felt by the Trusted Communicators alone. They report that others within the locality (individuals, organisations etc) have a sense of the value of the role and are utilising the Trusted Communicator role due to the fact that they are working in close proximity:

CCF3: People, organisations within the community have started inviting us into meetings so they are they can see our value as well and they're utilising us (Female Champion/Connector)

Outcome / Value of role

Despite some noted challenges, Trusted Communicators did offer the perception where they felt that members of the public appreciated the helpfulness of the role:

CCM1: So they can actually take something away and feel like the time they've spent with you, it's been worthwhile (Male Champion/Connector)

Trusted Communicators have also felt that the hands on “real-world” experience has been beneficial to themselves as well as the members of the public who engaged:

CCF1: isolation as well since COVID, they're not getting out, the loneliness, that kind of thing, so it's been good to realise and actually get out there and see what's happening and who's struggling (Female Champion/Connector)

However, it is important to consider exactly *how* the members of the public were/would benefit and if, when these tangible benefits were considered further, exactly how much use the role was to the public themselves.

Perception / Value to community

Despite the numerous positives that came to light during discussions regarding the role, there were opposing opinions on the value to the members of the public themselves within that community. The viewpoint was offered that it was positive aspects that members of the public were permitted a platform on which to speak openly without prejudice:

CCF3: ...our community, really feel that their voices are being valued (Female Champion/Connector)

Yet, not all Trusted Communicators actually believed that the members of the public themselves were benefiting from the service:

CCM3: ...what are our tenants likely to gain from this? How is that going to benefit the tenant that they need a dentist or that kind of thing but can't get into one (Male Champion/Connector) (Male Champion/ Connector)

CCF1: So obviously asking these questions is all well and good but is this for their benefit at the end of it..(Female Champion/Connector)

CCM3: if some ones talked to me about their health and wellbeing and all other bits and pieces and I go on to meet, they call it a referral but it feels much more like a survey when you complete it, how is that going to benefit the tenant (Male Champion/Connector)

It would be interesting to obtain elaborations as to why the Trusted Communicators felt the members of the public were not benefiting from the service as it is currently.

Target Population / Personal Characteristics

Trusted Communicators offered views that they felt the service placed unnecessary restrictions on the target population they were permitted to reach out to, and they felt working across the age span would have been more beneficial:

CCM1: I think we would have got more out of this if we'd have worked across the ages, rather than a specific sort of group of people, 18-24 year olds can be quite difficult to dig out (Male Champion/ Connector)

Some Trusted Communicators felt disappointed that they had been assigned a specific age range to target:

CCM1: I think we were charged with 16 to 24 year olds to be a sort of specific group, I think that's actually been a shame (Male Champion/ Connector)

The age of the target population was also discussed, although briefly, with a Trusted Communicator offering an observation about the older population they had spoken to:

CCM1: It's actually been the older folks I've had the more negative response from (Male Champion/ Connector)

Trusted Communicators reported generally that females were easiest to engage with. This may, in some instances have been due to the availability of more females as opposed to their ability, skill set and willingness to engage:

CCM2: The vast majority of my respondents have been female, but then I'm working an awful lot with a lot of Ukrainians so that would make sense (Male Champion/ Connector)

CCF4: most of our conversations we have , I would say with women, purely because a lot of the places we go tend to be during the day or maybe to places where women are more likely to congregate (Female Champion/Connector)

Trusted Communicators reported that they felt a 'gap' in services offered purely to men, that they were able to signpost the members of the public that they spoke with to:

CCF4: ...find things that are going on for me to do and finding things to signpost men to, there are a few things, and we do that (Female Champion/Connector)

For future projects, if restrictions or parameters are to be placed on Trusted Communicators, it needs to be carefully considered as to not demotivate Trusted

Communicators and to ensure peak engagement from members of the public. The reasoning's for any restrictions or targeted instructions for population assignments need to be made clear to Trusted Communicators during training. Finally, the assignment pairings of Trusted Communicators to restricted/targeted groupings also need careful thought.

Outcome / Perception of role

Trusted Communicators praised the role and reported they felt it was worthwhile:

*CCM1: so they [*members of the public] can actually take something away and feel like the time they've spent with you, it's been worthwhile (Male Champion/Connector)*

CCM1: I think the signposting element of it is very good (Male Champion/Connector)

CCF3: we are forever signposting and, er the community has just literally embraced us, I think there is a lot to be said, it's a lovely position (Female Champion/ Connector)

Some Trusted Communicators even disclosed how they had explored the structure of their conversations and how they began them. It seemed that through dedication, the investment of time and conscious thought, they had created a structure and process that works well for them:

CCM1: I've spoken to them about Hear for Norfolk first and what we do then gone on about being community champions and what that's about and I've found that's worked really well (Male Champion/Connector)

When discussing and presenting Trusted Communicators perception of the role, this seems a representational opportunity to re-highlight concerns regarding the nature of the client centred communications during conversations. As presented above, the evidence provided within this evaluation brings into question Trusted Communicators utilisation of effective client centred communication skills:

CCM1: ...you can come over and think I've actually made a suggestion, somebody what to do (Male Champion/Connector)

CCM1: I think there's quite a number of a people, you know, probably been able to make a suggestion to (Male Champion/Connector)

It is recommended to investigate if these skill sets were used, used effectively or not at all and revisit training programmes accordingly. It is also worth gaining Trusted Communicators views on offering direct suggestions and how they feel this makes for

successful behavioural change in their clients. Once these understandings have been obtained, can decisions be made of how to incorporate these into future programmes.

Regarding perceptions of the role overall, it was generally agreed that the service was needed, and one important viewpoint was that Trusted Communicators felt the service as it stands, seems to be presenting itself in a positive light and offers a caring impression to the public:

CCM2: I think it's just given the impression that you know, we're a nation that cares about what's going on with you (Male Champion/Connector)

One Trusted Communicator offered a perception that the service must (the Trusted Communicator used the word 'proves') be helping a member of the public as he was visited again the following day by the same individual:

CCM1: ...he came to see me in Cromer the following day, so you know it proves that you know if nothing else, we're making a difference in areas of great reward, coming out and I was quite chuffed you know (Male Champion/Connector)

Although this may be the case, it is not truly known as to why individuals accessed the service. Was it due to isolation of the individual and that they are looking for social support as opposed to health outcome support? Did planning a visit to a Trusted Communicator give the client a reason to focus and leave the house? This service evaluation focuses on health outcomes, yet as an additional evaluation it would prove valuable to ascertain, if possible, the reasons for service access.

[Outcome / Motivational outcomes](#)

Trusted Communicators had mixed feelings regarding their position and role and opinions differed as to whether what they were doing motivated them in a positive way. Some felt that they were doing something right in the role and were helping those they spoke to:

CCF2: We are kind of like the go to people to signpost, so if that is the only outcome, then we're doing something... something right (Female Champion/Connector)

However, others came across a little unsure and wondered if they had really made an impact on the individuals they saw:

CCM1: Not quite knowing if I'm doing the right thing, heading the right direction (Male Champion/Connector)

CCM3: I would say I was left at the end, I was thinking what's it all for? (Male Champion/Connector)

The questioning of the role's aims was also apparent after Trusted Communicators had completed the training programme, and it seemed that after spending some time engaged in their role it had not necessarily become any clearer.

Outcome / Purpose

The feelings of doubt regarding the benefits of the role, expanded to, more specifically, the purpose of the role:

CCM2: The actual end product of what we were doing well none of us are quite sure what the purpose of it is (Male Champion/Connector)

Based on comments from the Trusted Communicators, which arose during both, the training and the role sections of the focus group discussions surrounding the uncertainty and the purpose of the role, it would be of paramount importance to ensure that any future programmes address the comments made here to ensure that these are clarified to all Trusted Communicators involved.

5.4 IMPROVEMENTS

The data from the Trusted Communicators focus group, primarily led to the data regarding 'improvements' being categorised under five primary themes, implementation, engagement, methodology, collaboration/communication, and outcome. Data was for the coded under these themes and are outlined below with examples given.

Analysis

Trusted Communicators offered insightful discussion content regarding aspects they felt needed revisiting prior to any further programmes being rolled out. In some instances, Trusted Communicators offered details on just the issue or problem they encountered, but at times these practical issues were also coupled with tangible suggestions and solutions of how the problems could be addressed. These are now outlined in the below section.

Implementation /Role Placement

There were many distinctions of role placement which are worthy of note. Some trusted Communicators were not instructed to work with only a certain group per say, but they would work with the clients they usually saw:

CCM3: We were never given a specific other that we'll only ever really kind of work with our tenants because the people we come across (Male Champion/Connector)

There were many positive vibes for placing the Trusted Communicators within their own community:

CCM1: I find it easier in Holt because I know some people whereas when you go into Cromer that's sort of fairly almost cold calling, you don't know the people (Male Champion/Connector)

CCM3: I'm based in the west which is Kings Lynn, I probably would have no idea what's out there in Yarmouth (Male Champion/Connector)

CCF4: There's nowhere we can't access because we are part of it, we can walk into the doctors surgery because that's our doctors surgery (Female Champion/Connector)

It was felt that living, working and connecting with one area had its benefits, particularly regarding approachability:

CCM3: The harder part for us is we don't have a patch specifically (Male Champion/Connector)

CCM1: I think if you live and work in that community, it's easier (Male Champion/Connector)

CCF4: I think definitely living and being part of the community is of benefit and people might not see us as we could be more approachable or less intimidating (Female Champion/Connector)

It was also felt that the connotation of their role (non-professional/authoritarian figure) and placements within community locations, assisted with approachability and therefore made engagement with members of the public easier:

CCF4: I feel able to walk into anywhere on this, in this community and introduce myself (Female Champion/Connector)

CCF4: we work very closely with a member of Norwich City Council who she is a conversations officer and I think she feels very much that sometimes people are put off by her Norwich City Council Status so she quite often doesn't wear her lanyard (Female Champion/Connector)

Therefore, for future programmes the data here suggests that serious consideration should be given regarding the assignment of Trusted Communicators to work in the area that they already reside or work currently. Discussion should be had with the Trusted Communicators at the time if they have any objections to this protocol methodology.

Engagement / Accessibility / Target audience Assignment

Trusted Communicators offered insight into the gender of the clientele they speak to. The perception was that more research and time needed to be assigned to understand which services specifically targeting males that Trusted Communicators would benefit from knowing the details of:

CCF4: ...definitely something that we are looking at and how to, find more men and chat to more men really (Female Champion/Connector)

CCF4: Also find things that are going on for men to, you know be able to do and finding things to signpost men to there are a few things and we certainly do that (Female Champion/Connector)

Additionally, there was a feeling of negativity of being assigned certain age ranges to work with too:

CCM1: I think specific age groups, I don't actually think has been successful, I think we'd have got a lot more and achieved a lot more if it would have worked across all the ages (Male Champion/Connector)

Specific comments were made about certain age groups and difficulties faced regarding accessibility:

CCM1: I think we would have got more out of this if we'd have worked across the ages, rather than a specific sort of group of people, 18-24 year olds can be quite difficult to dig out (Male Champion/Connector)

It was felt that the locations that the Trusted Communicators worked out of were not really suited to some age groups and the suggestion was made that locations where the service is based out of needs to be revisited and widened to include more appropriate locations for the clientele in question:

CCM1: We could use different venues you know when you're looking at the age group we're looking at you know you you're quite restricted where you can go (Male Champion/Connector)

Engagement / Accessibility / Shortage of locations

The discussions surrounding appropriate locations, moved on from discussing assigning per suitability for specific age groups, to assigning more generally. It was felt that having the venue in a location where people already seek to frequent was of high importance:

CCM1: One of the problems I'm going to encounter is seeking out the people (Male Champion/Connector)

Unfortunately, it was felt that the location options that the service could be based out of were limited and that there was a feeling beginning to emerge that the repeated use of the same venues was not always welcomed by the organisations:

CCM1: I went into the library the other day, they said "Oh Health Watch was here the other day, we don't really want you in here again" (Male Champion/Connector)

Future programmes may wish to consider conducting an assessment of suitability for all areas and consider venue type, location and appropriateness amongst other aspects. The aspect of planned visitation schedules could be considered and arranged with certain venues in advance if this were to be helpful:

CCM1: ...there are only so many times you can go into the café and talk to the staff (Male Champion/Connector)

[Methodology / Survey v Open Conversation](#)

As discussed previously in this report, some Trusted Communicators have viewed the conversations with individuals as an 'interview'. Offering further in-depth explanation of the purpose to the conversations and why the nature of an open conversation is important may help here. Also discussing the connotations of the wording may help to offer the viewpoint. Furthermore, ensuring that the Trusted Communicators feel equipped with client centred communication skills to manage these open conversations yet still capture the data that is required is also important as it may alter the Trusted Communicators perspective on the process:

CCM2: ...every single person I have interviewed (Male Champion/Connector)

Additionally, future programmes may wish to consider ensuring a section of the training is dedicated to the data capture, recording and the importance of each element, and most importantly what the data is used for. Knowledge is power. This may help with motivation and positive thinking surrounding the nature of data collection:

CCM2: How much are the people at the UEA going to pay attention to the bits in the survey where you literally just tick a box (Male Champion/Connector)

CCM2: ...because we could be ticking anything just like I can't see that's going to be much value (Male Champion/Connector)

Methodology / Reflective Practice

Trusted Communicators spoke very highly of all reflective practice exercises and practices and were all in agreement that these should be continued (and increased) through into future programmes.

CCF3: ...that could be future signposting but we can reflect back on the every conversation that we've had and then we'd be like, that links with that links with that and we can put it all together (Female Champion/Connector)

Those Trusted Communicators who had not received or had the ability to engage in much reflective practice were very supportive of its inclusion. Particular suggestions for inclusion regarded the outcome discussions and some felt that this element was not spoken of enough:

CCF3: We also have a bit at the end that state what do you feel could come out from this conversation, and that's always good to reflect back on (Female Champion/Connector)

Collaboration / Linking with colleagues

Trusted Communicators disliked the fact that they would need to work alone and suggested a pairing or buddy system be considered:

CCM1: If anyone is going to be working on their own or you know they ought to be paired up a little bit or something (Male Champion/Connector)

This was to aid in social support, increase motivation, and provide a much-needed sounding board to discuss day-to-day issues and enable the opportunity to find practical solutions to these issues. This method may also, indirectly increase an individual's confidence to engage in their role as Trusted Communicator:

CCM1: ...you know it's having that person to bounce off as well (Male Champion/Connector)

The aspects of team workings and collaborations were highly valued by Trusted Communicators. Not only in the method of forums and reflective practice but also in the sense of coming together to discuss their current position, role and the programme, just like in this focus group opportunity:

CCM1: So it would be useful to know what else is going on, and I mean if any, there's another organisation, and I sort of see they were sort of signed up to it

[champions programme] but they've hardly done anything, you know initially like what the other organisations doing, what are they gonna contribute? You know are we missing a trick? (Male Champion/Connector)

*CCM2: I thought they [*forums] were quite valuable really, yeah (Male Champion/Connector)*

*CCM1: ...its [*focus group] reassured me and I found it really useful (Male Champion/Connector)*

Future programmes should ensure that there are ample opportunities for linking with colleagues, fellow Trusted Communicators and that the capacity and time for attendance at such events is built into the job role.

Communication / Hierarchal communication

A prominent element that was raised by numerous Trusted Communicators is that they felt there were gaps in communication opportunities between the staffing groups (Trusted Communicators, Project leads, Strategic Management). No absolute examples were offered yet, many quotations with the undertone of not understanding what was happening or having the feeling that things were neither clear nor transparent between all members:

When communication did occur between Trusted Communicators themselves it was generally perceived in a positive way:

CCF4: ...we have a meeting every two weeks with the other connectors, It's called reflective Practice (Female Champion/Connector)

However, more communication opportunities were wanted:

CCM1: It might have been nice to team up with a couple of you guys for a phone call or something, or an email just to you know I think because my other two colleagues dropped out I felt a bit isolated with it (Male Champion/Connector)

There was a feeling that, at times, a lack of even basic understanding of what other Trusted Communicators were doing was apparent:

CCM2: ...don't know how that compares to the survey results that you guys are getting cause you're doing different sectors of the community (Male Champion/Connector)

CCM2: I wasn't aware up until now that this was a survey that was being done with the whole community, cos we've been tasked with just migrants but it sounds as though you're doing a project that's about the entire population (Male Champion/Connector)

However, what became clear is the perception of missed opportunities from other staffing groups higher up the hierarchical structure. This particularly came to light as Trusted Communicators felt that communication regarding the purpose of the project was missed entirely and that they were sent to conduct the role not knowing this key information:

*CCF1: Asking these questions is all well and good but is this for their [*service users] benefit at the end of it, all brilliant data collection but who are we actually targeting (Female Champion/Connector)*

CCM3: ...and the training I would say I was still left at the end, I was thinking what's it all for? (Male Champion/Connector)

[Outcomes / Understanding Purpose](#)

Some Trusted Communicators were affected by feeling 'in the dark' regarding the purpose of the project and required a greater understanding of the purpose. This could be achieved through more transparent and built-in communication particularly during the training programme:

CCM2: ...a greater understanding of why the intelligence has been gathered in the first place, you know to what particular purpose (Male Champion/Connector)

As they had not had the opportunity to converse with others, some Trusted Communicators wondered if it was just them that felt this way. Yet after the opportunity during the focus group, realised it was a common feeling amongst all:

CCM3: ...but like everyone else's kind of saying its known what the end purpose of that is (Male Champion/Connector)

Others seemed to be able to continue their role in the present moment and not concern themselves with what the purpose was but focus on ensuring their conversations were as effective and helpful as possible:

CCM2: ...maybe I just don't need to know (Male Champion/Connector)

An overall sense of missed opportunities for communicating effectively were highlighted and attention should be directed to understanding when these opportunities were missed and how they can be built back into the programme.

Note

For a list of the Themes and Codes generated from the Trusted Communicators Focus Group see Appendix 2

CHAPTER 6.0

6.1 Component 3 - Project Leads Focus Group Data Analysis

6.1.1 Duration

One focus group took place with eight attendees for a duration of ~60 minutes.

6.1.2 Attendees

Three attendees were from Norwich based localities and five attendees were from Norfolk based localities. From here on in, all are referred to as 'Project Leads'. Six (75%) attendees were female, two (25%) male.

6.1.3 Staffing

The focus group was led by a research fellow (AS) from the Norwich Institute of Healthy Ageing (NIHA).

6.1.4 Schedule

A copy of the focus group schedule can be found in Appendix 9. A copy of the transcript which was transcribed verbatim can be found in Appendix 3.

Project Leads were also asked primarily about three main aspects during their focus group:

- 1) Training (Section 6.2 below)
- 2) Role (Section 6.3 below)
- 3) Suggested improvements (Section 6.4 below)

6.2 TRAINING

The data from the Project Leads focus group, primarily led to the data regarding 'the training programme' being categorised under four primary themes, approach, training delivery, training methodology, and personal attributes of trainer. Data was for the coded under these themes and are outlined below with examples given.

Analysis

Approach/ Asset based Approach

The Project Leads generally concurred that the training programme took on a positive asset-based approach, with the aim to enhance people's health and well-being, promote resilience and independence. The phase was used many times in discussions:

PLM2: The training took a very asset-based approach to work (Male Project Lead Staff Member)

The range of assets in this programme focused on community, relationship and social networks and neighbourhood services, activities and facilities. Project Leads genuinely believed in the Trusted Communicator role and believed it to be an asset in itself:

PLF4: Everyone brings something to their community, and they are assets to their community no matter what (Female Project Lead Staff Member)

Project Leads also felt that Collaboration with other organisations was a benefit to the development of the training. The benefits came from others experience and knowledge of asset-based approaches and Project Leads felt that the training, in essence, could be seen as being co-developed:

PLM2: The training we worked really close with PLF5's team and the community enabling team at city council so that training was in effect co-designed with them bringing in their knowledge around asset-based working (Male Project Lead Staff Member)

However, the viewpoint was offered that some elements of the training programme may have been labelled as being asset based but actually did not live up to the description of ethos of the approach:

PLF4: There was quite a lot that wasn't kind of asset based and using the language that we were. (Female Project Lead Staff Member)

Future training programmes must ensure that they deliver on their principles and ethos of asset-based approaches. Therefore, to ensure this is implemented, it is recommended that all programme elements be reviewed prior to any future delivery and/or roll out.

Training Delivery / Target Audience

Some Project Leads felt that the training was useful to them in their particular role, that it gave a useful overview of the programme generally and provided a platform to then launch the Trusted Communicators in their role:

PLM1: The training that we had was really relevant to just give someone like the background behind the community voices so they could share that with people to try and say right we need your information because this is where it's going (Male Project Lead Staff Member)

PLF5: there are different things they might want to learn and it almost feels like it would never be finished really as you can't know everything that's going on in the community So it needed to be sort of basic upfront project and kind of skills development , but then at a local or kind of coordinated level (Female Project Lead Staff Member)

However, there seemed to be some confusion from the Project Leads perspective over who the target audience was for the training programme:

PLF5: ...invited to these meeting and the pitch of them it wasn't quite clear if they were being pitched at the actual volunteers or at those of us running the projects (Female Project Lead Staff Member)

It was felt that if the training was pitched at the Project Leads, then the content and pitch were inappropriate:

PLF5: If it was pitched to those of us running the projects then there was a degree of sucking eggs involved (Female Project Lead Staff Member)

They felt that perhaps the fact that they had attended a prerequisite training programme was not always remembered:

PLF2: ...but you did have to have some knowledge of that prerequisite training to be able to follow it up (Female Project Lead Staff Member)

PLF2: The second training programme was the introduction to champions to the program but of course you have the prerequisite training to do it (Female Project Lead Staff Member)

This conversation lead Project Leads to disclose further confusion over the programme team, particularly the staffing structure/s:

PLF5: So probably a bit of clarity on that difference between I guess project management and strategic stuff versus the on the ground delivery (Female Project Lead Staff Member)

There needs to be clear training objectives for each category of staff within this programme. These objectives must be met through specifically tailored training programmes as it was understood that Trusted Communicators have differing needs to the Project Leads and Strategic management team.

Training Delivery / Tailoring

The notion of tailoring was raised also in regard to the training materials the Trusted Communicators received:

PLM2: The training was kind of as well as sort of tailored to what the connectors are experiencing as they progressed (Male Project Lead Staff Member)

Project leads were grateful for the ability to tailor the training materials to address the need of engagement with health topics. They were glad to be able to tailor refresher material to allow them to cover how to respond and connect during health specific conversations in particular:

PLF4: ...we were doing refreshers but then health specific responses (doing small sections erm to reinforce some of the stuff with the same as what we were doing um in terms of person based approach and things like that, so we were um, doing refreshers but then health specific Female Project Lead Staff Member)

Training Delivery / Adaptation

As well as the training being tailored being a huge positive, the ability to adapt the training was also implemented by many providers. The ability to react to Trusted

Communicators' experiences enabled the course to be suited to the needs of the individual Trusted Communicators:

PLF4: ...adapt it to what connectors are finding on the ground (Female Project Lead Staff Member)

PLM2: It was kind of adapted to what they were experiencing giving them time to put what they've learnt into practice (Male Project Lead Staff Member)

In regard to practicality too, flexibility was also key, in order to ensure that Trusted Communicators could attend when their availability allowed:

PLF3: ...had the flexibility of picking the topics and doing it in short sessions (Female Project Lead Staff Member)

PLF6:...really flexible as well so you do on your pace and on your own time (Female Project Lead Staff Member)

Training Methodology / Adaptation / Online Material

A key positive that was reiterated by many Project Leads, regarding the online element of the training was the ability to alter and adapt it to allow for more practical examples to be incorporated into the training:

PLF4: I went through the online course and then applied that to in person workshops and smaller sections, so that the connectors weren't sitting through lots of online course (Female Project Lead Staff Member)

Although it could be viewed that the online element is too burdensome and needs to be lightened to ensure more practical examples are permitted a place within the training programme.

It was also acknowledged that Trusted Communicators came from differing backgrounds, experiences and organisations and therefore after taking that knowledge into account, proved beneficial to adapt the training to address those noticeable differences of the particular Trusted Communicator/s who were being trained at the time:

PLF4: ...watched some of the online training and then adapted it for our connectors (Female Project Lead Staff Member)

PLM1: I really liked the flexibility of the training so we were able to tweak it because they, obviously everyone's got a slightly different approach and a slightly different organisation (Male Project Lead Staff Member)

All Trusted Communicators came to the programme with different levels of experience and backgrounds, so in order to assist with engaging in health conversations, some Project leads felt it was necessary to implement additional elements to the training programme:

PLF4: We ran our connector training program and then added on um health specific responses and questions (Female Project Lead Staff Member)

Others were satisfied that the Trusted Communicators background knowledge was sufficient in the area that additions were not needed to be implemented:

PLF2: Our community champions so and they sort of come from healthcare background so they did understand the remit of it quite easily and how it will be used (Female Project Lead Staff Member)

PLF2: We put in place people who were very good at community work anyway so they already had the skills so the training just was giving us a reminder and a top up (Female Project Lead Staff Member)

Differing viewpoints were captured here however the idea of an assessment prior to commencing training may be a worthwhile introduction to the programme for Trusted Communicators.

Training Methodology / Training Time and Implementation

The period of time between completion of training to commencement of role was short. Project Leads did not want a delay in implementing the skill set learnt in the training programme:

PLM2:...get them up to speed and then get cracking with the work as soon as possible (Male Project lead Staff Member)

But Project leads also understood that Trusted Communicators would need to be eased into their role and that they would learn 'on the job' as it were. They also noted that reflective practice was an important aspect for every Trusted Communicator:

PLM2: ...their first 2/3 months as kind of development time so they weren't just sort of trained and expected to have hit the ground running, go out and

engage it was ongoing, it was kind of adapted to what they were experiencing giving them time to put what they've learnt into practice and then come back and reflect on it (Male Project Lead Staff Member)

Training Methodology / Adaptation / Reflective Practice

The view was shared by both the Project Leads and the Trusted Communicators themselves that reflective practices were important. Project Leads understood that these practices meant that they could be reactive in addressing issues by offering or adapting training and a means of evaluating training as it currently stands:

PLF4: If there is an issue, if something comes up then we can run training on it (Female Project Lead Staff Member)

PLM2: ...also created opportunity to reflect further on the training and how it was working in pairs (Male Project Lead Staff Member)

PLF2: ...probably the gap between the two of them [online sessions] just to have a little bit more reflection between the two training sessions (Female Project Lead Staff Member)

There was also an agreement by Project leads that these practices should happen on a regular basis:

PLF4: ...small sections every two weeks as part of our reflective practice sessions, which meant further questions could come up and we could discuss it (Female Project Lead Staff Member)

The perception from Project Leads was that the objective of the reflective sessions, was to put into practice the skills they had learnt from the training programme:

PLF4: ...practice around what type of questions to ask but also then going out and doing it for the first time and then coming back and doing reflective practice (Female Project Lead Staff Member)

PLM2: It was kind of adapted to what they were experiencing giving them time to put what they've learnt into practice and then come back and reflect on it (Male Project Lead Staff Member)

One element that helped the Champions was that they were buddied with another individual. They were able to work in pairs, which, in addition to the reflective practice

sessions, allowed the Trusted Communicators an additional opportunity to practice what they had learnt:

PLM2: The fact that they were buddied up, so they worked in pairs to put what they're learning, what they learnt into practice (Male Project Lead Staff Member)

PLF4: Very much in response to what they were coming up and again buddied up, we have reflective practice alongside that so we can be very adaptive to what they're coming across in the community (Female Project Lead Staff Member)

Training Delivery / Using Practice-based scenarios

Just like the reflective practice sessions, the Project Leads perceived the use of 'practice-based scenarios' to be beneficial to the Trusted Communicators:

PLF5: ...seemed so much more relevant when they were getting training based on a real-life example, that had come up (Female Project Lead Staff Member)

PLF4: From my guys perspective what they fed back about was it seemed so much more relevant when they were getting training based on a real life example, that had come up (Female Project Lead Staff Member)

Yet, as the examples were not directly from those with lived experience but rather stories that were meant to represent frequently raised issues, it was questioned the level of benefit that was experienced by the Trusted Communicators:

PLF5: There were probably like examples of Mr X comes forward with this, what might you do with them, but they weren't real, they were just kind of story examples (Female Project Lead Staff Member)

As there was no measurement of benefit and the Trusted Communicators themselves did not feedback on this particular issue it may be worthy to consider if the involvement of individuals with actual lived experience may enhance any future training programmes.

Personal attributes of trainer / Intra-personal motivators

All Trusted Communicators had their own skills and idiosyncrasies they brought to the role, yet it was agreed that the intra-personal factors that they all have motivates them:

*PLF6: People are quite passionate about it and our champions are passionate about it. So as long as we have a good output of it I think that's brilliant
(Female Project Lead Staff Member)*

Personal attributes of trainer / Client communication skillset

In addition to recruiting Trusted Communicators with similar intra-personal factors, all Project leads were unanimous that it was beneficial to recruit individuals based on experience (i.e. who were already in similar roles):

PLF2: I don't know what would have been if we get somebody who really never done that kind of work (Female Project Lead Staff Member)

Therefore, had already gained the required skill set.

PLM1: ...they weren't really told to suck eggs and talk to people because they already had that skillset (Male Project Lead Staff Member)

PLF2: We know how to talk to people, they will engage with us (Female Project Lead Staff Member)

To recruit such individuals meant that in some cases training was more of a top up than a new learning experience:

PLF2: We put in place people who were very good at community work anyway so they already had the skills, so the training just was giving a reminder and a top up (Female Project Lead Staff Member)

However, it is important to note that engagement in a similar role does not make a Trusted Communicator an expert on implementing the required skills correctly. In many cases it would provide helpful to have an existing knowledge of the skills required to engage in health-related conversations and the scenarios in which these may occur, yet, it must not be presumed that this experience always leads to better performance. Some Project leads recognised this by illustrating that training is still important irrespective of experience:

6.3 ROLE

The data from the Project Leads focus group, primarily led to the data regarding 'the role' being categorised under six primary themes, approach, practical application/flexibility, utilisation, collaboration/communication, engagement and outcome.

Analysis

Practical Application/Flexibility / Delivery

Continuing on from discussions surrounding the flexibility of the training programme, conversation moved to the flexibility permitted whilst in role too:

PLM1: The freedom to tweak the program to do what you want with it and use your own local insight was really useful (Male Project Lead Staff Member)

It was understood that all Trusted Communicators conducted their role slightly differently and the ability to alter the programme delivery slightly, was seen as a huge benefit.

PLF4: ...adapt it to what connectors are finding on the ground (Female Project Lead Staff Member)

PLM2: It was kind of adapted to what they were experiencing giving them time to put what they've learnt into practice (Male Project Lead Staff Member)

Practical Application/Flexibility / Fidelity

Project leads agreed regarding the perceived benefits associated with the ability to adapt the delivery style and programme and learn from each other:

PLM1: I think everyone's kind of done it in their own different way which obviously plays to strength of organisations (Male Project Lead Staff Member)

PLF5: reflecting on PLM1's point we've all done it differently, and there is such huge learning across the board (Female Project Lead Staff Member)

PLM1: the freedom to tweak the program to do what you want with it and use your own local insight was really useful (Male Project Lead Staff Member)

PLF4: So we had a slightly different training program in that I watched some of the online training and then adapted it for our connectors (Female Project Lead Staff Member)

Yet, despite their relative positions of leadership within the team and project generally, it was surprising that Project leads showed no concerns for the levels of adaption that had happened across the programme, and the issue or importance of fidelity was not raised. One member acknowledged that the funder had laid out guidance but that in reality, practices were very different:

PLF5: We're deliberately being obstructive, um that actually we almost sometimes I think had to unpick some of that messaging because we're like, yes, we know that's what the funder says. But actually when you translate that into practice we're gonna be doing it differently. (Female Project Lead Staff Member)

Utilisation / Building on Skillset

One aspect which dominated discussions at one time regarded that of utilisation. In one aspect, Project Leads felt that the Trusted Communicators role built on the skill sets of those recruited for the role and that the role of Trusted Communicator utilised a skill set that was present within some individuals in the community already.

PLF2: These are people who have real skill in conversation and being able to talk to anybody naturally in a way and that could build on that build on their skills build on their knowledge of their local communities (Female Project Lead Staff Member)

PLF5: We took connectors who weren't community professionals and it does take a long time to build up those skills (Female Project Lead Staff Member)

Many Trusted Communicators were already recruited into similar roles and therefore had this skill set available for utilisation:

PLM1: They weren't you know sort of told how to suck eggs and talk to people because that's they already had that skill set (Male Project Lead Staff Member)

PLM1: ...building on their skillset and their sort of trust that they already have for their people (Male Project Lead Staff Member)

Utilisation / Model

The model for the Trusted Communicators role was seen as a new perspective for some of the Trusted Communicators. As mentioned, many were already recruited to similar roles and the introduction of this role was seen as a positive reason to continue the use of their skills and to keep them active. Again, a utilisation of skills and individuals already present in the communities:

PLM1: It's given them something different to do (Male Project Lead Staff Member)

PLM1: its worked well here locally, I think we had a slightly different approach because let's say we had an existing community champions project who sort of it came from COVID and then from COVID we had our community Marshalls who were paid members of staff (Male Project Lead Staff Member)

Communication / Intra and interpersonal Benefits

The benefits associated with utilisation were not the only one's spoken of. Engagement and responsibility of being a Trusted Communicator were perceived to also bring about important intrapersonal and interpersonal impacts to the Trusted Communicator's themselves and to their peer group. Intrapersonal benefits were clear and led to empowerment of Trusted Communicators:

PLM1: Quite empowering confidence boosting for them to say, you know, we want you to do this because you're going to be really good at it (Male Project Lead Staff Member)

PLM1: Get this information to the people who will actually you know be able to empower change left them feeling quite kind of empowered in a little bit (Male Project Lead Staff Member)

PLF5: ...building the skills of more people (Female Project Lead Staff Member)

Interpersonal benefits were felt by many more than just the communicators. The overall voluntary sector, health sector, members of the public, organisations, and the wider community. It was perceived by Project leads that working collaboratively benefited everyone:

PLF5: I think what we've proved is actually we combine our resource and do programs like this, everyone across the system benefits and doesn't have to do other things (Female Project Lead Staff Member)

The use of Trusted Communicators to communicate with the public was felt to be the best approach:

PLF2: We do know how to talk to people, they will engage with us, much quicker than probably somebody from the ICB for example (Female Project Lead Staff Member)

The interpersonal benefits reached to the members of the public engaging in the conversations:

PLF4: People see themselves reflected in our community connectors (Female Project Lead Staff Member)

PLF3: Gave them [members of the public] a great opportunity to share their issues with our community champions, I think it was clear for them what is the purpose of the conversation is (Female Project Lead Staff Member)

The field (i.e. voluntary, health, social) overall benefited as it was perceived that there is a current difficulty to fill positions within the sector and the use of Trusted Communicators in this particular role fitted perfectly. It also enabled individuals to be welcomed to the sector who had never before worked within it:

PLF5: Finding those people who will fill those roles that at the moment the voluntary sector can't fill (Female Project Lead Staff Member)

PLF5: That was a really big thing for us to be able to offer a job to someone who wasn't already in the sector (Female Project Lead Staff Member)

PLF4: Working for a social enterprise, we didn't have the barriers that maybe some organisations might have had saying that mistrust of authority (Female Project Lead Staff Member)

Engagement / Knowledge of community

As with the Trusted Communicators themselves, Project Leads also felt strongly that Trusted Communicators should be based within their own communities:

PLF2: The connectors is they do have very good knowledge about the support available (Female Project Lead Staff Member)

They also felt that having that knowledge of local services and opportunities within the community that the Trusted Communicator is working is beneficial to the member of the public engaging:

PLF4: They are able to signpost to hyper local resources that are there for people (Female Project Lead Staff Member)

It was felt that having this knowledge was not just superficial help to the individuals but that it could actually provide some practical support as opposed to just offering a listening ear:

PLF2: Not just asking but also giving people the support, there and then (Female Project Lead Staff Member)

Outcome / Recording and Relevance of Data

Project Leads based in areas that employed open based discussion methodologies as part of their conversations were very vocal on the benefits that employing this method brings:

PLM2: The approach is so broad that connectors take in terms of they aren't asking specific questions health related questions that anything can come up (Male Project Lead Staff Member)

It was felt that this method allowed the opportunity for people in the community to discuss what they wanted, bring their own agendas to the conversation (which we know is beneficial to assist with successful health behavioural change) yet still provide the Trusted Communicators with the ability to record any relevantly discussed health data:

PLF4: We're asking a lot of very broad questions about what people like about their communities that they're part of as well as the health specific questions (Female Project Lead Staff Member)

It was felt strongly that this methodology does bring the largest benefit and therefore, ongoing negotiations had been underway to ensure that this method could be implemented:

When assessing the methodology for future conversations it must be noted that Trusted Communicators themselves and Project leads share similar views on the open discussions versus a more survey type approach to conversations.

PLF5: We would never get that sort of response to a survey or consultation (Female Project Lead Staff Member)

PLF5:...the huge value in quantitative data over qualitative data, its hearing real peoples voices being able to put real quotes into things (Female Project Lead Staff Member)

PLF5: We struggled because to a degree we were almost at odds with the the Community voices like thing, there was a lot of talk about, you know, we're doing this around rebuilding the health system Whereas we've taken quite a broad approach that we've done a lot of negotiation with our lovely colleagues in health for them to trust us enough that we could take that broader approach and still get the health message (Female Project Lead Staff Member)

Outcome / Improve services

The Community Voices programme was perceived as a platform in which to help improve the services that existing local organisations offer and indeed, increase access to those services:

PLF3: Through the training and through the access to different resources, we had the opportunity to improve our services as well for our clients, also by identifying the most common issues which our clients are facing, usually due to language barrier, I think it would be great that we will have the opportunity to change to improve the access to health services for our clients (Female Project Lead Staff Member)

PLF3: It enables us to elicit information contributions from people towards the development or improvement in our healthcare service (Female Project Lead Staff Member)

PLF4: So they're kind of community solutions that are there already and that level of signposting they are able to signpost to hyper local resources that are there for people (Female Project Lead Staff Member)

However, that it was important to involve Trusted Communicators further in what happens after the conversations happen, as they have a key role to play in ensuring

a prompt and effective feedback loop is implemented with organisations and individuals in the communities:

PLM2: ...equipping the connectors with the skills to be able to use the data the stuff that's coming out of the insights to be able to understand that and communicate it effectively back to the community (Male Project Lead Staff Member)

PLF4: So they're embedded in them that they have these shorter feedback loops that what they are picking up in communities is not only issues and things that are concerns for people but also a lot of community responses and community issues to issues that people have come up against (Female Project Lead Staff Member)

Collaboration / Share outcomes with other organisations

The implementation of the Community Voices programme has encouraged positive working collaborations with other organisations in those communities:

PLM2: With the health focus through community voices is encouraged more collaboration, networking especially with the connectors on the ground level as well (Male Project Lead Staff Member)

PLM2: ...had feedback from Health Watch for example wanting to have chats with the connectors (Male Project Lead Staff Member)

PLF5: we got close to 1800 conversations and not just funded from this project but funded from some other projects with connectors as well. We would never get that sort of response to a survey or consultation that we put out, not in a million years, now we are starting to see We can take this information to other parts of our council, we can take to other parts of the healthcare system and everyone, and everyone looks at it and instantly sees the value (Female Project Lead Staff Member)

Collaboration / Combine resources

What the Community Voices programme has started is by exploring what ways are working collaborations utilised, and what are the most effective ways of working collaboratively:

PLF1: Looking at different ways of working together rather than that really traditional kind of funder/recipient type relationship (Female Project Lead Staff Member)

PLF5: If everyone puts in a little bit, we can all use the same information so its been hopefully game changing in the long term (Female Project Lead Staff Member)

PLF5: It's the perfect crowdfunding model (Female Project Lead Staff Member)

Approach / Overall Programme Model

In addition to the discussion points that were themed as above, Project leads commented positively and widely on the overall model and the generic programme approach. They felt that a core benefit of the programme was recruiting individuals with the demographics the Trusted Communicators had as opposed to using healthcare professionals or those in similar roles:

PLF4: It has really helped not having professionals, but people who were embedded in their communities already (Female Project Lead Staff Member)

PLF4: Working for a social enterprise, we didn't have the barriers that maybe some organisations might have had saying that mistrust of authority (Female Project Lead Staff Member)

PLF4: With our approach it has really helped not having professionals but people who are already embedded in their communities already (Female Project Lead Staff Member)

PLF2: But generally speaking, from our perspective we put in place people, who were very good at Community work anyway so they already had the skills (Female Project Lead Staff Member)

Overall, the Project leads felt the programme was beneficial and that it reached and contributed to every corner of society:

PLF5: This is something that actually will contribute to every single system we've got across Norfolk and Waveney, health, social care, children's (Female Project Lead Staff Member)

PLF6: I think the positive way to think of is we all think it will improve (Female Project Lead Staff Member)

6.4 IMPROVEMENTS

The data from the Project Leads focus group, primarily led to the data regarding 'improvements' being categorised under six primary themes, training, funding, engagement, assignment, collaboration and outcomes.

Analysis

Outcomes / Project timelines

Prior to launching into discussions on suggested improvements for any future wave of the programme, Project Leads were firstly supportive of the overall programme, that it needed to continue and believed that longer-term investment was key to a successfully rolled out programme:

PLF5: I think it needs to be as much as we can longer scale projects because community resilience takes time (Female Project Lead Staff Member)

PLF5: If you build a sense of relationship in a community especially a community which has been deprived or marginalised, if you then leave that community after 12 months and there's a cliff edge, you always feel guilty about it (Female Project Lead Staff Member)

Funding / Programme Model Allowances

As noted, Project Leads were supportive of the overall programme and also believed it was a cost-effective model:

PLF5: It's a really cost-effective model when it's split out across all those systems (Female Project Lead Staff Member)

However, there were obvious differences in the amounts of funding assigned and/or available to differing localities:

PLF5: ...difficult to compare and contrast because we had the luxury of quite a lot more than other people did (Female Project Lead Staff Member)

Some localities had opportunities to pool money from other projects and 'pots' which had a significant impact in the service they were able to provide:

PLF5: ...hard for us to comment solely on the community voices because we did pool that money with a lot of other money (Female Project Lead staff Member)

PLF5: A lot of people in this room that had a lot less funding than we did, so we were able to do a lot more (Female Project Lead Staff Member)

Other options were made available to some teams which also had an impact on the outcomes based on how the finances were assigned:

PLM1: For our Marshalls because they were paid members of staff we had a bit more control as could say we want you to do some work at our Gypsy, Roma, Traveller community (Male Project Lead Staff Member)

Discussions were reasonably clear that in some examples given that money equated to better service. No discussions here were had in depth regarding effectiveness and efficacy so a presumption was made that more money equalled 'better'. As with other comments throughout this report based on fidelity and reliability (and replicability or validity), the programme should be costed effectively initially for all areas so that other money is not required to be pulled in. Indeed, discussion should be had that if this is needed then moneys need to be available to the project as a whole (i.e. all areas/localities) and not just in some distinct localities with perhaps additional opportunities to access. These finding model discussions bring to light the importance of viewing the Community Voices Programme and all associated projects as a whole and any changes treated as a collective implementation as opposed to mini franchises operating throughout the county.

[Training / Delivery style](#)

Training was such a significant and substantial element of the Community Voices programme that discussions were always going to turn to this area when talking about suggested improvements. Project leads offered that they had received very positive feedback from the Trusted Communicators overall about their training and support:

PLF4: We've had had some very positive feedback from our connectors in terms of the training and support that they've been having (Female Project Lead Staff Member)

Yet, one element which received agreeance from many Project Leads was the need for more reflective work, for the Trusted Communicators:

PLF2: ...maybe just have a reflection session afterwards from what we saw online to just talk about it, so probably that is a little gap (Female Project Lead Staff Member)

And for themselves to meet their own training needs:

PLF5: Probably would have been useful to have some of these sessions not evaluation but in the midst of things and actually get together and share some of this Intel and what we've all be up to (Female Project Lead Staff Member)

The Project leads felt that the training needed to include practical examples and that scenario-based learning ('role play') must have a core role:

PLF5: From my guys perspective what they fed back was it seemed so much more relevant when they were getting training based on a real life example that had come up (Female Project Lead Staff Member)

Project leads also made comments that related to how the training could have prepared the Trusted Communicators for the conversations they were going to be having. It was felt that an outcome of the many conversations would be to do with social determinants of health and that this was not touched upon in training:

PLF4: There wasn't very much about the social determinants of health in the online training and that is what our connectors were seeing every day was the social determinants of health because they're in the community already (Female Project Lead Member)

Perhaps practicing conversational skills during scenario-based conversations that involved discussions on the social determinants of health may have better prepared the Trusted Communicators for their role.

Some Project leads felt that the training must be representative of the aims and objectives of the training programme and that the training material did not always do so. Project leads and Trusted Communicators were required to attend separate training programmes, yet the feeling from Project leads was evident that there was not enough distinction made between the differing training programmes and the materials were not tailored/developed appropriately to fit the particular programme:

PLF5: There were some training sessions early doors that I think were quite confusing about who they were aimed at. (Female Project Lead Staff Member)

PLF5: it wasn't quite clear if they were being pitched at the actual volunteers or at those of us running the projects, and if it was pitched to those of us running

the projects, there was some degree of sucking eggs (Female Project Lead Staff Member)

Additionally, the observation was offered that despite the training claiming to be an asset-based programme they did not feel that the language used always adhered or mirrored the approach:

PLF4: There was quite a lot that that were that wasn't kind of asset based and using the language that we were. (Female Project Lead Staff Member)

Project leads also raised the realisation that for some Trusted Communicators, more time is needed to learn the required skill set than originally thought:

PLM2: Supporting them to develop those skills within the role and that was probably underestimated at the beginning (Male Project Lead Staff Member)

As envisaged, many suggestions were made by the Project leads regarding the training programme and its many individual elements. These recommendations for improvement must be considered carefully and any that can easily be implemented into future programmes should be. Others that may require additional resources, funding or substantial change to the programme should be considered and justification provided for each suggestion if it is not to be included in future roll outs.

[Assignment / Enabling Wider Access / Target Audience / Geographical Access](#)

Discussions turned to the assignment of Trusted Communicators to particular target audiences for their conversations and any existing limitations that had been set. Project leads expressed that some Trusted Communicators were set the limitations of working only within a specific geographical location and commented on the remit the Trusted Communicators could work within:

PLF3: ...the fact that it was geographically very narrow (Female Project Lead Staff Member)

The restriction of Trusted Communicators to a specific geographical area was seen as a negative limitation and one that was not easily altered as it was described that in some instances the Champions were not funded to work outside of their assigned areas:

PLF3: They are not from the two areas necessarily which we are covered or funded under this project (Female Project Lead Staff Member)

Project leads expressed the need to broaden the access and areas that Trusted Communicators are permitted to work within:

PLF3: ...good to involve people from all localities rather than just a few (Female Project Lead Staff Member)

It was acknowledged that as a pilot project the limitations may have been set to ensure capability of the Trusted Communicators during initial role out, but the suggestion for future implementation was to lower restrictions and broaden access:

PLF2: I know the reason why we started where we started but probably its time to think and move into covering bigger reach (Female Project Lead Staff Member)

Engagement / Knowledge of communities

Despite Project leads supporting the removal of restrictions and ensuring that limitations are not too tightly placed for areas of which the Trusted Communicators are put to work, they also recognised the need for Trusted Communicators to be familiar in the areas in which they work:

PLF2: People from the local communities talking to people in the local communities is a very good approach (Female Project Lead Staff Member)

They support the model and believe that knowing the community the Trusted Communicators worked in would help with engagement:

PLF2: ...knowing how to hold those conversations and understanding your community very well (Female Project Lead Staff Member)

One Project Lead recognised, through personal experience, that working in their own community made them 'fit in'. They acknowledged that if they worked in differing areas they may not feel that:

PLF4: I fit in the city centre where I used to be a connector but if I went in to Mile Cross which is where we have connectors now, I wouldn't (Female Project Lead Staff Member)

A more practical reason was also offered to support the Trusted Communicators working in areas they knew well (and were well known). It was perceived that if a Trusted Communicator is new to an area then the time in which they may be able to

begin working would be delayed due to them needing to establish a connection within the area first:

PLF5: If you're going into an area you don't know very well it takes you time to build the trusted relationships with those people (Female Project Lead Staff Member)

Collaboration / Working Collaboratively

Working collaboratively with all individuals and organisations in an area was viewed as an extremely positive and necessary factor in establishing a successful Trusted Communicator position. The perception that Trusted Communicators wanted to lead by example and share their experiences with others (especially if they felt they had conducted conversations in a positive and successful way), and additionally being able to see examples of other successful conversations was viewed as a way of being able to develop the programme:

PLM1: ...as you say we did, so we could actually say because of a conversation that happened in, somewhere else that actually now this is changing so that you could use that to then almost sell the idea of more community conversations moving forward (Male Project Lead Staff Member)

*PLM1: but I do think being able to share that [*changes that have been made] with other organisations would be a better way to do it moving forward (Male Project Lead Staff Member)*

Similarly, to the Trusted Communicators, the Project leads also felt that they would like to have more opportunities for collaborative gatherings and workings throughout the project:

PLF5: Would have been useful to have some of these sessions not evaluation but in the midst of things and actually get together and share some of this intel and what we've all been up to (Female Project Lead Staff Member)

The Project Leads felt that these gatherings would allow the sharing of good practice.

Outcomes / Working Practices

Project leads agreed that the sharing of practices with external organisations in the area was positive. They also agreed that everyone would benefit from sharing good internal working practices within the programme itself:

PLM1: I think everyone's kind of done it in their own different way which obviously plays to the strength of the organisations but perhaps if there was like a SharePoint or something (Male Project Lead Staff Member)

Project leads also made the suggestion that they too would benefit from sessions just like the focus group run for this analysis. The aim would be to share good practice, successful working policies and to learn from other Project leads:

PLF5: Probably would have been useful to have some of these sessions not evaluation but in the midst of things and actually get together and share some of this Intel and what we've all be up to (Female Project Lead Staff Member)

PLF5: So that we could effectively at the end of it have collectively presented a really good case for why we should continue working like this and how we see the future plans of this as opposed to all of us going away and developing our own future plans of what it might look like (Female Project Lead Staff Member)

Outcomes / Data Utilisation

Moving towards thinking of outcomes and future roll outs, Project leads felt that to date, Trusted Communicators had been involved in shaping the systems and resources as to how data was collected:

*PLM2: ...kind of helping them explore it [*insights hub] and they've [*champions] been involved in shaping that (Male Project Lead Staff Member)*

There was an agreed opinion that combining and sharing data between localities (Norfolk and Norwich) would permit more effective working and that all staff and community relationships would benefit:

PLF5: ...we've all done it differently, and there is such huge learning across the board and value in combining data and how we kind of look at those trends over time and see what's happening (Female Project Lead Staff Member)

It was acknowledged that understanding and utilising data is a skill and that perhaps not all Trusted Communicators may have this skill set when they begin their role:

PLM2: There's definitely a skill there about kind of understanding data, being able to communicate it back (Male Project Lead Staff Member)

The thought processes of the Project leads moved on from that of the Trusted Communicators and moved towards a more strategical viewpoint and an understanding that this was a funded project and there was a need to show outcomes:

PLF2: We need to start soon demonstrating what has changed as a result of us asking the questions or at least what's in the pipeline (Female Project Lead Staff Member)

Generally, it is recommended that consideration be given as to the role of the Trusted Communicator in relation to data capture. Is there role purely data collection or do they have a key role to play in a reactive way in assessing the data they capture and relaying that back to others within their system, programme, community.

Note

For a list of the Themes and Codes generated from Project leads Focus Group see Appendix 4

Chapter 7.0

7.1 Strategic Management Team Data Analysis

7.1.1 Duration

One focus group took place with seven attendees for a duration of ~60 minutes.

7.1.2 Attendees

72% of attendees were from strategic health boards, 14% of attendees were from Norfolk County Council and 14% of attendees were from Voluntary Sector Organisations. From here on in, all are referred to as 'Management team members'. Seven (100%) attendees were female, zero (0%) male.

7.1.3 Staffing

The focus group was led by a research fellow (AS) employed by the Norwich Institute of Healthy Ageing (NIHA).

7.1.4 Schedule

A copy of the focus group schedule can be found in Appendix 9. A copy of the transcript which was transcribed verbatim can be found in Appendix 5.

Strategic management team members were also asked primarily about three main aspects during their focus group:

- 1) Training (Section 6.2 below)
- 2) Role (Section 6.3 below)
- 3) Suggested improvements (Section 6.4 below)

7.2 TRAINING

The data from the Management Team focus group, primary led to the data regarding 'the training programme' being categorised under four primary themes, training methodology, quality assurance and engagement.

Analysis

Training methodologies / Access to materials

Management team members discussed the aims of the training programme; that it needed to be accessible to many, ease of access to materials, and enable the Trusted Communicators the flexibility attend the programme based around their existing schedules. Overall, it was felt that access to materials was satisfactory however, ease of access for all could be improved:

MTF3: Its been good to have those health education England modules that we can just directly point people to they've been freely accessible (Female Management Team Staff Member)

*MTF3: We've had a bit of feedback about how accessible they [*training materials] are for some of our champions, which is probably something we could do a bit more work on (Female Management Team Staff Member)*

Training methodologies / Differences

As Management team individuals continued to offer descriptives about the training programmes they oversee, it was recognised that many differences were apparent between localities:

MTF3: Norwich have been a bit, obviously everything they've done has been a little bit different and they very much wanted to control how they approached training (Female Management Team Staff Member)

Whilst it was acknowledged that there are some benefits to tailoring programmes to the needs of the individual or organisation:

*MTF3: I've been able to edit the materials that we've got to suit what time they've [*Projects Leads] got available or what the interest of the organisation was (Female Management Team Staff Member)*

MTF3: We've been able to be pretty flexible, I guess at this stage because we've had quite a small number of organisations, I feel like we've been able to offer quite a tailored approach to each organisation (Female Management Team Staff Member)

Reservations were aired of the differences in approaches that have been implemented:

MTF2: I had strong reservations about the Norwich model because I thought it would be marching to the beat of its own drum (Female Management Team Staff Member)

To ensure that good practice and equality was observed, management team members wanted for all to buy into the same one training package:

MTF1: ...if we had an agreed sort of consistent training package that our partners including Norwich bought into (Female Management Team Staff Member)

Quality Assurance / Consistency

Members of the strategic management team acknowledged that the programme was altered across sites:

MTF3: I've been able to edit the materials that we've got to suit what time they've got available or what the interest of the organisation was (Female Management Team Staff Member)

How the training programme was consistently delivered across sites and localities aired as an important element to discuss and adhere to:

MTF1: ...train the trainer roll out sort of model or some kind of kite mark that we developed then it would need to be wrapped up in some kind of quality standard to make sure that there is consistency still with how people oversee the training (Female Management Team Staff Member)

Some felt that they already had consistency of delivery across their own localities and remits:

MTF1: We know with the training that MTF3 delivered that there's been consistent quality and it has been consistently delivered (Female Management Team Staff Member)

Others were unsure of the details and indeed exactly how consistent training delivery has actually been in reality:

MTF1: So in terms of James going out and training his champions, I'm not sure how much of that's actually been done, how many he's actually trained and whether he's gone through the full training pack or just sort of top sliced bits and pieces that are relevant (Female Management Team Staff Member)

Training methodologies / Mode of delivery

Following on from consistent delivery discussions, there was also a debate about online training. This was identified as an element that was delivered differently per locality and the debate regarded if it was a beneficial mode of delivery moving forward as many limitations were identified:

*MTF1: It [*online training] doesn't necessarily give the opportunity to have practical conversations about how you practically implement it and get that kind of learning and feedback from each other, so for me there's a gap I think (Female Management Team Staff Member)*

*MTF1: Accessing online training isn't necessarily going to be the best way to support people around that [*English not first language] (Female Management Team Staff Member)*

Management team members have mentioned that they have favoured a face-to-face methodology in some circumstances and felt that some Trusted Communicators have needed that approach in order to improve engagement in their training:

MTF3: In some cases, I've gone out and done face to face sessions if that's what they have wanted (Female Management Team Staff Member)

It was also felt that the element of scenario-based learning (role play) within the training programme was not best suited to an online mode of delivery:

*MTF3: They've not wanted to get too much into discussion, debate, I don't know whether that's to do with the training being online and there's something about the online format that makes people more reticent to engage in those sort of things [*roleplay] (Female Management Team Staff Member)*

Online delivery may also have limitations for people with additional training needs

*MTF1: ...people plucked from the communities that we are looking to work with and probably have less of a kind of remit if you like in the day job to do that and I think there might be more training needs with that [*volunteer base] type of model (Female Management Team Staff Member)*

Engagement / Practical element of training

However, it was not a fair assumption to note that it was due to the mode of delivery to explain some of the reservations of Trusted Communicators to engage in scenario-based learning (role play):

MTF3: The champions have not really wanted to engage too much with practice conversations and anything that feels too much like role play (Female Management Team Staff Member)

As even during face-to-face delivery, Trusted Communicators still showed a reluctance to engage:

MTF3: Actually, discussing how you get the best out of the conversation, they've really just wanted to sit and listen and not to engage too much with it. (Female Management Team Staff Member)

Whilst there is the perception from Management team members regarding reluctance to engage in scenario-based learning from the Trusted Communicators themselves, the practice is an important one and should not be abandoned lightly or drastically altered. Further insight should be gained from The Trusted Communicators themselves as to the delivery mode and method they prefer, and which heighten engagement.

Training methodologies / Reflective practice

Scenario-based learning can also be used as an effective strategy and tool to engage in reflective practice once in role. Management Team members acknowledged that Trusted Communicators valued reflective practice in general and particularly enjoyed the group sessions:

MTF3: They've really enjoyed the drop ins (Female Management Team Staff Member)

The Trusted Communicators were keen to be evaluated and receive feedback on their performance:

MTF3: Champions are quite hungry for feedback on the quality of what their putting in (Female Management Team Staff Member)

Therefore, the implementation of scenario-based learning as part of the retention programme of reflective practices into future roll outs may prove beneficial:

MTF3: Its ongoing opportunities to share learning so being able to use them as an opportunity to feedback where there's issues with the reporting for example (Female Management Team Staff Member)

MTF4: the development of the training, I think from my perspective What was incredibly useful was actually the ability to do a bit of a test run with the project leads and actually then get the feedback because I appreciate this, this entire project is a pilot in itself (Female Management Team Staff Member)

Training methodologies / Delivery / Sustainability and Capacity

Many discussions were had regarding the training programme and its content, mode of delivery, fidelity and then which also moved to sustainability and capacity:

MTF2: In terms of sustainability and in terms of ensuring that everyone, like new groups and new individuals are trained, I'm not sure how sustainable it would be in the long term (Female Management Team Staff Member)

MTF1: It has worked because MTF3's made it work but and everybody has made it work in terms of the training, but I think capacity is an issue (Female Management Team Staff Member)

The consensus was that the training programme had been delivered well and one reason was the staff involved going the 'extra mile' and working collaboratively:

MTF4: ...a project team perspective um engaging us in the delivery of the training, um which obviously is incredibly helpful for MTF3 [laughs] because otherwise it would be a lot to do on your own that would really helpful because I think we all felt a lot more confident in what we were asking other people to do. (Female Management Team Staff Member)

MTF1: I think MTF3's done an amazing job at bringing that theory to life (Female Management Team Staff Member)

Despite this factor ensuring the success of the training delivery for this round, it was questioned if this is sustainable and certainly capacity would need to be considered moving forward.

Engagement / Partnership Collaboration

Strategic management team members illustrated the perception of benefiting from others experiences with delivering the training. They spoke to liaising with other localities to learn from them during the piloting phase of the programme:

*MTF3: ...they [*Norwich] were going to draw up a program and share it so we could see how they were progressing through that pilot phase period (Female Management Team Staff Member)*

It was stated that there were some issues with communicating between localities (Norwich and Norfolk) and there was a need to escalate communications to the senior members of the relevant team/s:

MTF3: I've struggled a little bit to get feedback from Norwich about what they're doing and how they're managing that [type of training] so I've had some conversations with their lead (Female Management Team Staff Member)

The content of the training programme was also discussed. The point was raised about relevance and ensuring that any content that was perceived as key was not omitted. Behaviour change training is something that the County Council have invested in (currently and in future) and it was seen as important that any behaviour change training within the Community Voices programme was aligned with other council projects (i.e. Ready to Change)

MTF2: From the public health perspective what worked really well was working in partnership to try and make sure the work that we were doing around our ready to change work would be aligned (Female Management Team Staff Member)

Efforts were made to ensure that individuals responsible for the Community Voices training programme were in liaison with individuals from relevant partner organisations:

MTF2: We tried to make sure that MTF3 was linked in with the people who know about behaviour change within public health (Female Management Team Staff Member)

Overall, it was agreed that behaviour change training is an element that needs to be included in a comprehensive way in any future roll outs.

7.3 ROLE

The data from the Management Team focus group, primary led to the data regarding ‘the role’ being categorised under five primary themes, skill set, implementation, funding, assignment and communication.

Analysis

Skillset / Knowledge of delegate

It was discussed that the baseline knowledge and experience of the person being trained plays a key role in shaping how they engage and commence the role after receiving the training.

MTF4: They were having these conversations as they're kind of day-to-day roles anyway, they felt pretty comfortable (Female Management Team Staff Member)

It was acknowledged that individuals could present to the role with varying levels of skill set and knowledge. This may be due to the length of time they have been employed or involved in similar roles, the background and working practices of the organisation they work for and their existing skill set built up from experience:

MTF2: ...voluntary sector organisations who had a lot of knowledge about the communities but very little knowledge around health questions and support around health overall (Female Management Team Staff Member)

MTF1: There was a danger that you could potentially teaching someone to suck eggs (Female Management Team Staff Member)

MTF4: ...had a few questions about practicalities that kind of thing but there was a kind of you know being perfectly comfortable to crack on (Female Management Team Staff Member)

MTF1: ...premise of model really, is that you're going with trusted communicators that already have relationships (Female Management Team Staff Member)

Implementation / Providing Structure

Regarding the implementation of the programme, the perception of Management team members was that Champions were keen, motivated and eager to commence their conversations:

MTF3: ...they've just wanted to go, they've kind of wanted us to get out of the way, they're like yeah yeah yeah we do this every day, we know what we're doing, this just gives us a framework for what we've already been doing
(Female Management Team Staff Member)

Community Voices programme was seen as the platform to allow these conversations to happen in the community, with the current infrastructure viewed as a sound base to use, as the programme roll out progresses:

MTF1:...view voices as a suite of infrastructure moving, we're providing the infrastructure to enable this type of delivery to happen moving forward
(Female Management Team Staff Member)

MTF1: The development of the infrastructure and the processes, the IG which has had its downside as well, but the IG side of things and understanding how that all works and the mechanics of it I think that provides a really strong foundation to then scale up a project moving forwards (Female Management Team Staff Member)

MTF1: ...starting small and having focus on a couple of key areas rather than trying to do everything all at once, but just focussing on you know access to healthcare, COVID vaccination (Female Management Team Staff Member)

The consensus was that the project had a sound foundation and grounding and has many opportunities to learn, grow into a solid programme in the future.

Assignment / Target Population

Management team members felt that the target population for the programme was correctly assigned and through discussions there was a clear understanding of who that target population actually was:

MTF3: ...really helpful to have a really clear target population in mind
(Female Management Team Staff Member)

MTF3: ...so we've been able to be really specific about who we're working with (Female Management Team Staff Member)

Implementation / Flexibility

All Strategic management team members seemed to agree that the ability to be flexible in the delivery and implementation of the conversations was vital. The members liked that the project had obviously considered this aspect carefully in the development stage and they valued the opportunities to be flexible:

MTF4: ...really valued the flexibility of this project (Female Management Team Staff Member)

The team members thought that potentially it had assisted with the project being so successfully implemented across the county:

MTF4: The ability to actually tailor what was being delivered on the ground in each locality (Female Management Team Staff Member)

Yet, there was still acknowledgement that there were risks involved with allowing such flexibility and that their roles as strategic management team members need to ensure that this flexibility is somehow curtailed to an appropriate level to ensure that the project is still being delivered as it was deemed to be in all localities and areas:

MTF2: We'll have consistency across our different organisations but also across the skill sets of frontline staff around asking health questions (Female Management Team Staff Member)

Communication / Hierarchical

One of the aims of supporting flexibility across localities is to have a successfully implemented programme across the county. In order to ensure that is delivered, interpersonal communication between the hierarchies of staff needs to be effective, frequent and open:

MTF1: I think is really important so that we don't go off in our localities and recreate all the wheels. I think there's danger of that at the moment (Female Management Team Staff Member)

There was some disclosure of concerns regarding how effective communication and trust is within the levels of roles within the programme:

MTF3: I've struggled a little bit to get feedback from Norwich about what they're doing and how they're managing that so I've had some conversations with their lead, but I'm actually not very well cited on how that's gone (Female Management Team Staff Member)

Overall, there was no negativity. there just seemed confusion of who to approach to resolve or confirm any particular issue, and exactly what responsibilities fell under each role/position:

MTF3: Can we rely on the project leads to disseminate information? I don't know. I don't know if they are we're hoping that they do. But you know, it becomes apparent trying to round people up for focus groups and that sort of thing. (Female Management Team Staff Member)

MTF3: I don't know who all the Champions are. So it's like, oh, do we do we contact the project leads to tell them there's a webinar or do we do we send it out to the people that turn up to the drop in sessions but that probably doesn't cover all the Champions. (Female Management Team Staff Member)

MTF1: I'm not sure how much of that's actually been done, how many he's actually trained and whether he's gone through the full training pack or just sort of top sliced bits and pieces that are relevant (Female Management Team Staff Member)

There was a desire to increase open free communications between levels of authority within the project and obtain feedback from all involved as that feedback can be key to improving working collaborations and practices:

MTF4: ...ability to do a bit of a test run with the project leads and actually then get the feedback so it kind of, cuz I appreciate this, this entire project is a pilot in itself. (Female Management Team Staff Member)

MTF1: There was a danger that you potentially teaching some to suck eggs a bit, you know, actually this is um they could probably teach us a thing or two and that's been the joy of the drop in Sessions is that you can share that learning (Female Management Team Staff Member)

*MTF3: But I think also they're quite keen to be able to talk to each other because the- they [*Champions] were really, benefiting from doing that at the drop in session. But that's only once a month (Female Management Team Staff Member)*

Communication / Interpersonal Benefits

There were many examples offered of when communication was successful and effective. It was perceived that this enhanced communication was motivational to the staff, that it assisted with engagement and that it allowed them to feel they are able to make a real contribution to the project:

MTF4: The feedback I've had from the project leads in north is that they felt actually that they were able to contribute to the project as a whole, which made them feel more confident and more comfortable in their delivery as well (Female Management Team Staff Member)

MTF3: progressively every month they're becoming more and more vocal, sharing ideas, sharing issues and seeing what's going on in other areas (Female Management Team Staff Member)

It was also felt that the ability to provide feedback was important:

*MTF1: The database they've [*Norwich] created for the actual feedback of the conversations is excellent (Female Management Team Staff Member)*

MTF1: MTF3's done some really good feedback from the analysis of the conversations so that we can actually highlight the aggregation of what people are hearing and feed that back (Female Management Team Staff Member)

MTF1: I think the feedback loop has been really important (Female Management Team Staff Member)

It was perceived that the ability to feedback to the staff will prove to be empowering and motivating:

MTF1: ...if you're giving your time, you want to feel like that time is valued, that there's a benefit. Um so I think the feedback loop to champions is really important for that. (Female Management Team Staff Member)

Furthermore, Trusted Communicators have been incredibly receptive to the feedback from the conversation data:

*MTF3: ...they've [*Champions] been really keen to hear what's happening as a whole, so how much feedback we've had back what some of the themes are who's managed to deliver how many conversations they've been really engaged with that (Female Management Team Staff Member)*

*MTF3: People have been really keen to get all of the information about how the project works and understand the background and talk about reporting and all of those practical elements, but then actually the discussing how you get the best out of the conversation, they've [*champions] really just wanted to sit and listen and not to engage too much with it. (Female Management Team Staff Member)*

Implementation / Collaboration

Discussing collaboration further, strategic management team members thought it was important to appreciate the impact this project had on, primarily the recipients of the conversations but also any wider impacts on:

The programme themselves:

MTF1:...enabled local flexibility to deliver or build on what they were already doing as in the Norwich model and the Great Yarmouth one (Female Management Team Staff Member)

The programme staff:

MTF4: Feedback from project leads in the north is that they felt actually that they were able to contribute to the project as a whole, which made them feel more confident and more comfortable in their delivery as well. (Female Management Team Staff Member)

*MTF1: show them what that[*feedback] looks like, what that means, and hopefully in time being able to articulate what we're actually doing with it so that they can see what they're doing is and what they're feeding back is actually making a difference (Female Management Team Staff Member)*

Strategic management team staff also perceived that the programme had a positive impact on other projects they were involved in and that what they had learnt from collaborating on Community Voices could be shared much wider than the programme itself, and to other projects they were delivering:

MTF7: Some of that information has helped sort of expand some of our other projects (Female Management Team Staff Member)

It was also felt that the implementation of the project helped build working collaborations with volunteer section organisations, district councils and other related projects:

MTF2: I know that the relationships between health and the volunteer community sector which I know existed before but because of Covid and Community voices program, I believe has been strengthened significantly (Female Management Team Staff Member)

MTF2: ...relationships between health and the volunteer community sector, um which I know existed before, but because of Covid and um because of this Community voices program, I believe has been strengthened significantly. (Female Management Team Staff Member)

MTF5: ...could potentially link up people like district councils with our engagement program (Female Management Team Staff Member)

*MTF7: The way that they've [*Norwich] analysed the data is actually helped to support some of the projects I'm involved with (Female Management Team Staff Member)*

*MTF6: Very much place based locality kind of infrastructure being developed which is quite a bit different in each locality and I think that's enabled it[*community voices programme] to evolve and grow in those localities, certainly working around what the needs of the populations are (Female Management Team Staff Member)*

Funding / Differences

Many notable elements were considered to have an impact on the delivery of the project across locations. One such important aspect was that of available funding to ensure that the project is delivered, overseen, implemented and monitored in ways that ensured high fidelity and successfully adhered to programme guidance. There was recognition that not all partner and associated organisations held the same financial positions and that this may have an impact on the ability of the organisation to engage and then on the implementation of the project:

MTF3: Some of my organisations didn't really didn't particularly need money, so I've always had to force them to identify money that they can have (Female Management Team Staff Member)

It was also questioned how best to liaise with organisations who differ in their ability to access funding:

*MTF3: How do we deal with some organisations that need lots of money to enable them to participate and reach a particular population group and some that will do it for free and yeah, how we enable the processes to accommodate both of those and think about fairness and all of that stuff
(Female Management Team Staff Member)*

7.4 IMPROVEMENTS

The data from the Management Team focus group, primary led to the data regarding 'improvements' being categorised under five primary themes, training methodology, fidelity, assignment, capacity and outcomes.

Analysis

Just like Trusted Communicators and Project leads, the Management team had suggestions of their own which they believed would improve the programme.

Training Methodologies / Training Materials

Firstly, Management Team members wanted to discuss improvements that could be made to the training element of the programme. They wanted to make materials more accessible to all, wanted to enact scenarios and engage in environments throughout the training that could help bring the training examples to life and questioned if online training had a place for all and if so in what capacity would it best be implemented/offered:

MTF3: We've had a bit of feedback about how accessible they [*training materials] are for some of our champions, which is probably something we could do a bit more work on (Female Management Team Staff Member)

*MTF1: I think ticks a box around the kind of theory side of things and the kind of very evidence-based approach but what that [*online training] doesn't necessarily do is bring theory to life (Female Management Team Staff Member)*

*MTF1: ...so accessing online training isn't necessarily going to be the best way to support people around that [*literacy issues] (Female Management Team Staff Member)*

Training Methodologies / Reflective Practice

Further suggestions that Management team members felt would improve the programme was the implementation of significant supportive practices and opportunities for the Trusted Communicators. The implementation of this support can come in the form of reflective practice. Management team members suggested reflecting of what the Trusted Communicators are saying, how they are saying it and looking for patterns to feedback to improve performance:

MTF3: ...but we haven't specifically looked at the quality of what they're saying and how they're saying it, um and they would like feedback on that so, I think it would be useful to think in the future about how we could do that just routinely take a look in at what some of the champions are feeding back and give them some tips about actually if you would have said the specific practice that would have made what you gave us more helpful because then We could spot patterns and maybe work with that particular provider to fix some things that we're seeing (Female Management Team Staff Member)

Overall, it was believed that more opportunities are needed to be offered to Trusted Communicators to ensure they have the support needed to improve their practices:

MTF2: Organising F2F or online network meetings on those webpages might work better (Female Management Team Staff Member)

*MTF3: I think that [*drop ins] has lots of potential as a support mechanism (Female Management Team Staff Member)*

MTF1: facilitating a peer support network between the Champions I'm really keen on that, I think there's so much learning from like what they're doing in Great Yarmouth and Norwich and how we facilitate that across our system. (Female Management Team Staff Member)

MTF3: We probably would have hoped to have delivered a few more webinars there is a lot of work going on with we're nearly there with having a resource webpage and things there that we promised to our champions but obviously it's quite late in the day, so. Um I think that's all still an area to be refined and added to (Female Management Team Staff Member)

It was also perceived that actions to support hierarchical communication between staffing levels but also within staffing structures would be beneficial:

MTF3: ...comms between us and the champions and then supporting comms between the Champions as a group is something that would be good (Female Management Team Staff Member)

Training Methodologies / Champion Skill development

Conversation then turned to those Trusted Communicators themselves who enlist on the training programme. It was established that the baseline level of knowledge that the Trusted Communicator brings to the role varies significantly. Management team

members suggest that conducting a needs analysis for each Communicator may be beneficial in being able to tailor the training programme to meet their individual needs.

MTF6: Support to develop those community you know connector, champion roles and what their needs will be in the future, we might need to consider some kind of needs analysis for them as to what would equip them and skill them and develop that going forwards (Female Management Team Staff Member)

Training Methodologies / Differences

Management team members realise the importance of communicating between localities to ensure best practice, enhance learning opportunities and to ensure effective use of resources:

MTF1: There's so much learning from like what they're doing in Great Yarmouth and Norwich and how we facilitate that across our system (Female Management Team Staff Member)

*MTF3: ...something we need to pick up is where they've [*Norwich] got to with their training program for champions (Female Management Team Staff Member)*

After reviewing the training content and establishing an approximate baseline of knowledge gaps in those attending the training, Management team members recognised that the training would benefit from the addition of more behavioural change / client centred communication skill set focus:

MTF3: As a sort of non-behaviour change expert myself, there's a limit to how you know we can share the sort of main concepts that have come through the modules that we've been able to get people to do (Female Management Team Staff Member)

*MTF3: Something that could be developed with the right person that is confident in debating about that [*having conversations] and getting conversation going (Female Management Team Staff Member)*

It had become apparent that each locality utilised different methods to collect and record the data for the conversations. Data that had been reviewed by Management team members showed that even when implementing an open conversation methodology, health was still a focus and key area of concern for the target population.

Therefore, showing support for the open methodology infrastructure in still enabling the conversations to have a health focus:

*MTF1: ...you're seeing health come up, although they're not leading into their conversations with health and they've managed the training slightly differently, its [*health] coming up (Female Management Team Staff Member)*

Fidelity / Training Fidelity

Unlike the Project leads, Management team members did recognise the importance of ensuring consistency within the training programme when delivering and had admitted that this element was something that had not yet been investigated:

MTF1: So in terms of James going out and training his champions, I'm not sure how much of that's actually been done, how many he's actually trained and whether he's gone through the full training pack or just sort of top sliced bits and pieces that are relevant (Female Management Team Staff Member)

MTF3: We've done a bit of analysis of the feedback that's coming in and how we might report that through to other bodies but we haven't specifically looked at the quality of what they're saying and how they're saying it (Female Management Team Staff Member)

Suggestions were made for ensuring fidelity within the programme:

*MTF1: So that your clear that there's consistency in the way that its [*training] being delivered so I think some kind of quality standard or assurance scheme that we could run or do a train the trainer (Female Management Team Staff Member)*

MTF1: If we do a train the trainer model where the districts actually deliver the training themselves we still need someone to ensure and manager that quality standard internally (Female Management Team Staff Member)

MTF1: ...train the trainer roll out sort of model or some kind of kite mark that we developed then it would need to be wrapped up in some kind of quality standard to make sure that there is consistency still with how people oversee the training (Female Management Team Staff Member)

*MTF1: I think we would need to in future is build in any monitoring around that [*project leads] training (Female Management Team Staff Member)*

Assignment / Staffing Capacity

Other aspects that were perceived as important to consider when rolling out future programmes was staffing capacity:

MTF1: If we're going to scale up and maximise the opportunity if you like then I think we would definitely need more capacity (Female Management Team Staff Member)

MTF1: ...development of the infrastructure, the training, the website resource, the Insight Bank and the analysis of it, all those kinds of things are additional bits (Female Management Team Staff Member)

MTF2: In monitoring and in developing that's where the capacity needs to be because you can train people to deliver it, you know across the spread but you need someone to have the capacity to develop in the way MTF3 did. We all input it into it (Female Management Team Staff Member)

Management team members made suggestions specifically on where they felt capacity needs assessing. It was perceived by management team members that there was a need for more management positions:

MTF1: If you were going to scale up I think it would become problematic, you could probably say that about the whole of the voices programme to be honest and not just the training element, but we need programme management now (Female Management Team Staff Member)

MTF2: programme management seems the biggest gap - monitoring, analysing, automating processes and organising a county wide partnership (Female Management Team Staff Member)

Suggestions were made for an overall Project Management position:

MTF1: You have to have someone that holds the ring on all of it, that could really develop this, and I think that's where its got to go for the future is that we need an overall, nominated program lead for the project (Female Management Team Staff Member)

*MTF1: ...more sort of centralised coordination for this [*project] at a system level to enable IPR, wider sort of locality partners to support the rollout at a local level would work better in the future (Female Management Team Staff Member)*

Capacity / Scale up of Training

One aspect that dominated a significant amount of the discussions surrounding capacity regarded that of the training programme. Discussions surrounded who should deliver it, how communication plays a key role in successful delivery and the importance of consistency and fidelity. Management team members understood the importance of consistency between providers/localities, and suggestions were made for a train the trainer type model and/or that facilitators from that district could be trained to deliver the programme so to give localities control:

*MTF1: ...so that your clear that there's consistency in the way that its [*training] being delivered so I think some kind of quality standard or assurance scheme that we could run or do a train the trainer (Female Management Team Staff Member)*

MTF1: ...train people for example in the districts to deliver the training out (Female Management Team Staff Member)

Although it was acknowledged that the providers in the different localities must increase communications to avoid pitfalls:

MTF1: Its really important so that we don't go off in our localities and recreate all the wheels, I think there's danger of that at the moment (Female Management Team Staff Member)

MTF1: I think we could all be going off and doing out own thing at local level and not recognising that people are doing the same thing and we can duplicate a lot of resources and energy (Female Management Team Staff Member)

When scaling up the training, management were keen to link in with other training currently available that may also be needed for Community Voices target audience/s:

MTF1: Someone to ensure and manage that quality standard internally um and we need to think about how that lines up with ready to change, which is the behaviour change MECC type training that public health are developing and I think wrap it all up into one package moving forward. (Female Management Team Staff Member)

MTF2: the work that community voices is doing, linking in with ready to change means we'll have consistency across our different organisations but also across the skill sets of frontline staff around asking health questions (Female Management Team Staff Member)

MTF1: We need to think how that lines up with ready to change which is the behaviour change mech type training that public health are developing and I think wrap it all up into one package moving forward (Female Management Team Staff Member)

Furthermore, when discussing linking in with other training, it was also acknowledged that organisations from different sectors may have had different experiences in discussing health and that some organisations may require additional time investment when training:

MTF2: ...they [voluntary sector] wouldn't have necessarily been trained around health outcomes (Female Management Team Staff Member)

It was also perceived to be important to ensure that the theoretical or academic aspects of the training were able to be implemented and delivered in a practical way:

MTF1: Being able to transition from just kind of more academic training side of things into practical delivery it feels like that gap is needed to be filled and that we need to have something in place to support people to implement (Female Management Team Staff Member)

A final comment was made regarding training on how to record data. A suggestion was made to Trusted Communicators working practices that would ensure easier data analysis and potentially improved outcome reporting:

*MTF3: ...need to make it much easier for them [*champions] to understand what goes where just so that thematic analysis is a bit easier (Female Management Team Staff Member)*

Capacity / Fitting in with existing role

Discussions surrounding capacity also acknowledged the requirements and added pressures the organisations within the sector currently face (health, social care, voluntary):

*MTF4: ...trying to fit that [*training] in around the crazy delivery and demand that they [*VCSE] have placed on their organisations at the moment (Female Management Team Staff Member)*

*MTF4: ...this [*training] is such a critical part of it so building that capacity in the voluntary community sector (Female Management Team Staff Member)*

It was also stated that for a lot of those who perform the Trusted Communicator role, it is an extension to an already existing similar position:

MTF1: ...it is an add on to the day job for everybody in a lot of ways (Female Management Team Staff Member)

Flexibility was perceived as an important aspect allowing staff to engage with the programme requirements/meetings etc and the ability to attend online meetings should be considered to allow attendance to fit with existing role commitments:

MTF2: organising F2F or online network meetings on those webpages might work better (Female Management Team Staff Member) [chat comment]

Generally, capacity was perceived as a potential barrier for successful delivery for future roll outs and consideration should be given to ensure adequate support and staffing.

Assignment / Communications

It was unanimously agreed that communications between internal staffing groups (Trusted Communicators, Project leads and management team members) and external organisations, needed to improve:

MTF3: We could definitely improve on our ability to just reach and send message out to the champions in an appropriate way (Female Management Team Staff Member)

MTF3: I've got a certain list of people I don't know who all the Champions are, so do we contact the project leads to tell them there's a webinar or do we send out to the people that turn up to the drop in sessions but that probably doesn't cover all the champions (Female Management Team Staff Member)

The issue of trust and the ability to rely on staff to pass on communications was also raised:

MTF3: Can we rely on the project leads to disseminate information? (Female Management Team Staff Member)

Suggestions were made on how communications between external organisations could be improved, that included drop in community sessions and naming specific contacts for each organisation:

MTF1: So having things like a community of practice or a drop in session where you're bringing people together to share learning, it kind of helps reduce the risk of that duplication of energy (Female Management Team Staff Member)

MTF3: Having named individuals that are the contact point for organisations was quite helpful as well. So how you do that when you're starting to get bigger and there's more organisations and there's more work (Female Management Team Staff Member)

Outcomes / Investment from partners

Finally, when discussing outcomes of the programme and what future aims it should be focused on, Management team members believed that Community Voices needs to be perceived as an off the shelf package that can be purchased and needs to now be a proven effective programme:

MTF1: We can't keep growing and growing and growing it until we have a pilot and something to sell (Female Management Team Staff Member)

MTF1: ...time with capacity limitations but I think I would also argue that it hasn't just been capacity, its been because this takes time to build that buy in from system partners to get it off the ground (Female Management Team Staff Member)

MTF1: The success of the whole program is now predicated on that buy and its now got to be something that's sellable to the whole system (Female Management Team Staff Member)

MTF6: ...doing at place that we could potentially do at scale from some of that voices work so, informing those pathways as a future and how we need to develop so I think that's something that we can take forward (Female Management Team Staff Member)

A concluding view was that there was energy from key members, and the team wanted to see the programme improve, advance and grow. Community voices offers the opportunity for excellent collaboration and investment from various sectors and organisations and if implemented well and is the desired path of funded and key

personnel, could be shaped as an excellent 'off the shelf' package to purchase in the future.

Note

For a list of the Themes and Codes generated from Management Team members Focus Group see Appendix 6.

CHAPTER 8.0

Executive Summary

This service evaluation is conducted and presented with the sole purpose of defining or judging the current service (Community Voices Project). The author offers recommendations drawing on her experience as an evaluator. These recommendations, suggestions and considerations, may have implications for the effectiveness or efficiency of service delivery. Furthermore, this evaluation generates evidence of effectiveness of the Community Voices Project which may lead to service redesign.

8.1 Quantitative Data

Chapter 3.0 of this report presents quantitative analysis of the data obtained from both Norwich and Norfolk localities. Descriptive data was reported for each locality based on the information gathered and provided. Where possible, comparisons were then made between localities, and it was explored whether those differences were statistically significant between localities (using the t-test for continuous data or Chi-square tests for categorical variables).

It is acknowledged that the methods used for data capture differed between localities (Norfolk and Norwich). Unfortunately, due to the many differences in the data captured for each locality, the ability to perform significance testing was lower than desired, however the data did provide some interesting insights and suggestions are made based on this data for future roll outs of the programme.

For Norfolk based conversations, there seemed to be an even split of age categories that accessed the service. It is suggested that the service evaluate if there is a specific age range that is a preferred target and if so then recruitment methods altered or considered accordingly to allow for specified targeting. Comparatively for Norwich based conversations, there seemed to be an observation that more middle aged adults accessed the service. It is queried whether this is due to the demographics of the areas that conversations were held in and indeed Norwich city localities as a whole in comparison to county wide. If the service wishes to target this age range, it is suggested that recruitment methods are revisited to constructively inform and potentially explain how this age category is targeted. If indeed, an even split of age ranges needs to be targeted, once demographics of the population has been ruled out, recruitment methods for Norfolk should be considered within Norwich localities.

The quantitative data showed that in both localities, females accessed the service more than their male counterparts. As with age categories accessing the service, is this due to the locations used for the conversations, is this related to the demographics of the areas, is this related to females showing a trend (in other domains not just this service evaluation) for accessing healthcare more willingly or, is this associated with other factors. The qualitative data from the focus groups reported that Trusted Communicators felt a lack of service provision for males, in that they felt a loss of services they could signpost to. Norfolk based conversational data reported that only 2.5% of individuals accessing the service were repeated engagers, so the lack of ability to signpost (and support) for males would not have been a factor in lack of access for males. However, Norwich locality data was not available for repeated access of individuals, therefore if individuals felt that there was a lack of support (from the limited signposting to male specific support) they may have chosen not to repeat their engagement. This discussion point is unsupported by the data but is a factor the project should consider to obtain more balanced statistics regarding gender engagement. It is also worthy of note that the data did not provide suggestions that males were not satisfied with the service they received as three quarters of individuals reported they would like to keep in touch after their initial conversation and there were no gender differences identified between those who wished to keep in touch and those who did not. Therefore, as there are no obvious suggestive trends in the data, a general overview of recruited strategies, location provision/s and service presentation, amongst others should be reviewed if the aim is to achieve a more balanced split of genders accessing the service.

Further comparisons were observed that related to the nature of the conversations and how they were held. The Community Voices programme values their asset based nature. Quantitative data showed that Norwich localities reported a clear trend for holding asset-based conversations, however, Norfolk localities reported a far lower number of asset-based conversations and indeed, reported higher statistics for deficit-based conversations. If the programme is to truly represent an asset based approach, there needs to be a review of how conversations are approached, the connotation meaning of the implied wording and in what manner conversational speech is used to ensure that the conversations adhere to the desired approach.

The Themes that were generated from the conversation data provided a realistic reflection of how the implementation of the differing locality priorities can be addressed. Norfolk reported significantly fewer Themes than Norwich localities (with the majority of those reported focusing on Health and Wellbeing). As expected, Norfolk based conversations reported a high level of data capture for Covid 19 vaccination status. However, for Norwich based conversations, Covid 19 was not a specified topic of primary interest for these conversations, and this data was missing for nearly 60% of conversations. The increased number of Themes being reported in the Norwich localities reflects the more open nature of those conversations (i.e. any

subject can be raised). This data shows how conversations within this Community Voices programme can be targeted to specifically address certain issues or topics of heightened public health (or research) interest successfully. This can pave the way for the Community Voices programme to still deliver the service using the same implementation concepts, but, can be adjusted to meet demands of any nature (health topics, housing, isolation etc).

8.2 Qualitative Data

Chapters 5,6 and 7 of this report presents views of three different levels of personnel within the Community Voices programme; The Trusted Communicators themselves (also referred to as Connectors or Champions dependant on locality), the Project leads and Management team members.

All were asked the same questions during a one-hour long focus group discussion session which related to:

- 1) the training programme,
- 2) the role itself and,
- 3) any suggestions for improvements. For a summary of suggestions made by each staffing category See Appendix 7.

8.3 Summaries (split per Staffing Group and focus group topic of discussion)

8.3.1 Trusted Communicators

Training - Trusted Communicators felt the training had good structure and that the training provided a comprehensive guide to the role. Trusted Communicators felt that their experience would be enhanced if they had the opportunity to train with others. It came to light that different localities offered differing training packages with differing content and presentation methods (i.e., face to face, PowerPoint etc). It was agreed that training was at its best when interactive and community based. Trusted Communicators generally felt confident coming out of the training period and entering the role. Yet, after the completion of the training, Trusted Communicators still felt a little unsure of the purpose of the role and the overall project

Role – Trusted Communicators felt welcomed and accepted by the community and the members of the public. They felt that their status as a “peer” was beneficial to beginning conversations and helped the members of the public feel at ease. The use of client-centred communication skills by the Trusted Communicators was questioned. Trusted Communicators felt that this role enabled collaboration with other external organisations. It was perceived that the role aligned well to Trusted Communicators

existing skill set. They also felt that the role itself provided value to the community and was a safe platform for the public to speak freely. However, they did feel that there were unnecessary restrictions placed on the target population and they reiterated that even whilst conducting the role they were still unsure of the aims and purpose of the overall programme.

Improvements – The Trusted Communicators made a few specific suggestions for improvements that they wished to put forward for consideration for future roll outs. They wanted the restrictions on the target population to be removed and for generalised role placement to be considered. They also felt that there was a shortage of suitable, new venues to hold conversations. Discussions were also had regarding the methods for data capture and that open conversations were favoured over a more survey type structure. Trusted Communicators wanted more reflective practice opportunities and to ensure that opportunities to link in with other colleagues were available regularly. They also wanted for a buddy system to be considered. They did feel there were gaps in the hierarchical communication between staffing groups and they did still want further clarification on the overall purpose of the project and programme.

8.3.2 Project Leads

Training – Project leads spoke positively regarding the asset-based approach of the training and programme overall, however they felt more could be emphasised within the training materials. They felt the training for project leads provided sufficient grounding in which to then support Trusted Communicators into their role, yet there was reported confusion over the pitch of the training and target audience. Project leads were grateful for the ability to tailor training materials and reported frequently doing so. They felt the inclusion of reflective practice was beneficial. Project leads also supported the use of practice-based scenarios throughout the training programme. They also felt that it was a positive attribute of the programme to recruit Trusted Communicators who already have experience in similar roles.

Role – As with the training programme, project leads were appreciative of the opportunity to tailor the specifics of how Trusted Communicators could deliver their role, yet no concerns were raised over the issue of fidelity. Project leads thought that the role utilised existing skill sets of Trusted Communicators well and that Trusted Communicators felt empowered and experienced both inter and intrapersonal benefits through conducting the role. Project leads felt the service was at its best when Trusted Communicators worked out of their own localities and employed an open survey method regarding data capture. They also perceived that the service benefited that Trusted Communicators were perceived as peers as opposed to figures of authority. They felt that the Community Voices platform increased access to local services, has

increased positive working collaborations and that the overall programme contributed positively to society.

Improvements – Project leads wanted longer term investment in the project. They perceived it was a cost-effective model but felt it hard to manage when funding opportunities differed between localities. They wanted increased opportunities for scenario-based practice within the reflective practice session offered. They also wanted to increase the opportunities to work collaboratively with both internal and external colleagues and to share good working practices. Project leads also made suggestions to enhance the training programme. Project leads believed the service would benefit from removing restrictions placed on target populations and wanted to enhance wider access to the service for all.

8.3.3 Strategic Management

Training – Management team members realised the importance of ease of access to training materials. They also recognised the differences in training methodologies and raised key points regarding consistency, quality assurance and fidelity, yet they acknowledged the benefits of tailoring. Reservations were discussed regarding online delivery as a platform. There was also the perception regarding a reluctance to engage in scenario-based learning practices. Management team members saw the importance in reflective practice and acknowledged that the training programme would be enhanced further by including a behaviour change element. Finally, management team members discussed the issue of capacity and sustainability in training programme delivery.

Role – Management team perceived the baseline knowledge of the Trusted Communicator to be key. They also believed that the target population was correctly assigned, and that the conversations flowed well. They appreciated the importance of correctly applied flexibility to ensure successful implementation. Management team members believed that hierarchical communication could be enhanced and valued the importance of feedback loops to all staffing groups. They also realised the importance of good communication and collaboration between both internal and external parties.

Improvements – Management team wanted the training materials to be easily accessible to all. They also wanted to increase opportunities in supportive and reflective practices and enhance hierarchical communications between staffing groups. They suggested a needs analysis on the skill set of Trusted Communicators to establish a baseline. Management team members felt that the training would be enhanced by the inclusion of a behaviour change element and client based communication skills. They spoke of the importance of ensuring fidelity and capacity as the project is scaled up. Finally,

they wanted to increase opportunities for communications with external parties and organisations.

8.4 Comparative Summaries

Generally, the trends within the data suggested, not surprisingly, that Trusted Communicators were most familiar with the practicalities of the role, were perceived to feel more settled and confident in their capabilities and illustrated similar thoughts regarding their approach to the programme and their role. It was also apparent from the data that The Management Team members took a more strategic overview of the project, focused less on practicalities, more on methodology for successful implementation, and wider reaching collaboration opportunities. For Project Leads, hints within the data suggested they seemed a little uncertain of their position within the team structure and did not come across as unified in their stance and showed greater juxtaposition in their viewpoints. Project leads seemed to feel more connected to the Trusted Communicators than to the Management team members. Trusted Communicators seemed to be gravitated to discuss their purpose, differences in the programme model, engagement, and barriers. Project Leads discussions seemed to centre around adaptivity, skill set, definitions of roles, and comparisons. Finally, Management team members channelled their communications towards gaps in training, suggestions, practicalities and the need to employ an open-minded approach for successful future roll outs.

Key topics or issues raised by more than one staffing group related to:

- Overall purpose (Trusted Communicators felt confused, Project Leads felt that the Trusted Communicators understood and Management team members felt that all understood the purpose)
- Flexibility/tailoring (Trusted Communicators enjoyed being able to adapt questions to fit in with their role, Project Leads were able to be flexible with the training to suit the working hours of the Trusted Communicators, Management Team were able to keep the programme flexible to fit in with other roles/commitments)
- Collaboration (both Trusted Communicators and Project leads wanted more collaboration with other organisations and between themselves as staffing groups, Management team members wanted an increase in working partnerships with external organisations)
- Data capturing methods (Trusted Communicators perceived that the responses they received during their conversations were more in depth from using the open methodology, Project Leads felt that the open methodology allowed for more broader conversations. And Management Team members

felt that applying a more open methodology to conversations was the best method)

- Knowledge of communities (with Trusted Communicators specifically perceiving that being part of a community equated to better outcomes)
- Reflective practice (all staffing groups agreed that this was an important element for skill development and enhancement)
- Funding differences (Project leads and Management Team members agreed that there were significant differences in funding allowances for some projects/localities)

Despite agreeing on many topics, not all staffing groups had the same views on:

- Fidelity (Project leads did not raise this during discussions, yet Management team members seemed to understand the importance of ensuring fidelity during both training and role delivery)
- Hierarchal communication (Management team members felt that communication/s with Trusted Communicators could be improved, Project leads felt they had good links with Trusted Communicators through reflective practice, Trusted Communicators were confused about who else was involved in the Community Voices programme and their purpose)
- Training content (Project leads had a tendency to have a more health-based focus, where-as Management team members highlighted a focus for behaviour change and client based communication skills)
- Existing skillset (Trusted Communicators felt they had to use their own initiative frequently, where-as Project leads and management team members presumed the required skill set was already significantly present)
- Target Population (Trusted Communicators and Project leads felt assignment was too specific, management team members felt that assignment needed to be specific)
- Online training (Trusted Communicators not as good as face to face, Project Leads felt that the delivery was good, Management Team members were not sure if it was a suitable method).

8.5 Concluding statement

It is the hope that this report can draw attention to the strengths and differences in locality practices and provide a platform to suggest opportunities for future consideration. It is also the hope that it can highlight from all perspectives, assets that would be of value and that may improve this programme in view of ensuring further successful projects under the Community Voices programme.

It is important to involve patients and the public in evaluation activity, offering essential guidance and principles of best practice. The authors advise this be discussed in-house and implemented if feasible for any future programmes.

Chapter 9.0

Appendices

Appendix 1 - Trusted Communicators Focus Group Transcript

****FACILITATOR OFFERS INTRODUCTION PRIOR TO RECORDING COMMENCING****

CCM1: Hello there I'm CCM1 I'm work for Hear for Norfolk and we've been looking up in North Norfolk, er um Cromer, Holt and Weybourne area. We also have our Cuppa Care project so, which covers all of Norfolk, so we've made contributions via that as well. So we've covered quite a lot of Norfolk quite a lot of the outlying places we go to, so yes.

Facilitator: Brilliant. Thanks.

CCM1: Nice to meet you all in person. Thank you.

Facilitator: Thanks, CCM1. CCM3?

CCM3: [cough] Ah, come on. There we go. We're back. Sorry. That takes a second or two for the mute button to come off so, yeah, I'm CCM3. I work for Broadland housing. I'm tenancy support coordinator. Um Broadland have houses right throughout Norfolk, so from sort of West Norfolk right the way through down to South Norfolk and a little bit into Suffolk as well. We have about 5000 ish just over that in terms of homes, and there's four of us across the group. So, thank you.

Facilitator: Lovely. Thanks, CCM3 and CCF1.

CCF1: Hiya. So um I'm CCF1 and I'm part of the, um Community Marshall Team at Great Yarmouth Borough Council, um we sort of cover the borough, um doing welfare checks, we also do um play a big part in the Homes for Ukrainian scheme. Erm, so that's how we've been meeting people, doing the um, community voice thing. So yeah.

Facilitator: Brilliant Ohh great. Well, lovely to meet you, CCF1. And next on my..

CCF1: Yeah.

Facilitator: ..screen. I've got CCF4.

CCF4: Umm, I work for shoebox, the shoebox hub which is in Norwich. Umm I, we are community connectors and I'm based just in the North Earlham area with another connector, CCF3 and they also have two other teams, one who's based in the city centre and then one who's based in Mile Cross as well.

Facilitator: Brilliant. Lovely to meet you, CCF4 and CCF3?

CCF3: Hi.

Facilitator: Although CCF4 has kind of just introduced you.

CCF3: Hi, I'm CCF3 again, I work for the The Shoe Box as a community connector with CCF4 and er we are based in the North Earlham.

Facilitator: Fantastic. Thanks, CCF3. And then CCM2?

CCM2: um hello folks um yeah. I'm also on the community connectors side of life currently, and I work for New Routes, which is a Norwich based Charity covers the whole of Norfolk and we're all about um assisting new arrivals to integrate into UK society. How's that?

Facilitator: Brilliant. Thanks, CCM2. And then lastly, CCF2. [pause] I'm not sure, CCF2. I don't know CCF2, if you can hear

CCF2: (Quietly in background) it comes here.

CCF1: (In background) - Have you pushed your button? And so as long as you keep.

Facilitator: CCF2? Ohh, there we go. Hi, CCF2.

CCF2: Hello. Hello. Hiya I'm CCF2. I work for Great Yarmouth Borough Council as Community Marshall, um and we cover the entire borough doing sort of welfare checks, as CCF1 said, for homes for Ukraine and any vulnerable people in the area.

Facilitator: Fantastic. Lovely to meet you, CCF2

CCF2: You too.

Facilitator: Well, just a few little bits about what we're doing today. So the university have been asked by um the integrated Norfolk and Waveney Integrated Care Board to um evaluate the Community Voices Project. And so the focus group today is very much just to find out a little bit about your experiences of the training that you were provided as community connectors, and um also your experiences as connectors kind of looking at what worked well and what maybe didn't work so well, kind of improvements that could be made. Um I should say there are quite a few people on the call and we only have an hour so if I move you on, please don't think I'm being rude or anything it's just to ensure that we hear from as many people as possible. Um I should also say there are no right or wrong answers, so please don't think that you know that that anything you say is wrong. Um we are recording the session, but that's just so that I don't need to be scribbling and writing notes as we go um, and anything you say will be, you know, will be kept anonymous. It's not like we're going to say "CCM1 said it worked really well. But CCM3 said it didn't", nothing like that, it's about collating all the different views of different people together to see, you know, so

that they can learn about how it could be improved and what's worked well. Um has anybody got any questions before I start?

CCM1: No.

Facilitator: No. Fantastic. So the first part then is going to be concentrating specifically on the training that you were provided as a Community connector um probably the best way. Does everyone know how to raise their hand on teams with that little thing at the top?

CCM1: Umm, no.

Facilitator: No, OK, we won't do that if you just kind of ah. Well, well, done CCF4 put your hands up. If if you'd like to speak and then, then I can se-. CCM2 Well done. Or raise your hands using teams. Would be brilliant. And so first of all, I just wondered what you felt worked well about the training program that you received as a community connector [pause]

CCM2: well I thought it was pretty comprehensive.

Facilitator: OK. And when you say comprehensive, what what do you..

CCM2: Yeah.

Facilitator: ..mean by that?

CCM2: Err, Well, actually probably the wrong word. It was self-explanatory..

Facilitator: OK.

CCM2: ..So um yeah, it was. I thought it was pretty well structured and er easy to follow. So yeah, thumbs up.

Facilitator: Great. Anybody else?

CCM1: Yeah I would definitely second and agree with that. I think myself and my two colleagues who did the training when we did it together. I think we got to the end of the training and we we all three of us felt a little unclear exactly what the end aim goal what we were trying to achieve was, and I think we well sort of felt a little bit vague, you know we're going out to do this but we're not really quite certain we know the questions we're gonna ask. We know what we sort of going to do but we're not quite certain what we're going to achieve..

Facilitator: Yep OK.

CCM1: ..And I felt that was a little bit sort of you know we're going out there and just a little bit blind really not quite knowing at first what we were trying to do.

Facilitator: Oh, OK. So you felt that the training wasn't quite as comprehensive, maybe you still were left at the end of the training feeding those questions.

CCM1: yes. Yeah.

Facilitator: OK, that's really interesting. CCF4, did you have your hand up there?

CCF4: Yeah, I kind of agree with that. I think our training was good..

CCM1: Hmm.

CCM4: ..and it was comprehensive, but I think. Until you actually get out there and start doing it, you can't really be taught, how to do it

Facilitator: OK, that's interesting.

CCF4: And so, so although they can give you tools and we didn't have, we don't have specific questions at all or subjects or anything, our conversations are just completely organic..

Facilitator: Uhum

CCF4: .. And about everything. And so until you actually get out there and do it, you are going in a little bit blind I think.

Facilitator: OK.

CCF4: That's how I felt.

Facilitator: That's interesting.

CCF4: Bu- But our training was. Good.

Facilitator: OK. And what what was good about it? Like what specifics could you pull out that you found useful?

CCF4: They were very reassuring. They kind of told us that there were no right or wrong answers. There was, you know, they did kind of. Advise us about how you know other people had gone about striking up conversations and, we talked about assets within the community and places where we could go to have conversations, so we were given lots of information like that..

Facilitator: Mm-hmm.

CCF4: ..That was really helpful.

Facilitator: That's really helpful. Thank you.

CCM2: Wha- what I would agree with with er CCF4 and CCM1, is um well all the above points in terms of the training, but I would agree um that um I'm still a little bit in the dark about the purpose of the of the exercise. What What What What are you hoping to gain to achieve from it..

Facilitator: OK. OK

CCM2: ..Yeah. yeah, yeah

Facilitator: That's interesting. So then I heard somebody say yes, when CCM2 said about the purpose was that you, CCF1?

CCF1: It was.

Facilitator: Yeah. Can you expand on on why you said yes there?

CCF1: Um again, we sort of go out in the community quite a lot. We go to community centres, we do welfare checks for people in their homes, again. At the moment we've been dealing with a lot of um elderly and vulnerable people, so obviously asking these questions is all well and good. But is this for their benefit at the end of it, we're sort of a little bit like this. All brilliant data collection..

Facilitator: Yeah.

CCF1: ..but who are we actually targeting, if that..

Facilitator: OK.

CCF1: ..makes sense?

Facilitator: Yeah. No and for what purpose? It seems to be.

CCM1: Mmm

CCF1: Because I think it's because we we see such a wide range of issues.

Facilitator: Yeah.

CCF1: It's it's sort of knowing again where where we're going with it because you know there's people with mental health, obviously um housing all sorts of different things.

Facilitator: Yeah, OK, that's really helpful an CCM3 I saw you nodding as well around that.

CCM3: Yeah, I don't know if myself and Sarah attended a completely different set of training. I believe it was just given to just the two of us at the time um because we were kind, kind of nominated from the organization whether everybody else took a step back at the time and we didn't, I

don't know [laughs]. But myself and Sarah kind of got put with it um and the training I would say I was still left at the end, I thinking what's it all for?

CCM1: Mmm.

Facilitator: Ok.

CCM3: You know what was what it? What are we gonna do? What are our tenants likely to gain from this? If someone's talked to me about their health and their well-being and all other bits and pieces and I go on to, meet, they call it a referral I think it is, but it's it feels much more like a survey when you complete it and it's like, well, is anyone going to? How do you, how is that going to benefit the tenant that they need a dentist or they need you know that kind of thing, but they can't just can't get into one. And that's where it's kind of left myself and I'm not sure sure if Sarah kind of in the same position as me, I think. Like you say, there's quite a lot there and then straight after the training we were, we were chucked in with er a couple of emails that we erm go to you then click this one to 8 or whatever it is and you try and answer the questions in there and I still sit there thinking, well, I er still don't get what the point of this all is.

Facilitator: OK, so it seems like that..

CCM3: (speaks over Facilitator).. That's kind of where I sit, so I apologise if..

Facilitator: No.

CCM3: But we have, I mean I've been doing the survey stroke referrals for the people that we've been having those discussions with.

Facilitator: Yeah

CCM3: But I don't know what the end product is.

Facilitator: Right. That's really helpful feedback...

CCM3: Where it's going to be and what what it's really for.

Facilitator: ..OK. So OK, that's really helpful. So it seems like the actual how to do it was clear through the training, but not behind it. Can I just ask what, what, was the training like? What did cause you mentioned, CCM3, you seemed to have a different training there to others, what what wer- was your training and what did it look like?

CCM3: I want to say it was much more, about power slides erm..

Facilitator: PowerPoint slides

CCM3: ..Yeah, PowerPoints yeah and then going through those erm..

Facilitator: Right.

CCM3: ..Umm, but it wasn't really..

Facilitator: (speaks over CCM3) and who delivered it for it?

CCM3: ..there wasn't really much in depth.

Facilitator: OK. And who delivered the Training (CCM3 speaks over F: I want to say it was..) or did you just foll-

CCM3: Nah I think it was Jo Maule.

Facilitator: Ok

CCM3: Is it Jo Maule?

Facilitator: OK, yep

CCM3: Yeah, I'm pretty sure it was Jo Maule at the time and..

Facilitator: OK.

CCM3: ..she done myself and Sarah on a separate occasion I think, whether that's didn't work out maybe as well because there's only two of us. So you didn't have the buy in from others and their ideas.

Facilitator: Yeah. OK.

CCM3: And we weren't giving them a range of questions as such, either it was kind of the conversation takes takes its own route, if that makes sense cos we do our own assessments.

Facilitator: Yeah. OK. Um and what? were other people? Did they have the PowerPoint presentation and is that what the training looked like for others?

CCM1: Yes, yes, it was all online that I did, yes.

Facilitator: OK, CCF4, you're shaking your head. What did your training look like?

CCF4: We went into shoe box.

Facilitator: OK.

CCF4: And we had um [pause] like a flip chart and we wrote stuff on the flip charts, and we did some brainstorming ideas with post it notes.

Facilitator: OK.

CCF4: And we went out for, a couple of walks as well we went out for..

Facilitator: OK.

CCF4: .. a walk to see if we could spot assets down a particular road, and then we did actually go out and have some conversations.

Facilitator: OK and and an you found that a positive experience?

CCF4: Yeah.

Facilitator: OK, CCF3, you've got your hand up.

CCF3: Yeah, I was gonna say same as CCF4. Um ours was er very much hands on. Um I found it really fun.

Facilitator: OK.

CCF3: Erm again, we went out into the community. We were told to go down one particular road to find assets, um to so we could identify what's strong perhaps down that road to start conversations.

Facilitator: Yeah.

CCF3: I also enjoyed and we were asked to walk to the marketplace in Norwich City and back and make a couple of conversations with whoever we wanted..

Facilitator: Yeah

CCF3: ..and then to um write down what the conversation we had and to pick out those pinpoint bits so, I think the difference with our conversations with what me and CCF4 have is it's open to anybody there's no right or wrong conversation. That's their story, so yeah, I think the training and that gives me a confidence because although I've worked in the community for many years..

Facilitator: Yeah.

CCF3: ..To make that first conversation, so Ruth said, like use tools like ohh, "I'd like your ta...." [pause]

Facilitator: Oh, you're frozen CCF3

CCF3: I'm sorry. I'm a I'm.

Facilitator: Oh, you're back again. You're back again? Yeah, I think your pictures frozen, but.

CCF3: That might be a good thing.[laughs]

Facilitator: oh no

CCF3: But yeah no um, yeah Ruth encouraged us to um make compliments to start conversations, for instance.

Facilitator: Ok.

CCF3: So “I like your tattoos”, or “it's a lovely weather today” and.

Facilitator: Right.

CCF3: And I know we've only been doing the Community connection about Six months now..

Facilitator: Yeah

CCF3: ..the community, our community, really feel that their voices are being valued. So again, we are not actually sure what the outcome is, but we've built such strong relationships that. We are kind of like the go to people to signpost. So if that's the only outcome, then we're doing something, something right.

Facilitator: Absolutely. I should probably just explain to others, actually. So CCF4 and CCF3, your community connectors, aren't you? Through the Norfolk County Council kind of err scheme of it which is..

CCF3: Yes.

Facilitator: ..also part of community voices. So I think you probably have slightly different training. Is my understanding. Did anybody and you was that with Ruth Newton or?

CCF3: Yeah, it was Ruth, yeah.

Facilitator: Yeah with Ruth Newton at the Council. OK. Did anybody else get any?

CCF4: No, not at the Council. We did it at it um..

[Talking over each other]

Facilitator: Oh Sorry

CCF4: ..We did it at the Shoe Box.

Facilitator: Yes. Yeah.

CCF4: Ruth works for the shoe box. She doesn't work for the council.

Facilitator: Oh So

CCM2: sorry.

CCF4: It's a different Ruth. It's Ruth [pause]

Facilitator: OK. So it's not Ruth Newton at the OK, but it was a County Council and because you're doing it with shoebox. Did anybody else here have kind of more hands on training like CCF4 and CCF3 or

CCM1: No.

Facilitator: was it all done via? You know, via the Internet and.

CCM1: Yes, yes.

Facilitator: OK CCF1.

CCF1: Um most was obviously done by the Internet, but then one of our Community champions, um, sort of obviously went through the survey and just sort of obviously again because we're going on welfare checks, we we're kind of slotting the surveys in while doing the welfare checks so if we sort of thought um we could sort of slip it in there in conversation and kind of get their take on things that's what we were doing. So and when we've been sort of again out and about in the community, we sort of find people at bus stops and things like that to say, ohh, can you, you know, do this so.

Facilitator: Yeah. But was that part of the training, CCF1, or was that? Is that more..

CCF1: Umm

Facilitator: ..like how you do it now?

CCF1: There's a team of 11 of us, so I think two, maybe three of us at the beginning had training by PowerPoint..

Facilitator: OK.

CCF1: ..and then um like I say one of the community champions, then sort of set us all around the table and went through the survey with us so.

Facilitator: OK

CCF1: But again, everything's sort of quite, you sort of go out and go off your own initiative with it.

Facilitator: Yeah. Ohh no this, that's that's really, really helpful. I could see the different approaches. I mean for those that received it through

PowerPoint and on the Internet having heard the way in which CCF4 and CCF3 received the training, do you think that would have been helpful or..

CCM1: Yes.

Facilitator: you're nodding CCM3, you're nodding CCM1?

CCM1: Yes.

CCM2: No.

CCM3: Yeah, definitely.

Facilitator: You don't think it would have been helpful?

CCM2: No, not particularly.

Facilitator: OK, CCM2, why do you say no, know that's interesting.

CCM2: Well, we all know how to engage with people because through the work that we do. So if I'd have had to sat through er you know, a two hour flipping, put Post-it's on the walls and stuff, and it's like I'd have torn my hair out like, I just just needed the structure. But..

Facilitator: OK, that's interesting.

CCM2: ..but what what sort of manifesting itself now which, which may maybe my fault as opposed to, um you know, any anybody else's any of your colleagues is I wasn't aware up until now that this was er a survey that was being done with the whole community, cause we've been tasked with just migrants, but it sounds as though you're doing a project that's about the entire population. Umm..

Facilitator: Ok CCM2

CCM2: ..that's that's news to me, but it might be news to me through through my own fault, not yours. Um But but but yeah, as far as the as far as face to face training is concerned. No, I'd I'd rather not. Yeah.

Facilitator: OK, OK. But for you, CCM3 and CCM1 it would have been helpful to have had a more..

CCM1: Yes. Yeah.

CCM3: Yeah.

Facilitator: .. OK, that's really helpful um I mean so just without without moving on from so to still sorry concentrate on training before I move on to kind of the practice as a Community connector. Did you feel well equipped, so

there's obviously something around not knowing the purpose necessarily, but did you feel equipped to go and have these conversations and to be a community connector?

CCM1: yeah, definitely. I think as CCM2 said, you know we we interact with people every day, I mean through..

Facilitator: Yeah.

CCM1: ..virtue of what we do, we were all without sounding big headed very big, very, very good at it..

Facilitator: Yeah.

CCM1: ..You know every day. But I think that it's just not actually really knowing exactly what we were trying to achieve.

Facilitator: Yeah.

CCM1: Personally, I I found it easy. I went out and I did a few practice with family and friends to be brutally honest.

Facilitator: OK

CCM1: And it wasn't until I started doing a bit of recording, I really started to get my head around what was actually required..

Facilitator: Yeah.

CCM1: ..in terms of the data to put in feed in exactly really, the questions I was trying to answer and you know find out the information for. You know it's not necessarily a case of sort of sitting asking questions having that conversation and..

Facilitator: Yeah.

CCM1: ..sort of digging out what what you know what you can find.

Facilitator: OK.

CCM1: You know, it wasn't until I started doing some recording and a bit of bit of that that I really got my head round it a bit more.

Facilitator: Yeah, that's really helpful, CCM1, Anybody else?

CCF4: I think it's slightly different with us because it wasn't like we didn't already have a job, and then this became part of our job..

Facilitator: Yeah.Yep.

CCF4: ..This. Was our job. This was a new job. We were recruited as community connectors who lived within the communities that we would be working within, so that we could, you know so that we related to the people who live there so that we were already aware of things..

Facilitator: Mm-hmm.

CCF4: ..That were going on within the community, so perhaps that's why our training and that was a little bit different because it was, it was a completely new role.

Facilitator: Yep, Yep.

CCM2: Yeah. It sounds like, yeah. [Talks over CCF4]

CCF4: Yeah, it.

CCM2: Sorry. Sorry, CCF4.yeah

CCF4: Well, that's all right.

CCM2: Yeah, it sounds like by hook or by crook, it was kind of targeted in the right way, if you know what I mean. I didn't mean to sound arrogant when it was like oh bloody hell I don't wanna go on a training course about this.. [laughter]

Facilitator: Oh no, everyone's

CCM2: serious, seriously..

CCF4: No, no, not at all

CCM2: ..But but it whether or not you engineered it this way or it turned out that way was kind of from my own perspective, from my point of view, it was kind of like, yeah, just give me the instructions and then you know, like everybody else is experiences, you're working through something you haven't done before, but you'll get into a bit of a rhythm in the end if you know what I mean. So yeah.

Facilitator: Ok and was there anything in the training, um either the face to face that you received, CCF4, CCF3 or the PowerPoint presentations that kind of impacted the way you did things differently in terms of your practice, was there anything you can? Think of that made you think. "Ohh yeah, I need to think about that. We'll do that differently" or.

CCF4: Not necessarily in my initial training, but we have we, we have a meeting every two weeks with the other connectors. It's..

Facilitator: Yeah.

CCF4: ..called reflective practice..

Facilitator: Yeah.

CCF4: ..so I think. Every time we go to one of them, we're kind of learning maybe new things and new techniques and new ideas from the other connectors who have been doing it a little bit longer than us.

Facilitator: Yep, yep, just a pic-

CCM2: ..Yeah, that's been useful, hasn't it, CCF4? I've got quite a bit of I've had people give fresh ideas and stuff I thought that was really useful.

CCF4: Yeah.

Facilitator: So do you meet as a group like with each other here? Is that the when you said you meet er, every other week to do reflective practice, is that with other community connectors in terms of the Council or Community connectors and voices as in all of you here?

CCF4: No, just the ones who work for the shoe box.

Facilitator: Ju-. OK. But CCM2, have you done that?..

CCM2: Yeah..

Facilitator: ..Did you say?

CCM2: but yeah, but I missed one, but I I I certainly have been to at least one kind of forum um and I think Anicke was sharing it I think and. Um er it was either that or Jo and and and um Yeah, from the point of view of you've been able to say things like, well, how did you approach people in the 1st place and what sort of works and what's not? I I thought they were quite valuable really, yeah.yeah

CCM1: I feel personally I think you know from my point of view I've missed out quite a lot there because originally I was gonna do this with another two colleagues and they both dropped out..

Facilitator: Oh OK

CCM1: ..Various reasons, so I've ended up doing it pretty much on my own.

Facilitator: ok

CCM1: Don't get me wrong, I'm quite resourceful. I'm quite happy doing stuff on my own, just getting that feedback. The reassurance..

Facilitator: Yeah

CCM1: ..perhaps I don't know, I'm just sitting here thinking it might have been nice to team up with a couple of you guys for a phone call or something, or an e-mail just to, you know, I think because my other two colleagues dropped out, I felt a bit isolated with it.

Facilitator: OK, that's really interesting.

CCM1: Yeah. Not quite knowing if I'm doing the right thing, heading the right direction. You know, we're getting the results of having really good conversations and input..

Facilitator: Yep

CCM1: ..but is it the what's required, you know it's having that person to bounce off as well.

Facilitator: Yeah, that's really helpful.

CCM1: (talks over F) And I think, you know, perhaps you know for future reference if anyone is gonna be working on their own or you know they ought to be paired up a little bit or something.

Facilitator: Yeah. Yeah, that's really helpful feedback CCM1, Thank you OK, so moving on then to the kind of more the Community champion role rather than the training, based on the kind of conversations that you've had with the members of the public, what aspects of the Community champions program do you feel have worked well?

CCM2: I'll start off if you like.

Facilitator: Yeah. Go for it, CCM2.

CCM2: This will probably sound at a real tangent to where whatever it is you you are trying to achieve..

Facilitator: Yeah.

CCM2: ..Because I'm working mostly with new arrivals um I've I've met quite a lot of Ukrainians for example, and and whilst they've been at places where they might be doing something, what you might call constructive, like they're, they're in areas of community centres where they're getting referred on to actual initiatives and projects and services. What we've actually done we've had quite a good laugh. So [cough] from the point of view of actually just doing a survey, I think it's just given the impression that you know, we're a nation that cares about what's going on with you and also people have been able to tell their stories. So from that perspective I think it's been quite a nice thing for them to do um but again, I'm sort of going, I'm going back to what everybody else is

saying here, the actual end product of what we were doing would none of us are quite sure what the purpose of it is.

Facilitator: Yeah

CCM2: Yeah that's really, OK. Oh, that's brilliant. Thank you, CCM2. Anybody else got anything to share?

CCM1: But I think personally, I mean, personally I I'm enjoying doing It is good fun to do. And I mean hearing people's opinions and what have you. Certainly I've spoken to quite a number of people I've been able to sign posts on to other organizations or say have you thought about this, what about that but also..

Facilitator: OK.

CCM1: ..you know we reporting things in like a lack of dentists or I can't this, well actually it happened with that data. You know it's quite a common theme that we're experiencing in North Norfolk..

Facilitator: OK

CCM1: .. But you know it's also quite nice as well when you can talk to Mrs. Smith at the bus stop for arguments sake, she says I've got a bit of a problem and I said well. Hypothetically, perhaps you want to ring your landlord, or perhaps you ought to actually ring the doctor again. Persevere and..

Facilitator: Yeah.

CCM1: ..do things you know so I think the signposting aspect of it is very good

Facilitator: OK.

CCM1: and I think there's quite a number of people, you know, probably been able to make suggestion too.

Facilitator: Yeah.

CCF4: I agree with that, yeah.

CCM1: You know, I think that's very important. Yeah. And, you know, I think that's one of the more important outcomes of this. You know, we've got to process the data and get a difference. .

Facilitator: Yeah

CCM1: ..But the mere fact you can come over and think I've actually made a suggestion, somebody what to do.

Facilitator: Yeah.

CCM1: You know, and I actually had one gentleman I mean, he's quite elderly and I mean he came to see me wherever I was the next day to tell me he'd done it..

Facilitator: Ohh wow.

CCM1: ..You know, so I mean, you know, and he said, well, actually I've done this. You know when I spoke to him I think in Alysham when I was doing Cuppa care..

Facilitator: Yeah

CCM1: ..then he came to see me in Cromer the following day.

Facilitator: Wow.

CCM1: So you know, it proves that you know if nothing else, we're that making a difference..

Facilitator: Yeah

CCM1: ..in areas of great reward. Coming out and I was quite chuffed you know, I mean, you know.

Facilitator: I bet. Ohh. Thank you CCM1 and.

CCM1: Yeah.

CCM2: Can I just say CCM1, I mean, that's great to hear I mean what where I think we were in a slightly different position is a lot of the forums where I've been attending, in order to sort of engage with the new arrivals in the 1st place that they've been at community centres or been places where..

CCM1: Hmm.

CCM2: there are other practitioners making those sorts of referrals if you like so, so in a way of focused much more on the surveys, but I do agree that the opportunity was there wasn't it for..

CCM1: Yes.

CCM2: ..For people to actually well we've had this conversation, so therefore I would suggest you do the following so..

CCM1: Yeah, great. Yeah. You know, I'll have a look on the bus. I think I've got a leaflet about hypothetically where to get a hearing aid. Or have you thought of Citizens Advice? Have you thought of well-being? You know,

you're able to. Our bus is full of rubbish [laughs] you know, a real clear out one day that you have got all these things you can actually say. Well, have you thought about Citizens Advice you give somebody a leaflet phone call you know..

Facilitator: Yeah.

CCM1: .. so they can actually take something away and feel actually the time they've spent with you, it's been worthwhile while perhaps we can't give an outcome they can actually go away holding something. Be able to do something.

Facilitator: Brilliant. OK. So we've got kind of the fact that this provided the opportunity to share stories and feel like we care and referrals. I saw a few people nodding when CCM1 was saying..

CCF4: Yeah.

Facilitator: ..about referrals. I think CCF4 and um CCF3 are both kind of going Yep, we do that.

CCF4: Yeah. Yeah, we um we do a lot of sign posting and um [pause]

Facilitator: oh I think you've paused.

CCF3: Then if they want to make friendship groups. Then we'll just sign posts and let him know we've got this that and the other in the community, and that's up to them, whether or not they choose to go um, there's the hidden treasures we call it in our community that are going on and that it's just not everyone have access to the Internet. .

Facilitator: Yeah.

CCF3: ..Not everybody um go to the local noticeboard. So that's us gathering, all that information, what's happening in the community and share them with the the people that would like to know. Um we are forever signposting and, er the community has just literally embraced us. Um and yeah, I've just said I think there's a lot to be said. It's a lovely position..

Facilitator: Yeah

CCF3: ..and we've made really good relationships with a lot of organizations and charities in the area as well. So and they appreciate the community connectors um in just um again spreading the word of what they do so, yeah.

CCF4: People, organizations within the community have started inviting us into meetings.

Facilitator: OK.

CCF4: So they are they can see our value as well and they're utilising us..

Facilitator: Yeah, yeah.

CCF4: ..In in, in in ways that we in the way that we can kind of reach the community..

Facilitator: Yeah

CCF4: ..So we've met with lots of people, lots of different organisations an, we've met with some of the county councillors and city councillors and it's it's all been you know, really positive.

Facilitator: Yeah, that's fantastic and have.

CCF1: It's definitely been power of conversation, I think..

Facilitator: Ok.

CCF1: ..um and and being a friendly face as well, and a lot of sort of like said the elderly, um, they've taken our numbers and e-mail addresses and things and they've now felt like they've made a friend and they've got somewhere and someone to go to..

Facilitator: Yeah.

CCF1: ..And again like the signposting and we've we go around like various community centres and pass on different places and all different things that are on offer where they've never get out to see, that they've never realized these things were going on so, sort of agree with, with you all really on that.

CCM2: That sounds to me like particularly CCF3, CCF4 and yourself CCF1, you've been able to use this project as a way of sort of marketing yourselves and and making more..

CCF1: Definitely.

CCM2: ..connections with different agencies and all the rest of it. So sounds like you've had a pretty positive, all-rounder, yeah.

CCF1: (Speak over CCM2) We've tried to build it into our work life because like I say we're just, we do so many different things. We're not just sort of limited to one thing. We're all over the show so, we..

CCM2: Umm.

CCF1: ..try to sort of showcase it as much as we can to, to everybody.

CCM1: I mean I've found that a really useful thing to do actually, you know, some of the people I've spoken to, I've spoken to them about Hear for Norfolk first and what we do, then gone on about being community champions and what that's about and I've found that's worked really well...

Facilitator: Yeah.

CCM1: ..So I've been able to sort of like yourself, sell our own services and actually pick up a lot of other stuff as well..

Facilitator: Yeah, yeah.

CCM1: ..So you don't think there's been a very much a double thing you know, and that's we've spread the entire thing and organization much further. So yeah, I think it's been a..

Facilitator: Umm

CCM1: ..positive thing to do.

CCM2: What what's been quite interesting um F, um folks, is um given that you've been doing a very broad cross section of the community um and whereas myself and another agency actually work with new arrivals, we we're we're more migrant focused. Um, you may have you'll often hear that for a lot of new arrivals engaging with the authorities in inverted commas is bit of a challenge for us to get around. I I haven't actually come up come up against that particularly, um like I've found um anybody I've approached is kind of happy to sort of tell me the story. But we we do we have an additional challenge there though in terms of engaging the new arrivals, if that makes sense...

Facilitator: Mm-hmm.

CCM2: ...It's quite difficult to actually find a, a a group that's open to discuss things with somebody who looks like you know the- they work for the government or whatever, yeah.

Facilitator: Yeah. Yeah, that's really interesting. I mean, just one of that's one of my questions was, do you feel or find there's certain groups of people or ages or genders that you find particular approaches work well with? So CCF1, you mentioned the elderly have been particularly positive.

CCF1: Yeah.

Facilitator: Is is there any? Anyone else that's experienced a particular group or? [pause]

CCM1: I think we were charged with a 16 to 24 year olds..

Facilitator: OK

CCM1: ..so to be a sort of fairly specific group, I think that's actually been a shame that we were targeted with a specific group..

Facilitator: Right

CCM1: .. because I think we'd have got a lot more out of this if we'd have worked across the ages..

Facilitator: Yeah.

CCM1: ..Rather than sort of being a specific group of people, I mean the 18 to 24 year olds can be quite difficult to dig out.

Facilitator: Yeah, yeah

CCM1: They can be quite formidable group, whereas actually, I mean we've we've carried on recording every conversation we've had..

Facilitator: Yeah, yeah.

CCM1: ..all the conversations across the across the ages now.

Facilitator: Yeah.

CCM1: And you know, I think it's almost a shame that we, you know, perhaps working with specific groups for some people, is good. But I think specific age groups, I don't actually think has been that successful. I think we'd have got a lot more and achieved a lot more if it would have worked across the ages.

Facilitator: Yeah, CCM1, why? Out of interest do you know why you were tasked with 16 to 24 year olds at the.....

CCM1: No I don't know. Haven't got a clue.

Facilitator: Yeah, because it's not necessarily a group that er..

CCM1: No I don't know.

Facilitator: ..any of OK, that's is what, anyone was anyone else tasked with it. No, that's a.

CCF4: (Speaks over F) I think.

Facilitator: Ohh sorry CCF4

CCF4: We weren't targeted with anyone at all, but I think. Mo- most of the conversations we have are, I would say with women

Facilitator: OK.

CCF4: Purely because, a lot of the places we go. Tend to be maybe during the day or maybe to places where women are more likely to. Congregate.

Facilitator: Mm-hmm.

CCF4: So I think that is definitely something that we are looking at and how to, find more men

Facilitator: Yeah, yeah.

CCF4: and chat to more men really and also to find things that are going on for men to, you know be able to to do..

Facilitator: Ok

CCF4: ..And finding things to signpost men to there are a few things and we certainly do that.

Facilitator: OK.

CCF4: But I would say yeah.

Facilitator: OK.

CCF4: Yeah.

Facilitator: Interesting, CCM3 have you found anything the conversations are easier or harder to have with particular groups or different approaches or.

CCM3: No our assessments sort of cover a piece about the the health and well-being. So it's we would we were never given a specific other than we'll only ever really kind of work of our tenants if that makes sense because the people that we come across..

Facilitator: Yeah.

CCM3: ..as such. But yeah, no, we weren't giving us specific, but obviously whatever conversations we're we're logging on to..

Facilitator: Yeah.

CCM3: ..that survey. Or referral system whatever it is.

Facilitator: Yeah. And how are you finding that login service, as the platform whatever that you have to put the conversations in, are you finding that, Quite self-explanatory, easy to use?

CCM3: Yeah, it is. Yeah, I think it's fairly self-explanatory to be honest

Facilitator: Alright.

CCM3: Um I think if anything we could probably I could probably put a bit more detail in at times.

Facilitator: Ok, ok

CCM2: On, that subject CCM3 um what I'm tending to find cos you know I'm working with a more specific group if that makes sense um er New arrivals. Um yeah the vast majority of my respondents have been female, but then um I'm working an awful lot with a lot of Ukrainians so that that would make sense...

Facilitator: Yeah.

CCM2: ..Um but what I am finding is I could write the script because um I'm pretty much entering the same sort of thing over and over again. Which which is fine because it's a survey if that's the answer, then that's the answer...

Facilitator: Yeah

CCM2: ..But um what what would concern me is in some respects, if you're making comparisons between survey results well, you might look at ours and go well, you know, can't you just copy and paste? Um an I and I don't know how that compares to the survey results that you guys are getting cause you you're doing different sectors of the community, if that makes sense, yeah.

Facilitator: Yeah, that's really interesting, CCM2. Are others finding within their communities, they are getting similar things coming out

CCM1: Yes

CCF4: Yeah

Facilitator: You're nodding CCM1

CCM1: Yeah, very much so. I think it's very very similar. And when I looked at the last set of power PowerPoint presentation slides about the subjects we've moulded into that completely.

Facilitator: OK.

CCM2: Uh, I think that's reassuring.

CCM1: Yeah, yeah and again this was a concern I had but when I worked, worked through it and studied it a bit, I thought yeah actually, we're completely on track and in agreement with that, there's very little variation.

Facilitator: OK. That's, how about you CCF4, CCF3. You finding similar things are coming out or.

CCF3: Yeah um, mental health is always been, the biggie and er the increase in the prices of living.

Facilitator: Yeah.

CCF3: Um, but on a positive note people do appreciate the green space that we have in the local area um that are often lot of people say they use local parks and the woods so..

Facilitator: Yeah.

CCF3: ..but yeah mental health rises of living and er trying to make a doctor's appointment.[laughs]

CCF1: Ohh definitely.

CCF3: A biggie, biggie yeah [laughs]

CCM2: That's really interesting for me, CCF3, because um there might be some real cultural differences going on here, because I never hear anything about mental health from any of the Eastern Europeans ever.

CCF3: And I'll agree that may well be that because you know different cultures um express themselves whatever in different ways and er. But yeah er mental health is definitely and the sad thing about it is they're getting younger and younger. So yeah mental health and trying to make appointment or follow up with a doctor's appointment and seeing the GP is um that's mentioned, quite a lot.

CCM2: Yeah absolutely

CCF1: Yeah, we find that a big issue

Facilitator: ooh

CCM1: I think one of the one of the things I've found quite interesting, we were all sort of say ooh North Norfolk, if you go into Holt and talk to people in Holt, go 10 miles down the road to Cromer, but people have got very differing things to say.

Facilitator: OK.

CCM1: It's almost like going in two different cultures, you know not to that you know, but they actually getting very different..

Facilitator: Yeah.

CCM1: ..stories when you go different places.

Facilitator: Yep.

CCF3: Ohh yeah, that may be, that we. Yeah. See, with North Earlham that's an Estate and there's a lot of people we only have a couple of little surgeries. So maybe just over in dated, so but yeah, I know even had conversations today that people said they tried to make the appointment and GP's only go up for the next three weeks and so they have a diary for every three weeks so and so on so and people just trying to you know on the phone for 45 minutes if not an hour trying just even speak to receptionist, let alone make an appointment so.

Facilitator: Yeah.

CCF3: Yeah

Facilitator: ..Oh, it's interesting, CCF1 was that, was it CCF1 trying to say something a second ago.

CCF1: That might have been me. We..

Facilitator: Awh, sorry.

CCF1: ..Just. Yeah, we find the same within our area that getting GP appointment um is just near on impossible.

Facilitator: Yeah.

CCF1: um and the frustration there is just unbelievable and sort of again, the elderly are quite angry about it and they're they're at the point where they ring 111 and even turning up to A&E just to get basic appointment cos they're at their wits end..

Facilitator: Yeah.

CCF1: ..Um and we've also find like isolation as well since COVID, they're not getting out the loneliness, that kind of thing. So it's been good to realize and actually get out there and see what's, what's, actually happening and who's struggling.

Facilitator: Awh, well, thank you. And my final question then is around in terms of the conversations you've had. So we've we've touched upon what's

working well, the opportunity to share stories to refer. But I just wondered in terms of the um Community Champions program, what you felt wasn't working so well um and what could be improved?
[pause]

CCM2: Er I don't have any particular criticisms.

Facilitator: OK.

CCM2: Whilst, I like delivering a feedback sandwich. I can't think of much of a negative.

Facilitator: [laughs]

CCM2: Literally, I just think purely um as perhaps it's just a greater understanding of why the intelligence has been gathered in the first place, you know, towards what particular purpose. But in not knowing that it's not affecting how I'm gathering the information so maybe I just don't need to know. It's like you know.

Facilitator: Ohh yeah, no, that's really helpful feedback. I'm sure they'd really appreciate knowing that. Any other thoughts?

CCM1: I think one of the problems that I'm going to encounter is actually seeking out the people.

Facilitator: Yes.

CCM1: I've done a lot in cafes, streets, libraries, all the rest of it but eventually given the area and the number of people, I'm just gonna run out of people to go and talk to

Facilitator: Yep, yeah.

CCM1: There's only so many times you can sit in the cafe and talk to the staff..

Facilitator: Yeah

CCM1: ..There's only so many times you can go in the library um and I went in the library the other day they said "oh Health Watch was here the other day. We don't really want you in here again". I thought I'm not health watch, but no, they were quite all no "we've done quite a lot of this lately",..

Facilitator: Yeah.

CCM1: ..you know, so be useful to know what else is going on. And I mean, if any, there's another organization, you know, and I sort of see they were sort of signed up to it, but they've hardly done anything.

Facilitator: Yep, Yep.

CCM1: You know, initially like what the other organizations doing, where are they gonna contribute? You know are we missing a trick not going in there?

Facilitator: Yep

CCM1: Then I can't tread on other people's toes if they're signed up to this.

Facilitator: Yep so knowing the areas, and CCM1, do you feel that if it were a different or a wider age group you'd be able to engage more?

CCM1: Oh, definitely, yes, definitely. And again we could use different venues you know when you're looking at the age group we're looking at you know you you're quite restricted where you can go.

Facilitator: Yeah.

CCM3: Yeah.

CCM1: Whereas you know if you extended it by 20 years, I'll find a lot more people. Then you can be sitting there talking in the cafe and Mrs. Smith will come and talk to you because she wants to air her grievance about something.

Facilitator: Yeah.

CCM2: You've had your work cut out there, CCM1..

CCM1: Well I tell you.

CCM2: ..Cause in that age group, you're asking them to come to help you fill out a survey, aren't you? It's kind of like, you know.

CCM1: Surprisingly, most of them you do actually get a very positive response..

Facilitator: Ok

CCM1: ..I've actually had very sort of very little negative response and it's actually been the older folks I've had the more negative response from.

Facilitator: Ah that's interesting.

CCM1: Yeah so it's strange as to how you know, I thought they'd be a challenging lot when you start talking to one of them, about five of them got something to say.

Facilitator: So out of interest, so you've mentioned it, this survey CCM2 and are you using the survey to kind of to fill in as you go or like are you having more informal conversations and then filling the survey out afterwards or?

CCM2: Mixture.

Facilitator: OK.

CCM2: Yeah, yeah, mixture it's really rather depends to a certain extent it depends on the environment I'm working in. Um But I'm, I would say a bit of both although I haven't found that sitting in front of an individuals with a laptop's been a least bit off putting to the people I've been with.

Facilitator: Yeah.

CCM2: Umm I mean, what's been an interesting result that that might be unexpected is um virtually every single person I have interviewed who's maybe let's say for example from sort of the Eastern Europe, go home, for medical treatment..

Facilitator: Oh ok, that's interesting.

CCM2: ..Yeah, I hear that over and over and over again even the dentist, some of some of the people I've interviewed have gone back to a war-torn country, right to get an MRI scan or similar rather than sit and wait for one to happen here. That's been a bit of a surprise to me..

Facilitator: That's really interesting, isn't it?

CCM2: .. And that that's across the board like there's not been a one off

Facilitator: Yeah, Yeah. OK. Ohh, CCM3 and.

CCM1: I have spoken to people I spoke to, people have gone abroad for dental treatment, you know, say just can't get anything here.

CCF1: Yeah same

Facilitator: CCM3, were you going to say something or?

CCM3: No, it's no, it's just acknowledging what CCM2 was saying really.

Facilitator: Yeah. Do you, CCM3, do you fill it more in as a survey or is it more of an informal conversation for you?

CCM3: It [pause] It's part of an informal conversation in terms of because our assessments are already sort of a geared up for around health and well-being as well as finances and housing issues. It's kind of an informal thing and then we sort of pick out a little bit more of that, if that

makes sense. If they mention there's something there, we then delve a little deeper into that and then I'll fill the survey out afterwards, but I'm sort of acknowledging to them that we'll pass that information on if that makes sense.

Facilitator: Yeah.

CCM3: Umm, but like everyone else's kind of saying it's knowing what the end purpose of that is. You know, is there gonna be a change of resources or is it gonna be, I don't know I don't know.

CCM2: Umm, I'd agree with that CCM3 Yeah.

CCM1: Hmm. Yes.

Facilitator: OK. Anything else that you think could be improved? We can feedback. [pause]

CCM2: How much, are the people at the UEA gonna pay much attention to the bits in the survey where you just literally tick a box, like what have you discussed COVID this that and the other I mean I it in terms of sort of being, a qualitatively..

Facilitator: Yeah.

CCM2: ..It's good. Provided you've got the right person asking the right questions in a way that's not, railroading people towards sort of certain answers.

Facilitator: Yeah.

CCM2: So from that point of view good. The quantitative part I think don't bother.

Facilitator: OK, so you just tick boxing, OK?

CCM2: Whatever it is, yeah. Because we could be ticking anything just like I I can't see that that's gonna be of much value. But qualitatively I think it could very well be.

Facilitator: OK, what would I? What do others think of that in terms of when you're filling in the, Um I mean it might be a bit different for you, CCF4 and CCF3. Because you've got, you're filling in a different system.

CCM1: No I quite like filling it all in I find it quite reflective quite useful. And you know, we do the summary so there we know what we've done, who was spoken to. I personally find it quite useful. But that's just my way of working you know? I Yeah I prefer words than numbers and ticks, you know, just my way of working. But I can equally see you know to have a checklist, did you XY and Z, and what did you do?

Facilitator: Yeah.

CCM1: Yeah, I'll just get through tick lists, yeah.

CCF4: Yes, see ours it's not really like a survey. So the form that we fill in is just more of a way of recording our conversations. Whichever way they've gone and we do have a bit on health questions, but if you don't talk about health, in that conversation you don't tick it

Facilitator: Yeah.

CCM2: Umm.

CCF4: So it's it's, you know, it's just much more. Organic I guess.

CCF3: Yeah. We also have a bit at the end um that state, what do you feel could come out from this conversation? And that's always good to reflect back on..

Facilitator: Yeah.

CCF3: ..because that could be, I don't know, building stronger communities networking that could be er future signposting and but we can reflect back on the every conversation that we've had..

Facilitator: Yeah.

CCF3: ..And then we'd be like, ah that links with that links with that and we can put it all together. So I think that's a really good little box to have in our..

Facilitator: OK.

CCF3: Yeah

Facilitator: And what's the title of that box CCF3? So it's a what?

CCF3: Um I think it's er um "what do you feel benefits from having this conversation?"

Facilitator: OK. And is there something? Is there something like that for the others

CCM1: Yeah, but we'll see.

Facilitator: for the there is OK and do you find that useful?

CCM1: Yes.

Facilitator: Other people, yeah.

CCM1: Yes, definitely.

Facilitator: OK.

CCF3: And can you reflect on your previous conversations that you've had? Er the other, no.

CCM1: No, no

Facilitator: Ok, but that's what you find that helpful CCF3. The fact that you

CCF3: (Speaks over F) Yeah, definitely. When we first become community connectors, um obviously again [laughs] we weren't sure what we were doing when it was a new position..

Facilitator: Yeah

CCF3: ..and got out there, and had conversations and then when you start building relationships and that making more conversations and you find people maybe have a hidden talent and not sure what to do with it. We can then go back and think, well actually the library are looking for someone to do this and then we connect them together. So yeah I think it's really good that we can actually reflect on previous conversations.

Facilitator: Hey, that's really helpful. Fantastic. I mean just one, I know I said it was my final question, but I've got one more just before we end is I'm conscious that for CCF4 and CCF3 you are very much within the Community that you are connecting with whereas I know the other individuals here you're working for organizations um, Do you think there's a difference or a benefit of one model over another? I I'm I'm interested in that

CCM3: I want to say.

CCF4: We work.

Facilitator: Oh.

CCF4: We sorry, we work very closely with a member of of Norwich City Council who she is a conversations officer.

Facilitator: Right.

CCF4: And I think she feels very much that sometimes people can be put off by her Norwich City Council status..

Facilitator: Yeah.

CCF4: ..so she quite often she doesn't always wear her lanyard but she will sort of introduce ourselves herself where's for CCF3 and I, I feel like I feel able to walk into anywhere on this, in this community and introduce myself and yes obviously there are some places where we contact people and we set up you know meetings and appointments to chat with people. But really there's nowhere that we can't access because we are part of it. We can walk into the doctor's surgery because that's our doctor's surgery and we can go to stand outside the school gates because the chances are we're gonna know someone.

Facilitator: Mm-hmm.

CCF4: ..Who's standing there waiting for a child and our children have attended these schools in this area as well so I think definitely living and being a part of the community, is of of benefit and people might not see us as we we could be more approachable or less intimidating, and people just kind of think that we get it because we live it.

Facilitator: Yeah, any other thoughts that you know from others?

CCM2: It's a good question. I don't know the answer [laugh]

CCM1: I think from personal experience, I mean I lived in Holt for a while and my partner had a business there and

Facilitator: Yeah.

CCM1: sometimes like this you're saying I I find it easier in Holt cos I know some people, whereas when you go into Cromer that sort of fairly almost cold calling you don't know the people you don't necessarily know the places it is a bit..

CCF3: Yeah.

CCM1: ..tougher. And I think if you live and work in that community, it's easier.

Facilitator: Yeah.

CCM1: Definitely.

CCM3: Yeah, I think there is a difference. I mean, we're trying, so from myself and Sarah's point of view, we're trying to incorporate it something else into our overall day-to-day job, if that makes sense.

Facilitator: Yeah.

CCM3: ..But I don't see it have been necessarily a harder conversation, the harder part for us is we don't have a patch specifically. So for example I'm based in the West which is Kings. Lynn, I probably would have no idea what's out there in Yarmouth. You know but then I might not get

anything out that far. You know, I'll probably go about as far as Cromer and then down the Lakenheath and that kind of area and through the middle there, which if you do a straight line kind of thing. But I think from our point of view, the conversations we can still have those conversations, maybe just not as we weren't employed as connectors, if that makes sense.

Facilitator: Yeah.

CCM3: Specifically for this role.

Facilitator: Yes, it's an added element to your role that, yeah, I can see that, CCM3:.

CCM3: And so it's trying to adjust that. I think from our from our point of view.

CCF1: Yeah, It was building that into your work life of what you're already doing.

Facilitator: Yeah, I can see there's different. Yeah, different models. OK.

CCM2: And I agree with all points there, and it we're in a slightly different set of circumstances when we're engaging with um migrant communities because we're not embedded in them.

Facilitator: Yeah

CCM2: ..If that makes sense but my experience has been when I've been doing the surveys is whilst I got an opportunity to promote the services of New Routes to people I'm meeting, they couldn't care less who I'm working for..

Facilitator: Ok

CCF3: Mhmm

CCM2: ..so in some respects I don't think it, it carries that much influence particularly. Yeah.

Facilitator: Really interesting. Fantastic. Thank you ever so much um just before I close does anyone have anything else they would like to, me to feedback or ensure is covered or?.

CCM1: No, I think that's been really beneficial today and thank you all for your contributions you know, I think it's reassured me and I found it really useful. So, thank you.

CCM2: Yeah I'd agree with that CCM1? Thanks folks yeah.

Facilitator: I think ohh.

CCF3: Yeah, yeah.

Facilitator: Yeah, I think that might be one of our feedbacks is actually to have more forums such as this you know whether online or whatever, so that you can speak to each other um that's been brilliant thank you so much for all of you for participating and I hope you have a good rest of the day. Thank you.

Appendix 2 - Themes and Codes generated from Trusted Communicators Focus Group

Topic Area	Theme	Code
Training	Training Methodology	Aspects of Training
		Power of group based training
		Format
		Survey
		Practicalities
	Flexibility	Work on own initiative
	Training Methodology	Reflective practice
	Collaboration	Link up with others
	Outcomes	Unclear of purpose
		End product unsure
Role	Engagement	Feedback
		Freely engaging
		Perception of provider
		Client centred communication
	Collaboration	Link to other organisations
	Outcome	Recording and relevance of data
	Outcome	Health outcomes
	Utilisation	Role
		Service
	Outcome	Value of Role
	Perception	Value to community
	Target Population	Personal Characteristics
	Outcome	Perception of role
		Motivational Outcomes
		Purpose
Improvements	Implementation	Role Placement
	Engagement/Accessibility	Target Audience assignment
		Shortage of locations
	Methodology	Survey V open conversation
		Reflective practice
	Collaboration	Forums
		Linking with colleagues
	Communication	Hierarchal communication
	Outcomes	Understanding purpose

Appendix 3 – Project Leads Focus Group Transcript

****FACILITATOR OFFERS INTRODUCTION PRIOR TO RECORDING COMMENCING****

Facilitator: Institute of healthy ageing and we were asked by the integrated Care Board to evaluate the um Community voices project. Um and um yeah, that's that's a little bit about me I come from working in the voluntary sector and my role at the university is to kind of try and help bridge the university and the community and it's something I'm really passionate about, and I think this is a brilliant project, so so it's great to be here today. I'm gonna go around this screen and if you could just tell me your name and where you are from, that would be great, so I'll just start with you, PLF1 if that's OK.

PLF1: Of course um I'm PLF1. I'm from Norfolk Community Foundation. Um so I'm a bit of a keen observer today as well, We're obviously working along the the I C with the ICB to administer the the Community Voices Fund.

Facilitator: Brilliant. Thank you, PLF1. And then PLF2?

PLF2: Good Morning all PLF2, the chief exec of Hear for Norfolk, which is the operating name of Norfolk Deaf Association, we are partner in the delivery of the Community Voices Project in North Norfolk.

Facilitator: Yeah, Thanks PLF2 and PLF3.

PLF3: Hi I am PLF3 and um a patients manager at access support migrants in East Anglia.

Facilitator: say that again, sorry PLF3. access migrants, did you say?

PLF3: Access supporting migrants in East Anglia.

Facilitator: Brilliant. Thank you um and then PLM1?

PLM1: Morning everyone I'm PLM1. I work at Great Yarmouth Borough Council and I'm kind of involved with the Community Voices Project, which works in line with our Community champions and our Community Marshalls teams as well.

Facilitator: Yeah. Thanks, PLM1. And then PLF4? [pause]

PLF4: Hi I'm PLF4, I work for the shoebox er we're one of the partners um with er um I I am the coordinator for the team of Community connectors in Norwich.

Facilitator: Brilliant. Thank you. And then PLF5?

PLF5: Almost caught me taking a couple of mouthfuls of my tea.

Facilitator: oh yeah, I'm sorry, PLF5!

PLF5: I'm from um the neighbourhoods community enabling manager at the moment at Norwich City Council and the other half to PLF4 and the Shoeboxes um Norwich delivery on our kind of community voices plus extra stuff.

Facilitator: Yes, that's great. Ohh and PLM2 um who has just joined us. Hi PLM2. We're just going round, um I'm going around my screen just introducing and if you could say your name and where you're from, that'd be great.

PLM2: Sure apologies for the delay. Uh PLM2 CEO the shoe box enterprises so we are the host for the community connectors.

Facilitator: Wonderful. And then PLF6.

PLF6: Hiya my name is PLF6. I work for Hanseatic union and I work in Kings Lynn.

Facilitator: Brilliant, lovely, lovely to have you all here. Um so just to say a little bit kind of as an introduction before kicking off with the questions, um the purpose of today is everyone here has got more of a kind of a leadership role rather than necessarily being the Community champions or connectors on on the ground as my understanding. Um but we want to kind of gain your um experience and feedback on both the training program which will be the focus of the initial part of the focus group, and then actually on the community Voices as a project. We really want to know what your experience is feedback as to what's worked well, what hasn't worked so well. I should say there are no right or wrong answers and we will be keeping the findings anonymous, so I won't be saying things like "PLF1 thought it was great, but PLF2 thought this was rubbish". You know, nothing like that, it's about collating and and seeing how we can improve practice overall. Umm, I- let me just check that there's anymore housekeeping, I don't think there is um has anybody got any questions before we start? No? Brilliant.

PLF6: Nope

Facilitator: Is everybody familiar with putting their hands up on teams um in terms of the just with so many people? If it's probably the easiest way of managing the group if that's OK with you. So first of all to start with training we are wanting to kind of um understand your experience of the training program and I ran a group yesterday with um the Community champions and connectors and I am conscious there are different training programs, that have gone on so that would be great to explore that. But first of all I'd like to know what people felt went well with their training program and if you could start with just telling me

what you're training program looked like, that would be very helpful.[pause] Who would like to kick us off.

PLF2: I'm I'm happy.

Facilitator: PLF2 wonderful.

PLF2: Well, you're right it depends which training program we're talking about,[laugh] So..

Facilitator: Yeah.

PLF2: ..the prerequisite to the training program it shows on whatever virtual platform was used I can't remember probably teams, was the online training which is 2 training courses, people had to um well, virtually attend, which was fine there were pretty standard training, er which people who have access to the NHS portal can guess[sic], and I was very pleased to see that the access was given to those who do not have NHS emails to be able to access it so, if it worked for everyone worked for us because we do have that access was as good. what we could have done probably is maybe have a reflection session afterwards from what we saw online to just talk about it. So probably that was a little gap, and then the second training program was the introduction to champions to the program but of course you have the prerequisite training to do it, um that that is fine. We were party to the sort of um, the the testing it so that's the one I sat in rather than the one that you subsequently delivered. Uh it was all fine, but you did had to have some knowledge of that prerequisite training to be able to follow it up. So probably the gap was between the two of them just to have a little bit more reflection between the two training sessions.

Facilitator: Brilliant thanks PLF2 that's really helpful, PLF4. [pause]

PLF4: So we had a slightly different training program in that um I watched some of the online training and then adapted it for our connectors who were we had a training program that started with um um because we we've been running projects before, so we ran our connector training program and then we added on um health specific responses er and questions. So the really good thing for for our program that I um because I've been delivering it was that we could um, adapt it to what the connectors are finding on the ground, so um it's been quite responsive to their experience um with the er basic overview of the kind of the the health questions, the health approach um and then we can we can adapt the training to, to their needs. And because they're only working 15 hours a week um, that meant small sections every two weeks as part of our reflective practice sessions, which meant further questions could come up and we could discuss it, and and um and then put it on to the next the next time. So yeah, it was quite adaptive to our particular connectors um which I think was really useful to be able to do that.

Facilitator: Yeah, and PLF4 and I heard that that that you had a kind of training package right at the beginning of the Community connectors program as well. Could you just say a little bit about that? I know that's outside of this project, but your experience of what that was?

PLF4: So yeah, that was really um, really useful. So I I was a connector before this this er this particular bit of funding. So I went through that training as the first set of connectors and then I've been delivering it and um it was really, really useful kind of setting up how from the very very basics so, going from how do you start a conversation with somebody?, how do you make somebody help somebody feel at ease talking to you and then moving through that into, How do we um, talk about people's community and um build trust with people um to kind of yeah, we have a slightly different approach in that we're um asking a lot of very broad questions about what people like about the communities that they're part of as well as um the hel- health specific questions um, and and kind of the the building on that as well kind of building confidence with it as well so um you know practice around what type of questions to ask but also then going out and doing it for the first time and then coming back and doing reflective practice on that and we embedding reflective practice in everything that we do. So um there's that ongoing learning at every stage as well so yeah.

Facilitator: Brilliant. Thank you, PLF4 That's really, really helpful. How about everyone else? Wha- What did you feel worked well about the training you received?[pause] PLM2?

PLM2: Er um so just to add to um PLF4's excellent um description of the training, I think the training took a very asset based er approach to work and that was brilliant and I think the fact that the training was kind of um as well as sort of tailored to what the connectors are experiencing as they progressed, we're kind of treated their first sort of 2/3 months as kind of development time so they weren't just sort of trained and expected to have hit the ground running, go out and engage it was ongoing it was kind of um adapted to what they were experiencing giving them time to put what they've learnt into practice and then come back and reflect on it so that worked really well and the fact that the training we worked really closely with um PLF5's team and the community enabling team at city council, and so that training was in effect co-designed with them bringing in their expert knowledge around asset based working and..

Facilitator: OK.

PLM1: ..drawing on lots of really good resources that are sort of available um around that area of work so, I think and I think just the just the basic stuff is just kind of the relaxed approach, erm Our connectors have really highlighted that they found the kind of relaxed um informal approach from literally the recruitment stage right through to training,

the mentoring the fact that they were also buddied up. So they worked in pairs um to put what they're learning what they've learned into practice, and I think that also created opportunity to reflect further on the training and and how it was working in pairs.

Facilitator: Brilliant, thank you, PLM2, Can I just check is that more around the training that you received as community connectors or was that also the case with the Community Voice when you received the additional funding, what what did the training look like specifically for that part?

PLM2: PLF2 will be best to answer that, but yes, I think she took the the the fundamentals of that approach and it and the same way..

Facilitator: OK.

PLM2: ..for her for for introducing the other elements of the the training through the Community Voices project. But PLF2 you might wanna add to that.

Facilitator: Brilliant.

PLF4: Yeah um yeah exactly that we took the same approach, um but um embedding at the the aspects of the the health training because I I went through the online course and then erm applied that to in person um workshops and smaller smaller sections, so that the connectors weren't sitting through lots of online um course, but um then we're quite, were doing doing small sections erm to reinforce some of the stuff with the same as what we were doing um in terms of person based approach and things like that, so we were um, doing refreshers but then health specific erm er, responses like how how do how do we respond when people were talking about health, how do we make people feel comfortable around talking about it or how do we ask follow on questions and all that sort of thing..

Facilitator: Yeah

PLF4: ..And then very much in response to what they were coming up and again they were buddied up, we have reflective practice um alongside that so we can be very adaptive to what they're coming across in the community as well.

Facilitator: Fantastic. Thank you, PLF4. PLM1 What was your experience?

PLM1: I just from my side but I really liked the flexibility of the training so that we were able to to tweak it because they obviously everyone's got a slightly different approach and a slightly different organization so, from our side of it in Great Yarmouth, we're lucky that we had our community Marshalls to do a lot of the Community voices work and they already had some of the training and the had some of the MECC training. So we were able to almost take the bits that they needed so

that they were able to run with the Community voices program but not teach them something that they already know and having that that freedom was really handy so that you weren't um say repeating stuff they already know and you're able to get them up to speed and then get cracking with the work as soon as possible.

Facilitator: Really helpful. Thank you PLM1, how about you, PLF3? What was your experience of the training in terms of what would you say worked well?

PLF3: I think for our team it was great to er have the opportunity to access er NHS er training er because they kind of had the flexibility of er picking the topics and er doing it in short sessions and also it has been really useful to have the training about how to start er conversations er, because when er clients are coming to us, to our drop in sessions it's a lot easier to have the conversation because they they are familiar to our services and they were really open, and but when we did the outreach service, it was er a lot difficult[sic] to start the conversation so it has been really useful for us to know how to ask the follow up questions to make sure that clients have, er that people have more trust er when er we approach them err on the street or at the shop, yeah.

Facilitator: Yeah. OK, Oh, that's really helpful. Thank you, PLF3. And how about you, PLF6?

PLF6: Um because we were we do similar work with PLF3 actually and our clients get used to us. So it's quite easy for us to approach them.

Facilitator: OK.

PLF6: You just properly introduce yourself and you carry on having conversation and what I like about it we always have outcome of it. It's not just moaning someone[sic] about it, but we can help them with it.

Facilitator: Yeah, apps- and how did you find the training that you received?

PLF6: Our training was fine actually, because I I like that thing with this really[sic] flexible as well. So you do on your own pace and on your own time. So it's handy because we all work different hours different shifts and stuff like that.

Facilitator: Brilliant. Thank you, everybody. And then what do you think didn't work so well, so PLF2 you mentioned about that you there wasn't the opportunity so much for reflective practice? Um is there anything else?

PLF2: Well, no its not that, not that it was bad I was just thinking about connecting the two. The online training we had,

Facilitator: OK.

PLF2: ..which it was very helpful and then when we were doing the the still online but face to face the people involved in that[laughs] if you see what I mean, probably we could..

Facilitator: Yeah.

PLF2: ..have just reflected a little bit on what was learned online and how we may apply those..

Facilitator: Ah

PLF2: ..and in the project that's all I'm talking about. Yeah, yeah.

Facilitator: OK, I see what you mean. Brilliant. Thank you. Does anybody have any anything else they feel that didn't work so well that could maybe apologies that I've got. I'm looking after my friend's parakeet if you can hear all this singing bird going on in the background is actually a TickTok Famous bird er with 2.5 million followers so I'm desperately hoping I don't lose it, so I hope you're enjoying this song. You can hear um if you can [laughs] Yeah. What what? hard to concentrate.[laughs] And what do people feel um yeah and if any kind of feedback we can give as to what didn't work so well. [pause] I Ah PLF4 Thank you, it's always good to be able to give some feedback.

PLF4: Sorry, I was going to, but I did that and then I need to. [adjusting window blind] Can't see what I'm doing um..

Facilitator: OK, no problem.

PLF4: ..I found with the online training um I was because we'd already established an asset based approach. The online training um some of it was, although there's, theres quite a lot of crossovers um there was quite a lot that that were that wasn't kind of asset based and using the language that we were. We've been um using for quite some time, so there was a little bit of disconnect um so er like around, um and particularly, I can kind of understand it because particularly around the health settings that um something, something's wrong with somebody, there's a deficit there, you need to need to fix it. But in our approach what we see is that people are, everyone brings something to their community and they are assets to their community no matter what, so um those that was a little bit at odds and how we then could bring the two together, so I was really pleased to be able to adapt it for them. Also one technical point was that um some of the videos had music behind them, which was really, really hard [laughs] um to concentrate with it just a couple of the videos from the online training.

Facilitator: That, that, that type of feedback is really helpful. Thank you, PLF4, PLF5?

PLF5: Who's going to say some of what PLF4 said, But she said it's so much more articulately I'll just leave it at that. Um but there were some training sessions early doors that I think were quite confusing about who they were aimed at. I'm, I know we got invited and and I'm kind of PLM2 and I are more the sort of strategy and not delivery and we were kind of invited to these meetings and the pitch of them it wasn't quite clear if they were being pitched at the actual volunteers or at those of us running the projects, and if it was pitched to those of us running the projects, there was some degree of sucking eggs involved um, and but it was probably just because it was early doors and they weren't quite sure who they were aiming and what the, what that relationship was so maybe just a bit of clarity on that difference between I guess project management and strategic stuff versus the on the ground delivery and that kind of lovely happy middle ground that exists between the two would have been really helpful.

Facilitator: OK. Thank you, PLF5. Um and do you feel that the Community champions, connectors were well equipped after the training d- do you feel that, you know, did you get feedback that they felt equipped or? [pause] Got some nodding. PLF2?.

PLF2: Well it depends because er it depends what we mean by that. But err generally speaking from our perspective we put in place people, who were very good at Community work anyway so they already had the skills so the training just was giving us a reminder and a top up. Err so um yes they are, but I don't know what would have been if we get somebody who really never done[sic] that kind of work so really difficult to reflect on that. Yeah

Facilitator: Yeah, thanks PLF2, PLM1?

PLM1: Well, yeah, my point it's very similar to PLF2, is that I think a lot of the people who would do this type of work kind are community minded anyway and have that skills to have those conversations so, I think the training that we had was really relevant to just give someone like the background behind the community voices so they could share that with people to try and say right we need your information because this is where its going. This is why it's important so from our side of it, it was completely adequate in a good way adequate so that they had enough that they could do it and still had the freedom in order to manage those conversations and they weren't, you know, sort of told how to suck eggs and talk to people, because that's they already had that skill set.

Facilitator: Yeah, brilliant. Thank you, PLM1, PLM2.

PLM2: Hi um yeah uh, similar view to PLF2 and and PLM1. But I just add to that that with specifically with their health side um, even before PLF4, I think, and correct me if I'm wrong, but before PLF4 introduced the elements of the training from the the the Community Voices Project, health er conversations were coming up incredibly strongly through the

conversations that the connectors are already having. So they were already having those conversations I think it's maybe er top three sort of areas that are coming out as conversations at the moment, so I guess it's about they were having those conversations already, er PLF4 will be able to kind of confirm that through the reflective practice and check ins that she does that they felt um potentially better able to facilitate and respond to those conversations, but certainly we took approach of kind of like it it's developing their framework so that that they can kind of draw on for constructing those conversations and kind of navigating their way through those conversations because the approach is so broad that connectors take in terms of they aren't asking specific questions, health related questions that anything can come up that conversation so to have that knowledge base to to draw on as they need to to kind of have those conversations as was helpful, but PLF4 what do you want to add any more to that.

Facilitator: Thanks PLM2.

PLF4: um we've had had some very positive feedback from our connectors in terms of the training and support that they've been having and the two are linked to the training and support like, the way that we do it um because they're part of reflective practice because it's part of the check-ins that I do every week with each pair um that there, if there is an issue, if something comes up that we can run training on it. And we can run we can, We can then adapt and um um to particular issues that come up um, so having those spaces er um has been really handy to to kind of talk with them as well. Um, one um one thing I had I had ,sorry I forgot to say this with the previous one at a little bit of a critique on some of the the online training was that there wasn't very much about the um err social determinants of health in the online training, and that is what our connectors were seeing every day was the social determinants of health because they're in community, already, so they're having conversations in parks in in coffee mornings and in those spaces that are, so the social determinants of health were what people were seeing all the time, and therefore the the training that I could provide and and adapt to was around those social determinants of health a lot more than um the online training necessarily was.

Facilitator: That's really helpful. Thank you. PLF4, did others find um that also um was a was kind of slightly lacking from the training around the wider impacts? [pause] PLF5?

PLF5: I suppose in my mind the training is a good sort of scene setter, but I think there was definitely value in the way like PLF4 ran that in terms of stuff just keeps coming up differently. I think if we'd have tried to empower them with absolutely everything they needed all in one go and you know we've been analysing the trends that have been coming out of the conversations and they have changed over time. So all of a sudden if at the beginning you're talking a bit more about health all of a sudden there's a lot more about the cost of living. Actually we need to

be able to constantly iterate with those people that there are different, sign posting different things they might want to learn and and it almost feels like it would never be finished really because you can't know everything that's going on in the community so it needed to be, sort of basic upfront project and and kind of skills development, but then at a local or kind of coordinated level, just that constant what's come up for you, let's look at that specifically and it seemed to, from from my guys perspective what they fed back about was it seemed so much more relevant when they were getting training based on a real life example, that had come up. It felt more real at that point.

Facilitator: And I'm I I haven't seen the training package was real life examples actually part of the Community voices training that was online or was that more afterwards that you're having those those conversations?

PLF5: Those examples are more afterwards so..

Facilitator: OK.

PLF5: ..you know actual specific conversations, I think from memory it's going back a long time in my brain and there were probably like, you know, examples of Mr X comes forward with this, what might you do with them, but they weren't real. They were just kind of story examples.

Facilitator: Brilliant. Thank you, PLF5. Um and just one final question around the training. Do you feel that in the training it was made clear as to what the purpose of Community voices was? Do you feel people understood why we were doing the project? [pause] PLF5?.

PLF5: Sorry I just want to break the silence um..

Facilitator: [laughs]I like that.

PLF5: ..I think I think we struggled because to a degree we were almost at odds with the the Community voices like thing, there was a lot of talk about, you know, we're doing this around rebuilding the health system, whereas we've taken quite a broad approach that we've done a lot of negotiation with our lovely colleagues in health for them to trust us enough that we could take that broader approach and still get the health message...

Facilitator: Yeah.

PLF5: ..So I think it was quite difficult for us because we're deliberately being obstructive, um that actually we almost sometimes I think had to unpick some of that messaging because we're like, yes, we know that's what the funder says. But actually when you translate that into practice we're gonna be doing it differently.

Facilitator: OK, great thanks PLF5. PLF2?.

PLF2: Err now from our perspective that's fine. But then we had conversations er with our Community Champions so, and they sort of come from healthcare background. So they did understand the remit of it quite easily yeah and how it will be used, yep.

Facilitator: Brilliant. Thanks, PLF2. How about you in PLF3, PLF6?

PLF3: Um we have quite a lot of clients will with health issues and er I think that they felt quite happy to share the information about the barriers which they are facing with er NHS and it gave them er a great opportunity to share er, their er issues with er our uh Community Champions. I think it was a clear for them what is [sic] the purpose of the conversation is.

Facilitator: OK Brilliant, thank you. And PLF6 do you have anything to add?

PLF6: I think the positive way to think of is we all think it will improve..

Facilitator: Yep.

PLF6: ..That's why we're collecting this data and people are quite passionate about it and our champions are passionate about it..

Facilitator: Fantastic

PLF6: ..so as long as we have a good output of it, I think that's brilliant

Facilitator: Brilliant. Thank you. OK so now moving on to the actual community champion role and err again looking at what's worked well and what maybe um could be improved around that. Based on the conversations that the Community connectors and champions have had, what aspects of the program do you think have worked well? [pause] PLM1?

PLM1: Um I don't know if PLF2 has had her hand up a little bit before me.

Facilitator: I think that was an I think.

PLF2: It is a legacy one, sorry.

Facilitator: Thanks PLF2 [laughs].

PLM1: Legacy one ok, I know wha- I didn't want to step on anybody's toes. Um I think from the Champions side of it having you know, building on their skill set and their sort of trust that they already have for their people and doing these in the trusted spaces and it it's given them, I know our champions are slightly different but it's given them something different to do so our champions we have an existing champions that we asked from from COVID to do like you know promote vaccinations and giving them something different but also a way that we wanna use

you to inform wide system change and get this information to the people who will actually you know be able to, empower change left them feeling quite kind of empowered in a little bit if you go, "you're good at this". This is why we want you to use this. This is why we think your ideal for it. And this is where the information's gonna go, it was a bit of a yeah, quite empowering confidence boosting for them to say, you know, we want you to do this because you're going to be really good at it.

Facilitator: Fantastic, thank you, PLM1 um PLF5?.

PLF5: As you probably know about me, I'm slightly obsessed with data um and I, think there was something that the strength of this program for me is is showing the the, the huge value in qualitative data over quantitative data. It's hearing real people's voices being able to put real quotes into things and an we've been doing road shows on the kind of data that we've collected. I mean we've I think got close to 1800 conversations and not just funded from this project but funded from some other projects with connectors as well. We would never get that sort of um response to a survey or a consultation that we put out, not in a million years. Um and actually we're now starting to see we can take this information to other parts of our of our Council, we can take it to other parts of the healthcare system and everyone, and everyone looks at it and instantly sees the value and instantly goes. "Could I use it for this?" And it's like, yes, the answer is almost always yes.[chuckles] And actually it's so many people have gone, we've we've never really done this qualitative side of things because it is so hard because it's really hard to analyse it's really, really hard to collect, It takes a lot of resource. I think what we've proved is actually we combine our resource and do programs like this, everyone across the system benefits and doesn't have to do other things. So in my mind it's the perfect crowdfunding model to say, we should just be doing this all the time [chuckles] If everyone puts in a little bit, we can all use the same information so it's been hopefully game changing in the long term.

Facilitator: Fantastic. Thank you, PLF5. As a qualitative researcher, you are, yeah, absolutely up my street. Thank you. PLF2?.

PLF2: Yeah er, apart from the fact that it enables us to elicit information contributions from people towards the development or improvement in our healthcare service, er I think what it also works very well is that in our case the the Connectors is they do have very good knowledge about the support available. So when people are saying I'm struggling at ABC and D, literally on the spot they can say have you tried ABC and D or we suggest you get in touch with whomever, so the the positive part of it is not just asking but also giving people the support, there and then um so yeah, that that's probably the the highlight of the whole project that er you can do both at the same time if you have the right people, the right knowledge, hum.

Facilitator: That's fantastic. Thank you PLF2. PLF4?.

PLF4: Err in a similar way like, um like, there's the shorter feedback loops, so there's the data that's going in but there's also the shorter feedback loops with the connectors on the ground, because they're embedded in the communities that they're from those communities. So they're embedded in them that they have these shorter feedback loops that are also cos what they're picking up in communities is not only, issues and things that are are concerns for people but also a lot of community responses and Community solutions to issues that people have come up as, particularly around isolation and loneliness, but um other things as well so they're kind of community solutions that are there already and that level of sign posting um as well, like they are able to sign posts to hyper local erm resources that are there for people, that that has been um a major thing as well as the information as well as being able to say this information. Actually, going somewhere is actually, there are people looking at this. The connectors are found that really useful as well so, yeah.

Facilitator: Absolutely fantastic. Thank you PLF4. And PLF1 I know your role is slightly different in terms of the more funding side of things, but what have you felt that has worked well about the program?

PLF1: Um I have to ad-, (have I moved my mic down), From our point of view erm as with some of the other projects that we are working alongside the ICB on, its looking at different ways of working together rather than that really traditional kind of funder recipient type relationship um so that's obviously very different to to what other people are sharing but erm its certainly a learning for us as well um to be able to kind of work together and look at working together in different ways.

Facilitator: Fantastic thank you PLF1, and I assumed you weren't necessarily involved in the training,

PLF1: No..

Facilitator: Is that right?

PLF1: ..yes, no I'm completely ignorant to that so its really interesting learning um what kind of , what people have been through and kind of the different elements of the project as well um so no I I haven't seen or participated in that in those early stages

Facilitator: Brilliant ok thank you PLF1 that's really useful feedback..

1 SECOND BREAK IN TRANSCRIPT

Facilitator: ..um that people felt worked well, PLF3 and PLF6 particularly or PLM2, sorry .

PLM2: Yeah, I was just going to say, I think the opportunity that with with the funding you know and obviously because it's broadened out with with the health focus through community voices is encouraged more collaboration, networking especially with the connectors on the ground level as well, they're you know they're linking in with health visitors, GP surgeries with the the new well bus and things like that so kind of and that's opening doors and it's also having starting conversations. We've had feedback you know from people like Health Watch for example wanting to have chats with the Connectors about the types of, how they approach having conversations and uh and and and how you know and how they're getting the types of responses that they're getting so, that kind of shared learning that was kind of broader than their initial remit, but it's having a knock on effect for for the whole sector. So I think that's a positive.

Facilitator: Brilliant. Thank you PLM2 and PLF3?.

PLF3: Um I think for our team it was also [sic]good learning process about how to improve our um, health and improve our clients health er health services as well, because we through the training and through the access to different resources, er we had the opportunity to improve our services as well for our clients, er and um, also by identifying the most er common issues er usually which our clients are facing, usually due to language barrier[sic], I think it would be great that we will er have the opportunity to change er to improve the access to health services er for our clients.

Facilitator: Brilliant. Thank you PLF3 and PLF6?.

PLF6: Well I think we are in the same shoes with PLF3 actually cause the most of our clients have language barrier..

Facilitator: Mm-hmm.

PLF6: ..Some clients don't even know about existing services so we are on the right foot with that. And I I honestly though the only thing I I'm passionate about is when I see people faces they can make a change[sic]. So I think that's amazing.

Facilitator: Awh fantastic Thank you, PLF6. OK. And then the final question then is what you feel um hasn't worked so well in terms of the Community champion project or Community Voices project? and where I guess where we could make improvements moving forward? [pause] er I think PLF5 was just there first, so I'll I'll go to PLF5.

PLF5: I really just gonna make a comment that it's quite hard for us to to kind of comment solely on the community voices because we did pool that money with a lot of other money. So I'm really conscious that you know a lot of other people in this room had a lot less funding than we did. So we were able to do quite a lot more because we had, I think another

150,000 that we sort of crowdfunded and put into the pot for it. So it's always felt quite difficult to compare and contrast because we had the luxury of quite a lot more than other people did within that.

Facilitator: Yeah. Thanks PLF5. It's important for us to ensure that we try and pull that apart. Thank you, PLM1?

PLM1: Um Just to I think everyone's everyone's kind of done it in their own different way which obviously you know plays to the strength of the organizations but perhaps, if there was er almost like a SharePoint or something where people could say "right I did this and it worked well here" or you know with PLF3's organization and they're reaching to like migrant communities we could borrow something from there. And I think also er I know it's been talked about in the past with health, but like a you say we did so we could actually say because of a conversation that happened in, somewhere else that actually now this is changing so that you could use that to then almost sell the idea of more community conversations moving forward.

Facilitator: Brilliant, yeah, I think that's a great idea. Thank you PLM1. PLF2.

PLF2: Yeah, err very much on the same line as PLM1 I do think we need to start soon demonstrating what has changed as a result of us asking the questions or at least what's in the pipeline, and the other thing I already discussed with err um with the ICB about the fact that it was very geographically very narrow, in a way where we were and we're now that we talked to people because we're delivering it through Cuppa Care project which is project aimed at reducing loneliness and isolation, Big part of that[sic]. So we have presence everywhere in Norfolk and we're getting some very rich data from other conversations. But of course they are not from the two areas necessarily which we are covered or funded under this project so, I already asked if it's possible for us to actually extend those conversations err and other areas um Which hopefully it will be because the same actually from those conversations it looks similar problems are across the spectrum of geographical locations so um, it'll be just good to involve people from all localities rather than just few [sic]. I know the reason why we started where we started, er but probably it's time to think and move into covering err bigger reach because an end of the day, the healthcare services will affect the people living in Norfolk and Waveney not just in certain pockets so it'll be good to just make sure that we incorporate those.

Facilitator: Really helpful. Thank you PLF2. PLF5?

PLF5: I think building on both those points is I, I think cause of the limitation of the funding being technically a pilot and only a certain time limited amount of of delivery. What we've certainly found is when you're taking so we you know we took connectors who weren't community professionals and it does take a long time to build up those skills and

equally if you're going into an area you don't know very well it takes you time to build the trusted relationships with those people who are going to talk to you then properly, um suppose reflecting on PLM1's point we've all done it differently. And there's such huge learning across the board and, value in combining data and how we kind of look at those trends over time and see what's happening. But, I don't think we could have in this program have started off on that foot unless it had say been a 5 year project, We were confirming a bunch of partners, we put a lot of work in mobilization up front to establish how we were all gonna, you know measure you know things in a similar way as we could. But I think potentially though we've still got the opportunity to do that if they were funding available but I do think it needs to be, as much as we can longer scale projects because Community resilience takes time, and there's always that worry and I'm seeing nodding round the table when you, when you when you take a kind of 12 month program you always have that niggle in the back of your mind that actually if you build a sense of relationship in a community especially a community which has been deprived or has been marginalized. If you then leave that community after 12 months and there's a cliff edge you will always feel guilty about that. And actually you can end up doing more harm than good in those communities if you build them up and then that you know support isn't there anymore. So I guess that's probably it always in the back of my mind and I'm assuming probably everybody else's that it's difficult to work in communities in short spaces of time.

Facilitator: Really helpful. Thank you PLF5, one thing you mentioned PLF5, was that you your I know your project in particular has to use non community professionals to be the Champions. Are there any other organisations here where you've used or trained up people that are within the community rather than people that already maybe work for your organization or, or something like that? Has that occurred in other organizations? [pause] No, so it's it has been people that are already engaged. OK, that's really interesting. Do you think there's any benefit in it in somebody being a not[sic], you know, a non community professional? Out of interest. [pause] PLF4?

PLF2: Probably, sorry..

Facilitator: Oh, sorry No that's good. I'll come to you next PLF2. I imagine there's different views depending on which organization, which is really helpful to pull out, PLF4.

PLF4: I I think with our um approach it's um it has really helped not having professionals but um people who are, were embedded in their communities already. Um and it has really really helped build that trust and build that trust very, very quickly um, Because people see themselves reflected in our community connectors, in a way that if it had been a healthcare professional or you know even with me like I I fit in the city centre where I used to be a connector because um but if I

went to Mile Cross which is where we have connectors now, I wouldn't, I wouldn't get the quality of information that's coming through, I wouldn't have that trust with with that community um, and because, because these are um people who have, real skill in conversation and being able to talk to anybody naturally in a way and that we could build on that build on their skills build on their knowledge of their local communities, um, that we could start with real strength from from that point in um and because because we also not we're working for a social enterprise as well we didn't have the barriers that um maybe some organizations might have had saying that that Mistrust of authority in that because it was easy to say, like to say we, "we work for the shoe box" um and and therefore that that broke down some of the potential barriers from from that kind of angle as well.

Facilitator: Brilliant. Thank you. Just one second PLF2 I've just the PLF3 has just popped th- No problem PLF3, Thank you so much for coming and attending. That's great and hope to see you again.

PLF3: Thank you.

Facilitator: Take care. PLF2?.

PLF2: Actually, I was going to completely complement what PLF4 was saying..

Facilitator: OK.

PLF2: ..yes, I do think that's quite a good model and it's all about trust and knowing how to hold those conversations and understanding your community very well, from but I guess is much easier [sic]achievable for people who already do community work, as some organization for example Yeah. From our perspective, of course er core work is not that at all. But what we do have is that we register charity[sic] and we do know how to talk to people, they will engage with us. Much quicker than probably somebody from the ICB for example of just give it as as an example, so we didn't have the problem with engagement and people will have on the ground are pretty good at having chit chats is difficult to stop them rather than to start them type stuff [chuckle]. So I think it's it's a little bit depending on who the partner is and what their core function is and but I do think having people from the local communities talking to people in the local communities is a is a very good approach. Yeah.

Facilitator: Yeah. Thank you, PLF2, PLF5?.

PLF5: When we when we first kind of started looking for funding for connectors. We had a program before this one with connectors. It was I suppose one of our other outcomes we were hoping to achieve was A. to get people who weren't into paid work or who were, you know, underemployed. So that was a really big thing for us to be able to offer

a job to someone who wasn't already in the sector, and also it's really difficult to recruit in the voluntary sector and in local government and everywhere else at the minute. So actually by building the skills of more people, the idea is kind of like and PLF4 is perfect example started as a connector. Went "Ohh. She's amazing" and straight away was a coordinator. It's finding those people who actually will be the next generation of people who will fill those roles that at the moment the voluntary sector can't fill.

Facilitator: Thank you PLF5. How about you PLM1? Because I know in terms of Great Yarmouth, how have you found um and that's worked for you.

PLM1: Umm, I think it's work. It's worked well here locally. I think we had a slightly different approach because we have, we always let's say we had an existing Community champions project um who are volunteers who, sort of it came from COVID and then from COVID we had our community Marshalls who were paid members of staff. So we tried to approach it in a partnership so, for the Champions who were willing to do some of the community conversations on their own and had the time brilliant. And they were able to do it, We've got champions at support at bereavement groups and age groups and er Vision Norfolk and they said, Yep, fine, it gives us something to do when we have our coffee mornings. But for our Marshalls because they were paid members of staff, we had a bit more control we could say, right, we want you to do some work at our GRT community or at you know our version of access which is GYROS, to you know support them. So I think that the freedom to tweak the program to do what you want with it and use your own local insight was really useful. And then but I do think being able to share that with other organizations would be a better way to do it moving forward.

Facilitator: Brilliant. Thank you PLM1. PLM2?.

PLM2: Yes, some great points. And I really like that point PLM1 has just made about the the freedom to adapt is that that for, for the Community absolutely essential, but just triggered er some learning it is going back some time with with some of the connectors. But one of the things that we found build on case point around recruiting people who maybe don't have as much relevant work experience but have the mindset, the skills, the attitude. was that obviously there's an element there in, in supporting them to develop those skills within the role and that was probably underestimated at the beginning at what stage these people are coming in and just basic things like digital skills kind of just expectations of working, working in a work environment so um so its I'm not disagreeing at all with the approach it was, it really has its benefits, but just recognizing that come with that comes additional support that's needed. But you know I think that is hugely outweighed with the benefits of that approach umm, as PLF5 has said and err the connectors themselves will say it's been transformational for them and

that's not over egging it that they really have said that I'm sure they said it on their sessions with you, so yeah.

Facilitator: Brilliant. Thank you PLM2, Fantastic. Well, that's all the questions I've got. Has anybody got any other feedback that we can include in in any shape or form around the Community voices project that you that you'd like to ensure is fed back? [pause]

PLF2: I think it's a good project and is a way of engaging patients and actually er sort of building on what healthcare they're going to get. I'm talking patients now because of my day job, so forgive me [laughs] the the the people in the in the community, yeah, so so I hope it continues actually er and it extends to the whole of Norfolk and Waveney, yeah.

Facilitator: Brilliant. Thank you PLF2. PLF5?.

PLF5: From a very practical perspective, if there's any way of streaming down the partnership agreements that ended up being 90 pages um that took me an entire day to read, that would be lovely. And I guess there is there's something in that red tape thing for me is when we're working with voluntary sector organizations, they don't have the time to be reading huge amounts of really jargony paperwork and actually the simpler we can make that the better. I mean, we took the 90 page partnership agreement and distilled it down to, I think PLM2 I gave you a two page um partnership agreement that reflected everything but was appropriate to the situation. So I think minimizing red tapes', brilliant but completely agree, you know this is for me this is the way forward. This is something that actually will contribute to every system we've got across Norfolk and Waveney, health, social care, children's. And actually it's a really cost effective model when it's split out across all of those systems. So if there's any way that we can champion that that we can show as a group of all of those things that we've learned, um and it probably would have been useful to have some of these sessions not evaluation but in the midst of things and actually get together and share some of this Intel and what we've all been up to. Um so that we could effectively at the end of it have collectively presented a really good case for why we should continue working like this and how we see the future plans of this as opposed to all of us going away and developing our own future plans of what it might look like if we got more money, the strength in us all coming together would have been incredible. So my plea to all of you is why don't we do that? Let's get together and then have a chat about what we want to propose back I guess to the system, given the amazing work that's been done by everyone.

Facilitator: Brilliant, That's really helpful. Thank you PLF5. Er PLM2?

PLM2: Sure, I feel like I need to say here, here PLF5, that was very passionate and well, yeah, well, so I'll just just reflect other things that we haven't managed to quite er er well, just complete I guess as

part of the the the development of this project and that the areas that we're still working on. So one one of them is about er equipping the connectors with the skills to be able to use the data the stuff that's coming out the insights to be able to understand that and kind of communicate that er effectively back to the community and I think that's really important because certainly we've we've done some interim sort of training with them, introducing them to the the insights hub that we've got kind of helping them explore it and they've been involved in shaping that. With with their feedback um around kind of language and all of that so that's that's been really positive. But there's definitely a skill there about kind of yeah just understanding data being able to communicate it back. We're alongside the the continued capturing of those stories and again using those to to inspire the community and feed that back so that's just it's just a timing thing really we're just there's been a lot to do with the project and we are sort of getting to that part of it got some good ideas, but it will be really interesting to see how that shapes up.

Facilitator: Brilliant. Thanks PLM2. Anything else before we close? [pause] No, well thank you ever so much. It's fantastic to I I was involved right at the beginning of this project and it's really great to hear everything that's happening and to hear your feedback about it. So thank you so much for your time and er I hope to see you all again soon.

Appendix 4 – Themes and Codes generated from Project Leads Focus Group

Topic Area	Theme	Code	Further Sub Code
Training	Training Methodology	Asset Based Approach	
	Training Delivery	Target Audience	
		Tailoring	
		Adaptation	
	Adaptation	Online Material	
	Training Methodology	Training Time and Implementation	
		Adaptation	Reflective Practice
	Training Delivery	Using Practice Based Scenarios	
	Personal Attributes of Trainer	Intrapersonal motivators	
		Client Communication Skillset	
Role	Practical Application	Flexibility	Delivery
			Fidelity
	Utilisation	Building on Skillset	
		Model	
	Communication	Intrapersonal Benefits	
		Interpersonal Benefits	
	Engagement	Knowledge of Community	
	Outcome	Recording & Relevance of Data	
		Improve services	
		Collaboration	Share with other organisations
Improvements			Combine resources
	Approach	Overall Programme Model	
	Outcome	Project timelines	
	Funding	Programme Model Allowance	
	Training	Delivery Style	
	Assignment	Enabling Wider access, Geographical access, Target Audience	
	Engagement	Knowledge of Communities	
	Collaboration	Working collaboratively	
	Outcomes	Working Practices	
		Data Utilisation	

Appendix 5 – Management Team Focus Group Transcript

Facilitator: Um so if there are any questions um before I start. Otherwise I just thought it be helpful just to run through and ask er people to just introduce themselves and just for the sake of um Lucy in terms of analysing this if you could just say a little bit about what your role has been in terms of the project and um the training, that would be fantastic. So are there any questions before I start? [pause] No. Brilliant well, I'm [Facilitator]. I think I know most people here um, I'm a research fellow at er Norwich Institute of Healthy Aging and kind of particularly interested in the more qualitative research so this project is really of interest to me. MTF1, can I ask you to go next?

MTF1: Yep, Hi everyone ,er MTF1 um what's been my role so I guess this this project was kind of my fault with MTF2 we'll take the blame for it because um we wrote the bid for it um and turned it into something a lot bigger than what we were actually bidding for um , so er yeah, so I was involved from the start in terms of trying to get some investment into the system to scale up some of the work that was happening in Great Yarmouth, um linked to the vaccine inequalities oversight group and the vaccine work that was er going on so, um so, yeah, wrote the application with MTF1 to NHS, to draw down the funding. And then I guess I've been working really closely with Rob, um on the kind of strategic development side of it. So trying to understand where the kind of scope is for the future, how we might fund it erm support business case etc while supporting the rollout from a Great Yarmouth perspective. But to be honest they're fairly self-sufficient over there because they've got so much capacity in and investment I've been able to sort of leave them to it. So a very light touch from me from a kind of locality perspective, but more involved in the project development side of things.

Facilitator: Brilliant. Thanks MTF1, on to you MTF2.

MTF2: I [coughs] oh my voice goes straight away Um Hello. Er so I'm MTF2 and I'm prevention policy manager um in public health at County Council um I know everyone here so I don't know why I said that, but um essentially I er supported the development of Community Voices on the basis that, we could see that there was er a gap that we could potentially fill. Urm and I think that the vision um is definitely becoming the sort of thing that I think we we were hoping and anticipating um, seeing so my work around inequalities er this very much fits with it because we're you know targeting er groups that might not necessarily have access or might have barriers um to accessing services.

Facilitator: Brilliant. Thanks, MTF2. MTF3? [pause]

MFT3: Morning. So my role in relation to this project is primarily I was asked to sort of take a lead on developing the training materials for this pilot phase. Umm so I've been doing a lot of training delivery um for all the organisations that we brought on board and um supporting then with the sort of ongoing engagement with the Champions, so um doing some monthly drop in sessions, so they've got a chance to catch up and um have an opportunity to raise questions and getting a an e-mail address set up for them potentially to use to contact us to raise queries, um and also then er sort of leading on the er delivery in the West as well...

Facilitator: Brilliant

MTF3: ...Yeah, that's probably the main stuff I think.

Facilitator: Great thanks MTF3, MTF4?

MTF4: Hiya, so yes my role in this has been um I think initially it was starting out kind of getting the evaluation kind of set up and and sort of established, but then it's sort of morphed into sort of um working out the IG side of things for this project. Erm cos obviously, it was quite a unique project really um so just trying to figure that out and now it's actually looking at um obviously at the next steps and the business case, but the what the IG implications have been sort of starting to have conversations about how we can make this project accessible to as many people as possible. Erm so so yes that's been my involvement in the kind of that the project development side of things, but also then leading on the development um for the north delivery erm with local organizations.

Facilitator: Brilliant. Thanks, MTF4. And then MTF5?

MTF5: Hi, I'm MTF5. Erm I'm part of the communications and engagement team at the ICB. Um I think my role in in the project has been some um quite just some basic comms really sort of around the website, website content and an helping with the setting some of that early doors stuff. Um, but I think I kind of muscled in really in and aligned myself, because one of the visions for our people and communities sort of following erm the start of the ICS was was around an insight bank very much thinking around that qualitative space that you're interested in Anna, um and looking at sort of, um, being aware that there's a lot of information already out there about what people think that affect health, that when we go out as health professionals to ask people what they think about health, it's often the least effective way to get that information. Umm so umm that uh, and as the community voices sort of information started to come in that that you know it could grow into an insight, bank beyond, beyond even sort of you know what's planned for it under under the this current project, so, we've we've found a tiny bit of money to to put towards that, um an NHS England was sort of

looking at taking us down a kind of a citizens panel route they were funding for citizens panel and we bid for the money and we said we don't really want a citizens [chuckles], we want to do this. So they gave us the money anyway, which was quite nice of them so erm, yes I at that, that's kind of my, I've I've the yeah been kind of in the background, um to help out.

Facilitator: Lovely. Thanks MTF5 and thank you all. OK so the first kind of focus. If we could um initially just consider the training um and the rollout of the training, that would be great and then we'll move on to the program. So first of all, I just wanted to ask you what you felt worked well with the training program and why? [pause] Who's going to start us off? MTF2.

MTF2: Can I start, I was gonna say, can I quickly start before MTF3, who had the oversight of it um to just say that from the public health perspective, what worked really well was working in partnership to um try and make sure that the work that we were doing around are ready to change work would be aligned, as well so I feel that the work that community voices is doing, erm linking in with ready to change means that we'll have consistency um er across our, different organizations but also across the skill sets of um frontline staff around asking health questions. Um so we tried to make sure that MTF3 was linked in with um the people who know about behaviour change within public health.

Facilitator: Yeah, thank you, MTF2. MTF3 would you like to go next? [laughs]

MTF3: I know. I feel like I've got a bit of a conflict of interest here. [chuckles] Um gotta back myself. Um so what went well? Um, So I think we've been able to be pretty flexible, I guess at this stage because we've had quite a small number of organisations. I feel like we've been able to offer quite er a tailored approach to each organization, so, in some cases I've gone out and done face to face sessions if that's what they wanted. Umm, I've been able to, edit the materials that we've got to suit what time they've got available or what the interest of the organisation was so I think we've been sort of fairly flexible on that front. I think probably um a development area for the future um is that from the behaviour change point of view, I think. I think there's more we could do on that front um as a non sort of behaviour change expert myself, there's a limit to how you know we can share the sort of main concepts that have come through the modules that we've been able to get people to do. And I think that's been good it's been good to have those um health education England modules that we can just directly point people to they've been freely accessible. That's worked for people. I think we've had a bit of feedback about how um accessible they are for some of our champions, which is probably something we could do a bit more work on but I think having those available for everyone to access was quite good. And knowing that they're sort of well developed and um they've been very carefully thought through, is helpful, but I do think

I think um, people potentially it's it's interesting because the Champions have not really wanted to engage too much with practice conversations and very umm, anything that feels too much like role play. They've they've not wanted to get too much into discussion debate, I don't know whether that's to do with the training being online and there's something about the online format that makes people a bit more reticent, um to engage in those sort of things but I have found people have been really keen to get all of the information about how the project works and understand the background. um and talk about, you know, reporting and all of those practical elements, but then actually the the discussing how you get the best out of the conversation, they've really just wanted to sit and listen and not to engage too much with it. So I think that is something that could be developed with the right person that is confident um in, in debating about that and getting conversation going around that.

Facilitator: That's really interesting.

MTF3: So that's probably what I say and other things that have been good they've really enjoyed the drop ins um because they they could have been hit and miss and it it's not training per se, but it's ongoing opportunities to share learning so being able to use them as an opportunity to feedback where there's issues with the reporting for example or um but they've been really really keen to hear um what's happening as a whole, you know so how much feedback we've had back what some of the themes are um who's managed to to deliver how many conversations they've been really really engaged with that um and, progressively every month they're becoming more and more vocal, sharing ideas um sharing issues and seeing what's going on in other areas. So I think that has lots of er potential I think as a support mechanism.

Facilitator: Brilliant, Thank you, MTF3. Does anyone else have any feedback on what you felt went well? [pause] Oh, MTF1, are you-

MTF1: I am muted. I am muted, Um, I think MTF3's done an amazing job at bringing that theory to life. So the kind of. The MECC training you know that you can get online, the online sort of more robust training if you like. I think ticks a box doesn't it around the kind of theory side of things and the kind of very evidence based approach, but what that doesn't necessarily do is bring. Yeah theory to life. It doesn't necessarily give the opportunity to have practical conversations about how you practically implement it and get that kind of learning and and feedback from each other, so for me there there's a gap I think. Potentially filled by voices um in, being able to transition from just to kind of the the kind of more academic training side of things into practical delivery it feels like that that gap is needed to be filled um that we need to have something in place to support people to implement. Um because just

doing the training in isolation, particularly when the training isn't accessible as MTF3 mentioned for certain groups necessarily you know we have had some feedback around that that the online training, the behaviour change and literacy and the, isn't you know we're trying to work with those groups that experience inequalities we're trying to build champions within those groups, um so you may have issues there with literacy, with English not being the first language, etcetera, etcetera. Um so accessing online training isn't necessarily going to be the best way to support people a around that. Um I think the feedback loop has been really important. So in the drop in Sessions MTF3's done some really good um feedback from the analysis of the conversations so that we can actually um highlight kind of the aggregation of what people are hearing um and feed that back so that people can see that something's actually happening with what they're feeding back and what we are doing is er particularly for those champions that existed before this project. We're asking them to change the way that they work a bit because they wouldn't have historically fed their conversations back to the system. So we are asking them to add an additional layer of work into what they're doing and something quite administrative that could be seen as a burden. So I think the fact that we're able to then show them what that looks like, what that means, and hopefully in time being able to articulate what we're actually doing with it so that they can see what they're doing is and what they're feeding back is actually making a difference. Hopefully, it makes that burden of having to do some additional admin, worthwhile. So I think the feedback loop and being able to sort of show and highlight that and as we develop that feedback loop up more. Um you know, I think hopefully that will um reaffirm the role of the Champions more so if you're volunteering particularly, you want to be able to see that what you're doing is making a difference, like if you're giving your time, you want to feel like that time is valued, that there's a benefit. Um so I think the feedback loop to champions is really important for that.

Facilitator: Brilliant. Thank you, MTF1. MTF4?

MTF4: Um It's just on the, I suppose the development of the training. I think from my perspective what was incredibly useful was actually the ability to do a bit of a test run with the project leads and actually then get the feedback so it kind of, cuz I appreciate this, this entire project is a pilot in itself. We're trying to figure out whether or not this approach works and evaluate that so that for me was really, really important and also in get sort of trying to, I suppose, create some ownership from the project leads there and get the buy in really, really early on. And I think that has helped..

[MTF5: *and how it supports the wider system now and in the future*]

MTF4: ..Umm so that the feedback I've had from the project leads in north is that they felt actually that they were able to contribute to the project as a whole, which made them feel more confident and more comfortable in their delivery as well. Um but also just the I think from a project team perspective um engaging us in the delivery of the training, um which obviously is incredibly helpful for MTF3 [laughs] because otherwise it would be a lot to do on your own that was really helpful because I think we all felt a lot more confident in what we were asking other people to do. Umm so I think they're just there was a bit of a knock on effect there. So I think it kind of having that kind of real sort of minute level detail involvement at this at this point in time was incredibly important.

[MTF3: *agree wholeheartedly - the feedback loop will be essential moving forwards to motivate ongoing engagement*]

Facilitator: Brilliant. Thank you, MTF4. And so what do you feel? Didn't work so well you've touched upon accessibility. Um and the language. Are there anything else or any other areas that you think maybe could have been done better or or should change in the future? [pause]

MTF2: Is it worth saying that the capacity is is an issue that it's not? Um is..

Facilitator: Capacity of uh delivering the training.

MTF2: Well, it's an ad-. Yeah. So it's an add on to what MTF3 already does.

Facilitator: Ok

MTF2: Umm. And actually in terms of er sustainability, and in terms of ensuring that um everyone is is like new groups are trained and new individuals are trained. I I'm not sure how sustainable it would be in the long term.

Facilitator: That's really helped.

[MTF5: *train the trainer model?*]

MTF1: If you were going to, if you're gonna scale up, I think it would become problematic. You could probably say that about the whole of the voices program, to be honest, and not just the training element. But we need program management now, It's getting to the point where if you're gonna roll out this pilot, I think as a pilot it was manageable. We probably weren't going to be able to sell this as a business case. Early doors, we needed to have something tried and tested. Um but it does need if we're going to scale up and maximize the opportunity if you like, then I think we would definitely need more capacity so that it has worked because MTF3's made it work and everybody has made it work in terms of the training. But I think capacity is is an issue. And I think capacity has been OK from the other end, though MTF3, hasn't it I mean, most people have attended the training we've not had too much in terms of difficulty pinning people down for the training they've made

the space for it in their diaries. um and we have talked about a train the trainer type model in the future where we maybe train people, for example in the districts to deliver the training out, to, so I think there's potential with that to sort of develop the training a bit more just to get around that capacity.

MTF3: Umm I mean some some of them have done that already, Great Yarmouth. I only trained their lead and then they've, run with it and taking the materials with a bit of support, MTF1, I think?

MTF1: Yeah, I know. But what I guess what I'm not clear on um is and maybe it will come out of this evaluation, maybe it won't, but what we haven't asked for, which I think we would need to in future is build in any monitoring around that training, so in terms of James then going out and training his champions, I'm not sure how much of that's actually been done, how many he's actually trained and whether he's gone through the full training pack or just sort of top sliced bits and pieces that are relevant and is that a problem you know ultimately if they're covering off the other bits elsewhere, so I guess. there's a potential quality we we know with the training that MTF3's delivered that there's been consistent quality and It has been consistently delivered, I guess as soon as you outsource the training, for somebody else to deliver, you potentially lose, um oversight of the quality so I and and that's not to say James wouldn't deliver a high quality uh training session. We just don't know and we haven't built that in really. So I think you know that's something if in the future there was that kind of train the trainer roll out sort of model or some kind of kite mark that we developed then it would need to be wrapped up in some kind of quality standard to make sure that there is consistency still with how people overseeing the training.

[MTF2 : *but the capacity to design the training would still need to happen*]

MTF2: That links to my comment in the chat around the capacity to design it, because what what in monitoring and in developing, that that's where that you know that the capacity needs to be because you can train people to deliver it, you know across the spread, but you need someone to have the capacity to develop in the way that MTF3 did. We all input it into it. So there's what's the word, the front end bit..

Facilitator: Yeah ,yep

MTF2: ..takes a bit of time.

Facilitator: Brilliant. Thanks, MTF2. MTF3?.

MTF3: Yeah, I had quality assurance on my list for future development as well as MTF1. And so I and I can see from the drop in sessions the Champions are quite hungry for feedback on the quality of what they're putting in. Um and I don't think we've had the time or the brain space to

sit and look at all the feedback we've had and analyse specifically is this helpful is what they're telling us here, what can we do with this? Can we usefully use this to inform policy, or, you know, identify changes that are needed to services or communication messages that need to go out. I don't think we've done that um we've had a look through, we've done a bit of analysis of the feedback that's coming in and and how we might report that through to other bodies, but we haven't specifically looked at the quality of what they're saying and how they're saying it, um and they would like feedback on that so, I think it would be useful to think in the future about how we could do that. Um just routinely take a look in at what some of the Champions are feeding back and give them some tips about actually, if you would have said the specific practice that would have made what you gave us more helpful because then we we could spot patterns and maybe work with that particular provider, to to fix some things that we're seeing if that makes sense.

Facilitator: Yeah, absolutely.

MTF3: And I think probably in terms of training...Again, a capacity issue. We probably would have hoped to have delivered a few more webinars and got our you know, there is a lot of work going on with we're nearly there with having you know, a resource webpage and things there that we promised to our champions but obviously it's quite late in the day, so. Um I think that's all still an area to be refined and added to and which will be really beneficial. But yeah, we probably haven't quite delivered as much as we would have wanted to on that front.

Facilitator: Brilliant, thank you, MTF3. And do you feel that the umm, community champions were well equipped and ready to go after receiving the training? Uh MTF3, you touched upon that that some liked the kind of more theoretical but not necessarily the role play in the practice. So do you do you think that that they were ready um going out or, ooh MTF4?

MTF4: Sorry I I think um I think there was that it definitely varied, but certainly from my experience, so for example the projects in the North because they were having these kinds of conversations as they're kind of da- in their day-to-day roles anyway, they felt perfectly comfortable having a slightly extended conversation and just fitting in the governance around how they had to have the conversation, etcetera and reporting back, and actually they were they were very relieved to finally have a mechanism to start feeding some of that content back. So there was there was great confidence there and I don't think. That, you know, had a few questions about, you know practicalities that kind of a thing. But I I think um there was definitely, you know being perfectly comfortable to crack on and I think that was maybe a pattern we saw across the piece where the people were who were having these kinds of conversations anyway felt really, really happy just to crack on and and do that and

which is kind of why we approached them or those those particular organizations or projects where approached, because actually it could easily become part of their business as usual.

[MTF2: *That's such an important point - helping existing professionals*]

Facilitator: Yeah. Yeah, absolutely. Thank you MTF4, MTF1?

MTF1: I think that's the premise of the model really, is that you're going with trusted communicators that already have relationships. So I think there was a danger and I don't think we did it, but there was a danger that you potentially teaching some to suck eggs a bit, you know, actually this is um they could probably teach us a thing or two and that's been the joy of the drop in sessions is that you can share that learning. So I think we had to be really careful and mindful that we weren't going in, and I know how MTF3 handled that training initially, you know was very much to be mindful of that, that actually there are people in the room that do this on a daily basis that work with these groups on a daily basis and, probably the bit we were teaching them were just the kind of IG and the mechanisms and the how you feedback rather than, and maybe wrap a bit of kind of theory um around it that they maybe didn't have associated with the way that they worked so. .

[MTF4: *it was handled incredibly well. Capacity in these organisations to get started has been a little bit of an issue in some cases.*]

MTF1: ..Um, for me I think as long as we continue to work on that premise that you're working with organizations that already have that trust, I think the challenge will come um and and I know that in Great Yarmouth they haven't done a huge amount of it yet is they've got a volunteer arm of their community champions model, so they've got their paid martial workforce and then they want they've got their community champions. Now they are people plucked from the communities that we are looking to work with and probably have less um of a kind of um remit if you like, in in the day job to do that and I think there might be more training needs with that type of model and I know Norwich City Council, whilst the model they've been working with us on the pilot has been paid workforce, they are really keen to do some of the sort of more champion as Great Yarmouth have done um approach and I think possibly MTF3, I don't know if you've had any of those like champions that are more volunteer would imagine there's a slight difference um in terms of what their needs are.

Facilitator: Brilliant Thanks, MTF1. Yeah, that difference I think has emerged in the other groups, um MTF3. Ohh, no, sorry. I think MTF2, you were next.

MTF2: Um just to follow on from the comments, um around existing community groups erm some of the conversations that I had during the COVID vaccination program were with voluntary sector organizations

who had a lot of knowledge about the communities but very little knowledge around health um health questions and support around health overall. So from that perspective, I think because this came out of the vaccination program, er one of the clear gaps was the skills of voluntary community sector organization. Uhm er, where volunteers and paid staff, they might focus on things like immigration advice or debt advice or, um you know, community sports, but they wouldn't necessarily um have been trained around health and health outcomes. So again you know just to kind of reinforce what was said, this is such a critical part of it so building that capacity in the voluntary community sector.

Facilitator: Brilliant. Thanks, MTF2. MTF3?.

MTF3: Yeah, I was just going to really reiterate um what MTF4 and MTF1 were both saying, which is, I was probably surprised, I guess because a lot of the Champions that we've trained in this phase have been professionals working for voluntary sector organisations or housing associations or whatever. Um they've just, they've just wanted to go, They've kind of wanted us to get out of the way. They're like, yeah, yeah, yeah. We do this every day. We know what we're doing this, you know just gives us a framework for doing what we've already been doing. Um so they really didn't want, they didn't they didn't feel the need. They felt really comfortable, more comfortable than I would have expected them to, I would have expected them to feel a lot more nervous and they were just like, yep, yep, we're good. We're good. Let's go. Let's go. Um So yeah, they they seem to have been comfortable very quickly, um the only thing I would flag um, Norwich have been a bit, obviously everything they've done has been a little bit different and they very much wanted to control how they approached training because they had some concerns around the type of volunteers that they have and what kind of training would be most beneficial for them. .

[MTF2: *they've got a lovely webpage*]

MTF3: ..Um I've struggled a little bit to get feedback from Norwich about what they're doing and how they're managing that so I've had some conversations with their lead, but I'm actually not very well cited on how that's gone um and how far they've got with that, which is probably something we need to pick up is where they've got to with their training program for champions, because I'm not 100% cited on that. I'll be honest.

Facilitator: Thank you, MTF3, MTF2 I saw that you put a comment in. Yeah.

MTF2: Umm, so they've got a web page. Umm. Which I've asked for a link to cause I went to a recent meeting um around the whole of their community conversations, which included some of the health um

conversations as well and I haven't had the link, um but just to add to that as everyone knows I had strong reservations about the Norwich model because I thought it would be, marching to the beat of its own drum, is that the right phrase? Um so it doesn't surprise me, it's difficult to get some information back, but from what I can see they are. [cough] Excuse me ,in in the process of of publishing that information so.

(MTF6 and MTF7 Joined)

[MTF7: *Sorry I am late, just joining from another meeting.*]

[MTF6: *apologies I did email that I would be late (very late)]*

MTF1: The database they've created for the actual feedback of the conversations. It is excellent, like we are looking at it now to see if we can um align in the future in terms of the actual mechanics of analysing the conversations and feeding that back on a live data portal, which is probably what you've asked for the link to MTF2 cause you have to have a sign in. Um it's really really good. Really good. Um I mean, obviously that's not cover off the kind of quality of the training side of things, but actually you're seeing health come up, although they're not leading into their conversation with health. Um and they've managed the training slightly differently. It's coming up in about 1/3 of the conversations anyway. Umm, are kind of health matters, so it's which interest me you know, I'm thinking well, you don't even without leading in to have a health conversation. It's coming up in one and three um at least. So but it is that yeah the the quality of the actual database that they've built the Insight Bank if you like is is excellent and hopefully something will be able to use in the future from a voices perspective but I think the training bit for me if we had an agreed, sort of consistent training package. Um, that our partners including Norwich, bought into where you could, you know, come in and out of the training I think would be really, really helpful in the future so that you're clear that there's consistency in the way that it's being delivered so I think some kind of quality standard or quality assurance, scheme that we could run even even if we do a train, the trainer model where the districts actually deliver the training themselves, we still need, as, as MTF2 said, someone to ensure and manage that quality standard internally um and we need to think about how that lines up with ready to change, which is the behaviour change MECC type training that public health are developing and I think wrap it all up into one package moving forward.

[MTF5: *there is a public facing site - get talking? [Get Talking Norwich](#)*]

[MTF1: *like someone observing the training?*]

MTF3: And to be fair, to be fair, um you have really positive conversations with Norwich and um I didn't have any queries about um, that they would do a really, really good job with the training and delivering that in the

appropriate way to their champions. It's just that I haven't. I haven't heard any updates about how they're getting on because we sort of agreed the areas that needed to be covered. They were gonna draw up a program and share it so we could see how they were progressing through that through the pilot phase period and I just haven't had any updates as to where they are with that. Um MTF7 might have done it might just be that they haven't come back to me, I don't know.

Facilitator: OK, brilliant. Thank you, MTF3 and welcome MTF7 and MTF6. No problem about being late. Um I knew that that was going to be the case and no problem. Um we've just been, umm, we've just been starting to discuss um training and just conscious of the time. I'm now going to move on to the actual project itself, looking at what's worked well and maybe what hasn't worked so well. Um MTF7 and MTF6, if you have any um particular er points to share in terms of training of what what you thought worked well. Or not so well, if you could e-mail myself, um that would be fantastic afterwards. Or Nikki, just to let us know um that would be fantastic. OK. So in terms of then the actual um community champion role, the project, what do people feel kind of worked well about the program? [pause] MTF4.

[MTF7: *I agree the training need to be quality assured and be MECC focused. I also feel some clinical over view of the package is needed as part of that assurance process.*]

MTF4: I think the um the local focus for me was really, really important. The ability to actually tailor what was being delivered on the ground in each locality, um as we know Norfolk and Waveney is vastly different wherever you go so so for us that was um, I think that's really helped us, er I suppose, shape a focus, particularly in the North, but also then be able to identify and work with some smaller VCSE organizations that perhaps wouldn't normally get a look in with these kinds of projects. So umm so that was yes I think that that for me is probably a big, big big bonus.

Facilitator: OK, brilliant. Thanks MTF4. MTF1?

MTF1: I agree with MTF4. I think that fact that we've um enabled local flexibility to deliver or build on what they were already doing as in the Norwich model and the Great Yarmouth one because they already had these approaches in pipeline so we've been able to flex it. I think the key thing for me is to view voices as a suite of infrastructure moving, we're providing the infrastructure to enable this um type of delivery to happen moving forward. So that being a training package an Insight Bank and an ability to feed the conversations back and the web resource, um and if they're the things that the system, if you like, are committing to maintain so that we can enable some consistency in the way that these types of models are delivered but allow for the local flexibility that's needed then I could see us being in a position long term

where you could almost, get the partnerships at a local level to take ownership of the rollout of the project so that it really does build on, what assets are available at a local level or what VCSE partners are delivering at a local level, the way that the districts deliver, etcetera. So I think the development of the infrastructure and the processes, the IG, which has had its downside as well. But the IG side of things and understanding how that all works and the mechanics of it, I think that, provides a really strong foundation to then scale up a project moving forwards. Um, so and I and I think starting small um and having a focus on a couple of key areas rather than trying to do everything all at once, but just focusing on you know access to healthcare COVID vaccination, I think there's scope to have much, much bigger conversation through this network of champions, but I think keeping it really sort of structured to begin with and and small and bite size I think has been actually quite useful because we've been able to test all that different infrastructure out.

Facilitator: Brilliant. Thanks, MTF1. MTF4, I think you were next.

MTF4: Yeah. So it was just actually just MTF1 mentioned the word flexibility, which I actually really resonates because that's what part of the feedback I've had from our particular projects in the North and it may well be the same for others is that they've really valued the flexibility of this project, and actually the fact that it's been a a work with us to develop this and to work out what the terms of their delivery are etcetera, rather than it be just very prescriptive and actually say this is what we want these are the targets etcetera. It's they found it a really enjoyable process.

Facilitator: Brilliant, thank you, MTF4. MTF5, I think you were next.

MTF5: Hi, yeah, I think er absolutely echo everything that's been said, particularly the sort of the, the, the idea of the structure of the building, the the structure. But just seeing the start of something that could potentially um link up er people like district councils, you know, with our engagement program and having that kind of um maybe that literally on the ground sort of door to door feedback that can, um affect strategic planning potentially if we can yeah, and routinely have that, that voice sort of being channelled in front of decision makers erm, which is sort of part of the the role we have to do and being able to work you know effectively you know in a structured way with district councils, VCSE, people that we've usually sort of quite struggled to work with in that forum.

Facilitator: Brilliant. Thank you, MTF5. MTF6?.

MTF6: Yeah, again, without repeating what everybody said I think sort of having that kind of very much place based locality kind of infrastructure being developed, which is quite a little bit different in each locality. And

I think that's enabled it to to evolve and grow in those localities, certainly working around what the needs of the populations are and I think um, I think for me there's something about linking in what are the common things that are coming to so we as anything that we perhaps are doing at place that we could potentially do at scale from some of that voices work so, informing those pathways as a future and how we need to develop so I think that's something that we can take forward, and I think this has been really how helpful for this to develop in the way it has in order to get some very insights into those common themes coming out. And I think part of that is again that ongoing kind of support to develop those community you know connector, champion roles really and what their needs will be in the future, you know we might need to consider some kind of um needs analysis for them as to what would equip them and skill them, you know and develop that going forwards. I think there's some other bits of work that we're not necessarily linked in with with this so MTF7 and I and and Raj, who's not here our Comms leaders will start to do some. Work with groundswell and pathways, London and respective inclusion health groups generally and insight and and and input and I think there's some other work that we could build into this going forwards that we haven't done so yet, but I think there's still opportunities to do that really.

[MTF7: *I think also this project has helped support other projects. Especially for Norwich where some specific themes have been pulled out and has influenced the possible services onboard the Wellness on Wheels bus.]*

[MTF4: *flexibility does have its downsides of course (should just say that) Same here]*

Facilitator: Brilliant. Thank you, MTF6, MTF3?

MTF3: Hi um so alongside um the locality focus being helpful. I think it was actually really helpful to have a really clear target population in mind, so the fact that we started with vaccine and we could look at the vaccine data and see where uptake was low, see which population groups were low. I think that's been really helpful to have that focus and know who we're trying to reach. So we've been able to be really specific about who we're working with..

Facilitator: Yeah

MTF3: ..So I think that's been really key. Um I do I thought it was probably fair to mention NCF as well. So I think they've been really helpful, in terms of just making that administration of getting people on board quite easy and quite painless.

Facilitator: Yeah

MTF3: The only thing I would say on that front is some of my organisations didn't really didn't particularly need money. So I've almost had to force them to identify money that they can have just so that I can push them through that NCF process so, probably worth thinking in the future about. How we did how would how do we deal with that? How do we deal with some organisations that need lots of money to enable them to participate and reach a particular population group and some that will do it for free and yeah, how how we enable the processes to accommodate both of those and think about fairness and all of that stuff..

Facilitator: Yeah

MTF3: ..And the final thing I wanted to say was I think um having named individuals that are the contact point for organizations was quite helpful as well. So how you do that when you're starting to get bigger and there's more organisations and there's more work...

Facilitator: Yeah.

MTF3: ..I don't know how that works, but I do think it's helpful to people to know 'Oh I'm in the north, MTF4 is my girl, If I've got a problem I go to MTF4 and she's a friendly face', she's not just an unknown generic email address that I'm not convinced is actually gonna come back to me and I know that something's gonna happen if I raise an issue, so I think that's important.

Facilitator: Brilliant Thank you, MTF3, MTF2 and MTF7 have you got anything to feed back in terms of what you felt, went well with the program. MTF2 , you ohh sorry.

MTF7: OK, OK. We are too keen. And so I put something on the chat around, I think this obviously. So I I'm from the Norwich locality and we've done it slightly differently, I think what's worked really well is the way that they've analysed the data is actually helped to um support some of the projects I'm involved with. So I also lead on something called the Wellness on wheels, which is a sort of um it's a bus that has a range of services targeting our health inclusion groups and our deprived areas um and some of the feedback we've got has given me, further consideration for further support so with the cost of living crisis, there's been things around, you know, affording their bills, knowing how to access benefits, et cetera. Um so with that, we've been linking with the District Council to see if they can come on board the bus and see how they can support when we go out and see these communities, so some of that information has helped, sort of um expand our other some of the other projects I've got ongoing so.

Facilitator: Brilliant. OK, thank you, MTF7. MTF2?.

MTF2: So I I don't belong to a particular locality most of my work has been around the the set-up, um so I've taken a step back um I'm keen to er come back in for the evaluation and the er next bid process. That so, I mean, obviously I I listen in and I know that um the relationships between health and the volunteer community sector, um which I know existed before, but because of Covid and um because of this Community voices program, I believe has been strengthened significantly.

Facilitator: Brilliant. Thank you, MTF2, MTF3?.

[MTF2: *I'm keen to understand the themes from the population health level so we can look at the issues at scale that need it, not to take away from local responses*]

MTF3: Umm, I just thought we should probably if we're talking about things that have worked well and things that maybe needs to be developed um it's probably worth mentioning the reporting process and the tool that we've used for that. So I think that has, done the job. If you like for this pilot phase, there are definitely some improvements that could be made there. I think I'm probably the person that's attempted to do the most analysis today for the just for the purposes of feeding back to our champions as we go along and also there are there is increasing interest which is great we're getting lots more interest from,so in my locality, my local team, you know local partnerships, they want to see what's coming out they want to understand the themes. And I definitely think we need, you know, obviously MTF7 pointed out that Norwich have got a really good system, so we need to learn from that to help us with with that analysis and obviously hopefully you guys will help us with that as well. So that we can meet all those kind of um ar- points of interest. Um there are some basic things in the in the survey tool as we've got it set up. For example, the Champions I have fed back to them about this, but it's continues to be an issue then it's sort of they put feedback about different issues all over the place. So if you're trying to do thematic analysis about health, you'll find comments about health, not just in the health section but in the broader. Umm, broader topic section and in the vaccine section so really to get a full picture you need to go through all three, which is quite a lot of work. So I think in the future we need to make it much easier for them to understand what goes where, just so that thematic analysis is a bit easier.

Facilitator: Brilliant. Thank you, MTF3. Um so that's one area of potential improvement. Um what other areas do you think could be improved or kind of what areas do you feel didn't work as well with the program, to date? [pause] MTF1?

MTF1: Capacity, probably I know that came up with the training. I suppose we very much..

Facilitator: Yeah, capacity for the project as well as the training.

MTF1: ..Yeah. Yeah, overall capacity, I think um I mean, we've definitely been building the ship while we've been sailing it and I don't necessarily think that's a bad thing because I don't think you could do otherwise with the project like this it's got to kind of evolve as you um, develop it, but we've had to like chunk it I guess with different people take, which we've made it work, but in an ideal world you have to have someone that holds the ring on all of it. Um that could really develop this and I think that's where it's got to go for the future is that we need an overall, nominated program lead for the project that has a responsibility for all the different aspects and the development future development. So you know, I think we work well as a team so it has worked we've you know we've we've the chunking out. Um but it is an add on to the day job for everybody in a lot of ways. So you know particularly the additional bit. It's not so much the rollout in our locality so I would argue that probably is the day job you know supporting roll out, but the development of the infrastructure, the training, the website resource, the um, the Insight Bank and the analysis of it, you know, all of those kind of things are additional bits um so I think having..

[MTF4: *agree - we made space for this as it was important but as it grows that won't be possible for everyone*]

MTF1: ..More sort of centralised coordination for this at a system level to enable IP and our wider sort of locality partners to support the rollout at a local level would work better in the future and obviously that comes with a need for resource um and we weren't going to pin down that resource until we have a really robust business case which the evaluation of the pilot will help us to do so um, but yeah, I think uh, definitely capacity and I think building on I think whilst the local flexibility and the ability to work um with what we already already have. Has been really good I think that it comes with its challenges as well because, you know, trying to find a consistent approach when you've got partners that are already heads down into a a way of working can challenge, you know so so there's been an element of needing to get buy in. Um from and I think again the success of the whole program is now predicated on that buy and it's now got to be something that's sellable to the whole system. Um, I wouldn't necessarily put that as a negative, but it just takes time..

Facilitator: Yeah

MTF1: ..um and you know, the initial time scales of this project, it should have concluded like probably best part of a year ago. And we've managed to eek the funding out so you know, time um with capacity limitations but I

think I would also argue that it hasn't just been capacity it's been because this takes time to build that buy in um from kind of system partners to to get it off the ground, so yep..

Facilitator: Brilliant

MTF1: ..They're my two.

Facilitator: Thank you. So thank you, MTF4.

MTF4: And it's just to build on that and that's sort of working with the partners and get the buy in is also just taken into consideration that a lot of the partners we're working with here are VCSE organizations and don't and it's kind of I suppose. Adapting to their way of working as well, which I know a lot of us um come from VCSE backgrounds, have a you know, work with VCSE organizations all the time. So you know are quite tuned in to the needs, the capacity et cetera, et cetera. But it's actually just when you have a project like this that does have a timeline etcetera, it's it's factoring that in and and whilst we managed to get all of our um projects trained, etcetera, etcetera, um it's trying to fit that in around, the the crazy delivery and demand that they have placed on their organizations at the moment. So I think that that was definitely a challenge um on the ground.

[MTF6: *The Norwich voices data so far, went down very well at the Norwich Place Place board last week, i packs board last week and plan is to overlay this with PH HI data packs agree about some central capacity to support the programme linking to Place as we move forward with the programme and this need to link to strategic ICS planning and overall infrastructure for PHM and HI.]*

Facilitator: Brilliant thank you, MTF4. MTF3?.OK.

MTF3: Yeah, just another area for development um I think Comms between so comms between us and the Champions and then supporting comms between the Champions as a group is something that would be good that we don't at the moment have a really clear mechanism for sharing information with them with, we're starting to get there. So we're nearly there with the web page where we can share information in that way. Yeah, I guess we sort of, you know, I'll send, I've got a certain list of people I don't know who all the Champions are. So it's like, oh, do we do we contact the project leads to tell them there's a webinar or do we do we send it out to the people that turn up to the drop in sessions but that probably doesn't cover all the Champions. Can we rely on the project leads to disseminate information? I don't know. I don't know if they are we're hoping that they do. But you know, it becomes apparent trying to round people up for focus groups and that sort of thing.

Facilitator: Yeah.

MTF3: You know, we could definitely improve on our ability to just reach and send messages out to the Champions um in a in an appropriate way. But I think also they're quite keen to be able to talk to each other because the- they were really, benefiting from doing that at the drop in session. But that's only once a month, um and it depends on them being available to attend that particular meeting at that time. So, yeah how can we help them do that while also avoiding some of the pitfalls that we're aware you know, an open public forum might create?

Facilitator: Brilliant. Thank you, MTF3, MTF1? [pause] ooh you're on mute, MTF1.

MTF1: It links to what MTF3 was saying and I and I guess um to what I was saying about resourcing and capacity I think our ability to kind of maximize opportunities. If is sometimes limited, I think there's this things got legs. There's so much and we recognise it all the time. All of us. We you know that we could do this with it. We could do that with it and it's quite frustrating at times that you can't necessarily you know I think MTF3 said to me not long ago, MTF1, you need to stop thinking um because I keep coming up or having ideas or something along those lines to keep in your head your thinking uh then you know we could do this. We could do this we and you can't. You know we've had to try and really keep it tight keep the pilot tight and remind ourselves frequently Rob and I particularly that. You know, we've got to get this pilot off the ground with the parameters that we've put in place currently. We can't keep growing and growing and growing it until we have a pilot and something to sell. Um so it's been challenging, I think, because I think we all see that there is so much opportunity and so much more we could do. So you know facilitating a peer support network between the Champions I'm really keen on that, I think there's so much learning from like what they're doing in Great Yarmouth and Norwich and how we facilitate that across our system. I think is really important so that we don't go off in our localities and recreate all the wheels. I think there's danger of that at the moment..

[MTF2: *programme management seems the biggest gap - monitoring, analysing, automating processes and organising a county wide partnership*]

Facilitator: Yeah

MTF1: ..particularly with the creation of eight partnerships, I think we could all be going off and doing our own thing at a local level. And not recognizing that people are doing the same thing and we can duplicate a lot of resources and energy, um so having things like a community of practice or a drop in session you know where you're bringing people together to share, learning it kind of helps to reduce the risk of that

duplication of energy, but again, it comes down to our ability to kind of follow through with some of those ideas..

Facilitator: Yeah. Yeah.

[MTF5: *we can try and pin down some agreed comms mechanisms into a comms plan if you think we know what will work best? Adam and I discussed having an online discussion forum but we would have to buy something specific and it would need monitoring, moderating, lots of content etc.*]

MTF1: ..because of the, you know, while the intentions there and the appetite is there and the enthusiasm and motivations there, we don't necessarily have the time or resource to follow it through so which can be frustrating at times.

[MTF2: *organising f2f or online network meetings on those webpages might work better, capacity*]

Facilitator: Ok brilliant. Thank you, MTF1, and thank you everybody. They're all my kind of set questions but we've got 4 minutes left. Is there anything else that you would like to ensure is fed into this evaluation report before I finish um any thoughts or, particularly around things that have gone well or anything like that would you like to feedback? Thank you for the comments in the uh chat box too we'll go back and have a look at those when look at the transcript, but is there anything else? MTF1, is that a new hand or an old hand? No old hand, MTF2?

MTF2: Um just in terms of the fact that that this project has grown and is a pilot. And has come from work we had done around vaccinations I think it it would be interesting to see what the outcomes of an evaluation are in terms of, um how much more confident organizations and individuals in organisations are around asking health questions, Because I think that's ultimately what it's been about and that might be simple sound simple, but it obviously hasn't been because we haven't engaged in this way um er in in the past, or you know until necessity dictated it. So it's a simple question, but I'd love to know the answer.

Facilitator: Thanks, MTF2. Anything else? MTF4?

MTF4: I suppose it's just it just say this is. Yeah, this is the project has been fantastic and I think it's just it's a bit of a soppy one, but just say well done everyone, because er there's a lot of time and effort has gone into this and a lot of head space from people and you know there's there's a lot going on at the moment, on a lot of people's plates. So um to to have gotten to a point where we're delivering and we're thinking about growing, expanding, I think it's fantastic.

[MTF6: *agree Nadia it's the confidence in asking and also signposting as well to services and supporting that.*]

Facilitator: Brilliant thanks, MTF4. And finally, probably the last one, MTF5?.

MTF5: So just, just maybe something that went well or was potentially a really good thing was um that very early on we developed some branding for the ,so it it had a logo and it's had and I think that will hopefully show um that that it's kind of, will help hold the idea of the project together. And so hopefully that can be captured as something that was good.

Facilitator: Brilliant. Thank you, MTF5. Wonderful well, thank you ever so much. Everybody, for participating in it. And for your time this morning. And I hope you have a great day. And I'm sure I will see you all soon in different things. Take care. Bye. Bye.

Appendix 6 – Themes and Codes generated from Management Team Focus Group

Staffing Category	Topic Area	Theme	Code	Sub Code
Management Team	Training	Training Methodologies	Access to Materials	
			Differences	
		Quality Assurance	Consistency	
		Training Methodologies	Mode of delivery	
		Engagement	Practical element of training	
		Training Methodologies	Reflective Practice	
			Delivery	Sustainability & Capacity
		Engagement	Partnership collaboration	
	Role	Skillset	Knowledge of Delegate	
		Implementation	Providing Structure	
		Assignment	Target Population	
		Implementation	Flexibility	
		Communication	Hierarchical	
			Interpersonal benefits	
		Implementation	Collaboration	
		Funding	Differences	
	Improvements	Training Methodologies	Training Materials	
			Reflective Practice	
			Champion Skill development	
			Differences	
		Fidelity	Training Fidelity	
		Assignment	Staffing Capacity	
		Capacity	Scale up of training	
			Fitting in with existing role	

		Assignment	Communications	
		Outcomes	Investment from partners	

Appendix 7 – Summary of Suggestions made by each staffing category

Staffing Group	Suggestion
Trusted Communicators	Role placement , being part of the community
	Engagement , more male participants
	Reduce limitations on age range of participants
	Data capture, deleting tick boxes
	Ability to reflect on previous conversations
	Collaboration, more forums
	Communication within the project
	Outcomes understanding purpose
Project Leads	Funding, more equal funding
	More reflective practice
	Training based on real life examples
	Include more health based elements in training
	Target audience, increase localities
	Engagement, importance of knowledge of community
	Collaboration with other organisations
	Outcomes, sharing working practice
	Data utilisation, sharing between localities
	Showing outcomes
Management Team	Accessibility for Trusted Communicators to training materials
	Review of suitability of online training delivery
	Increase in reflective practice for Trusted Communicators
	Better communication between hierarchal levels of project
	Include behaviour change training
	Training facilitators to be experienced in behaviour change
	Needs analysis of Trusted communicators to develop skills
	Fidelity, training delivery
	Staffing capacity, development of infrastructure
	Train the trainer model
	Communication between localities Quality standards
	Flexibility of programme
	Improve communications with external organisations
	Investment from partners

Appendix 8 – Overall themes from each staffing category

Staffing category	Overall theme
Trusted Communicators	Purpose
	Differences in model design
	Engagement with target audience
	Barrier
Project leads	Role definition
	Adaptivity
	Utilisation of skillset
	Comparison
Management team	Gaps in training
	Forthcoming suggestions
	Practical
	Open Minded approach

Appendix 9 - Community Voices Focus Group Topic Guide

Introduction

- Introductions.
- Reminder of the purpose of the focus group.
- Today we'll cover your experiences of training and of being a Community Champion.
- No right or wrong answers.
- Making a recording.
- Everything is anonymous.
- Any questions?

Discussion on training

Interested in your experience of the training programme.

- What do you feel worked well?
- What do you feel worked less well?
- Did you feel equipped to be a Community Champion after receiving the training?
Prompt if not, what felt missing?
- What was the impact of the training on your practice as a Community Champion?
i.e. were there things you felt you did differently because of the training you received?

Discussion on experience of being a Community Champion

Interested in your experience of being a Community Champion.

- Based on the conversations you had with members of the public, what aspects of the Community Champions programme do you feel worked well? Prompt regarding for whom and in which contexts.
- Similarly, what aspects of the Community Champion programme do you feel worked less well? Prompt regarding for whom and in which contexts.

Ending the session

- Any further comments you would like to share?
- Thank you for taking part