An Evaluation of the South East England Community Participatory Action Research Training and Mentoring Project

Summative report

July 2022

Evaluation by Healthy Dialogues Ltd.

Executive summary

In February 2021, Health Education England South East (HEE SE), the Office for Health Improvement and Disparities (OHID) and NHS England set up the South East England Community Participatory Action Research Project to build research capacity and capability within certain previously excluded or not fully engaged communities.

The Scottish Community Development Centre were commissioned to provide researchers with two-day training and ongoing follow-up mentoring support on designing and presenting community participatory action research.

Thirty-seven researchers from 13 organisations and four Integrated Care Systems completed research on wide range of topics around the determinants of COVID-19 in Black, Asian and Minority Ethnic communities.

This evaluation explored the process, impact, and outcomes of the CPAR training and mentoring programme at both the mid- and end-point of programme. The evaluation encompassed a series of interviews, focus groups and surveys with programme leads, research leads, researchers and the trainers.

Overall, findings showed that researchers were proud to be involved and proud of the research they produced and felt empowered to continue as researchers in their communities. They felt the training provided them with good support, a good foundation in research skills and was valuable for their personal and professional development. Researchers also felt that their research had impact on their communities, by providing them with an opportunity to be heard.

As a pilot programme, a lot of learning was gained from South East England Community Participatory Action Research project. A number of recommendations emerged from the findings , these are themed and listed below.

Recruitment

1. Potential researchers and research leads should be provided with a pre-programme information pack or engagement event to outline the commitment required by organisations and individual researchers to complete their research, prior to their application.

2. The training and/or pre-programme pack should provide clarity on the roles and responsibilities of the different stakeholders involved in CPAR, for example, HEE, research leads, SCDC mentors.

Training and mentoring

3. The training providers or programme managers should consider conducting a training needs assessment prior to delivering the training and follow-up mentoring.

4. The training providers should consider breaking up the two-day training into smaller 2-3 hour chunks.

5. The training providers have compiled a range of tools, templates, guidance and examples of good practice. These should be shared with researchers in the initial stages of the next CPAR programme, during their training.

6. The training providers should consider including building in setting small achievable research goals and voluntary protected planning and development time into the mentoring sessions. They should also continue to provide clear outlines on what will be covered at each mentoring session where possible.

Payment

7. Researchers should be paid for the time they work on their research at a living wage as a minimum.

Local support

8. Future research project proposals must include a guarantee that all researchers are supported with a research lead that can provide regular mentoring and advice and guidance.

9. Future research proposals should include a guarantee that the researchers and their outputs are connected to the local authority and Integrated Care Systems so that there is a shared ownership and appreciation of the findings.

Funding

10. CPAR research projects should be funded by their local Integrated Care Systems.

Grassroots ideas

11. The research priorities need to be set by the grassroots organisations or by communities the research is being conducted in. Research priorities should not be set by the Integrated Care Systems.

Guidance and support for research leads

12. Programme managers should provide leads with a range of guidance and templates to help with the general administration of recruiting and supporting researchers, designing, and developing research content and ensuring their research is GDPR compliant.

13. Research leads should be provided with guidance on what is expected from them as leads at the point of applying to the CPAR programme. This would include acknowledgement of the level of support community researchers need from them.

Legacy of CPAR research

14. CPAR research should be well connected to their Integrated Care Systems so that the results and evidence can be heard, valued and translated into action.

Future programmes based on the CPAR model should consider the learning from this evaluation to inform their preparation, in particular their planning for recruiting, supporting and funding local research projects, and training and mentoring researchers.

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Introduction

Community participatory action research (CPAR) is an approach to research that gives people a voice in identifying and solving the health problems affecting their communities.[1] The aim of CPAR is to increase knowledge and understanding of a given phenomenon and to integrate the knowledge gained with interventions for policy or social change benefiting the community members.[2] In CPAR research all stakeholders are equal partners, working together to make positive change within communities and address health inequalities.[3]

Health inequalities are avoidable and unfair differences in the health status between groups of people or communities.[4] They include factors such as deprivation, low income and poor housing which can lead to poorer health, reduced quality of life and early death for many people. The COVID-19 pandemic has magnified the impact of inequalities and the interconnections between them such as race, gender or geography on people's lives and their likelihood of becoming ill.   A recent Public Health England review into the disparities in the risk and outcomes of COVID-19 show that there is an association between ethnicity and testing positive and dying with COVID-19. It found that longstanding inequalities affecting Black, Asian and Minority Ethnic groups in the UK exposed them to greater risk from COVID-19. Stakeholders that engaged in the review proposed a number of recommendations, one of which included supporting CPAR to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in Black, Asian and Minority Ethnic communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes. [5]

In February 2021 HEE SE , OHID and NHS England took up the challenge and set up their South East Community Participatory Action Research Project. The aims of the project were to:

- Support skills development of individuals from organisations drawn from Black, Asian and Minority Ethnic communities in CPAR to tackle health issues related to COVID-19

- Equip community researchers with the skills to later deliver CPAR to help in addressing wider inequalities.
- Share learning from CPAR across networks in the South East and beyond.

The project was also seen as an opportunity to develop research capacity and capability, and to fill gaps and strengthen knowledge for certain previously excluded or not fully engaged communities.

They recruited 47 researchers from 16 voluntary organisations and social enterprises to undertake CPAR in their communities. The aim of the research was to understand the wide-ranging determinants of COVID-19 in Black, Asian and Minority Ethnic communities.

The researchers came from across South East England including: Sussex (Brighton, Hangleton & Knoll, Crawly) Surrey, Oxfordshire (Banbury and Oxford), Berkshire (Reading), Hampshire (Southampton).

The models and levels of support researchers received varied from project to project. Two projects had a dedicated lead to support their research, six had received support from their host organisations, and the remaining were supported by the training and mentoring provider.

By May 2022, 37 researchers from 13 voluntary organisations and social enterprises completed their research. These organisations are listed in Table 1.

Table 1: The voluntary organisations and social enterprises that completed CPAR research by May 2022

ICS in which organisation based	LA authority	Voluntary organisations and social enterprises	Number of researchers at the end of the project	Model of support
Buckinghamshire, Oxfordshire and Berkshire ICS	Oxfordshire County Council	RCCG lighthouse	2	Supported by training provider
		Green Dome Trust	3	Supported by training provider
		Mothers 4 Justice	2	Supported by training provider
		Healthwatch Oxfordshire	2	Supported by host organisation with an experienced

				community researcher as lead
	Reading Borough Council	Reading Borough Council (Host): Reading Voluntary Action, Integrated Research and Development Centre, Reading Community Learning Centre, Alliance for Cohesion and Racial Equality	5	Supported by host organisation with an experienced community researcher as lead funded to carry out this role
		Jacquah Foundation	2	Supported by training provider
		Utulivu Women's Group	1	Supported by training provider
SH/ Frimley	Surrey County Council	Surrey County Council (Host): Surrey Minority Ethnic Forum	4	Support from host organisation and its director
Sussex Health & Care Partnership	Brighton & Hove City Council	Fresh Youth Perspectives	3	Support from host organisation and its director
		Trust for Developing Communities	3	Support from host organisation and its director
		Hangleton & Knoll Project	1	Support from host organisation and its director
		Sussex Interpreting Services	4	Support from host organisation and its director
	Crawley Borough Council and West Sussex County Council	CAB West Sussex	5	Support from host organisation and its director

The Scottish Community Development Centre (SCDC) were commissioned to provide researchers with two-day training and ongoing follow-up mentoring support. The training

and mentoring were designed to equip researchers with the confidence, knowledge and skills to design, undertake and present their own community research.

By May 2022, the South East CPAR community completed 17 pieces of research, with one additional piece nearing completion. The research explored a range of topics around health beliefs, attitudes, and experiences of a range of Black, Asian and Minority Ethnic groups and communities. The topics focused on health care services or the impact of COVID-19.

Healthy Dialogues were appointed to evaluate the process, impact, and outcomes of the CPAR training and mentoring programme. This includes capturing the learning on what is working well, any nuances and weaknesses, and whether the project is agile enough to adapt to the needs of participants and recommendations for future practice. This summative report presents findings from the evaluation.

Methodology

Healthy Dialogues conducted the evaluation in two stages of the CPAR programme: at mid-point and at its conclusion.

Stage 1

One focus group with seven research leads

Interviews with six researchers

Interviews two trainer/mentors

At the mid-point stage Healthy Dialogues interviewed six researchers from three grassroots organisations and two trainers/mentors from the SCDC. They also conducted a focus group with seven research leads at the leads forum. The leads forum is a regular meeting for research leads where leads can share updates, challenges and show case good practice.

Stage 2

One survey to researchers

One focus group with seven research leads

One focus group with three trainer/mentors

One interview with the HEE lead

At the programme's conclusion, Healthy Dialogues disseminated an online survey to all community researchers. The survey was developed in collaboration with Health Education England (HEE) and SCDC. Some of the questions explored capability, opportunity and

motivation, using the COM-B[6] framework as a guide to identify what is working well and any barriers for the CPAR researchers continuing their researcher work. Healthy Dialogues also conducted a focus group with eight research leads, focus groups with the SCDC trainers and mentors, and an interview with the HEE lead.

Interviews and focus groups were conducted via MS Teams or telephone conferences during September-October 2021 and March-April 2022. Interviews were analysed using thematic analysis. The survey was disseminated in April 2022 and 11 researchers responded.

The key themes that came out of the interviews were:

- Impact of the training
- Challenges to the training
- Follow-up mentoring
- Grassroots ideas
- Local support and funding
- Scope of the work and capacity
- Payments
- GDPR considerations
- The impact on communities
- Support for research leads
- Legacy of the project

A narrative on the key themes is provided in the findings that follow. Findings in this report have been anonymised.

Recommendations on recruitment, training and mentoring, local support and funding, grassroots ideas and guidance and support for research leads have also been provided.

Findings

Overall, the community researchers expressed how valuable the programme had been for their personal and professional development and they had learned a lot of things they hadn't expected to learn. They were proud of the work they produced and felt empowered to do more. As a result of their CPAR work researchers felt they had enabled their communities to be heard and that their research had generated a lot of interest in the services they wished to impact.

## The impact of the training and mentoring on the researchers

The researchers who were interviewed at the mid-point of the project found that the training provided a good foundation in the research skills needed for CPAR. It enabled them to learn about research tools, talk through their research ideas and create a research plan with their fellow peers.

"The researchers weren't confident in their research at the beginning, but they are now empowered."

The CPAR researchers were asked to rate how they felt about the CPAR programme and its impact on a number of COM-B factors, including skills, knowledge, opportunities and how much they value delivering CPAR.

Overall, capability, opportunity and motivation were strong. All researchers that responded to the survey either agreed or strongly agreed that they valued the role of CPAR and they had more knowledge to conduct CPAR as a result of their training and mentoring. All but one respondent agreed or strongly agreed that they saw more opportunities to deliver CPAR in their career and that they were more skilled as a result of their CPAR training and mentoring. The results are presented in Figure 1.

Figure 1: CPAR researcher responses to COM-B rating questions.
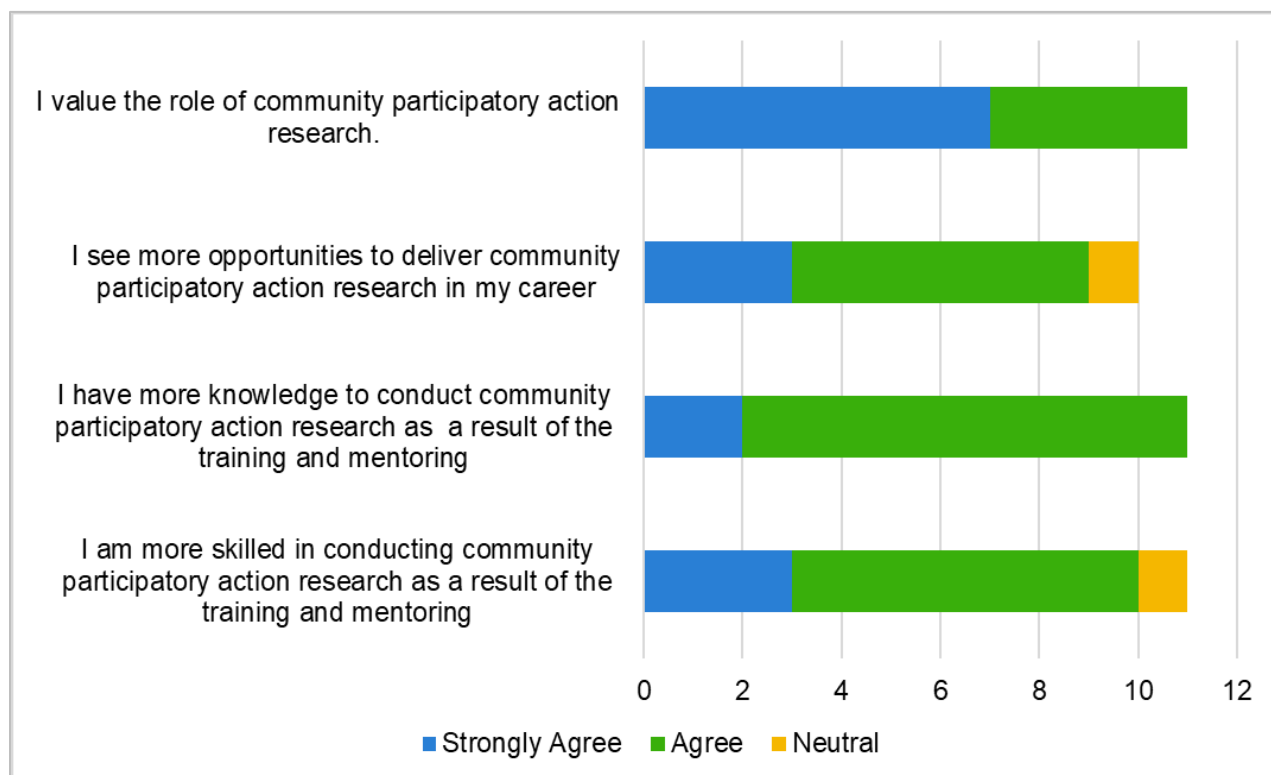
When asked what new things they learned, as a result of the CPAR training and mentoring, the researchers listed a range of skills and topics around research knowledge and delivery and other job skills.

"I learned how to conduct interviews, how to conduct analysis and write reports - all while focusing on the community first."

"I have attained my skills in setting a questionnaire, entering data, analysing the data and writing a report of the survey. The training and mentoring have enhanced my knowledge to work as a community researcher and helped me becoming more resilient."

"I have learned how to meet people online in zoom or Microsoft and how to collect and deliver information to others."

One mentioned a newfound enthusiasm for the field of public health:

"I have been inspired to learn more about the role of Public Health as an intervention especially regarding wider social determinants."

When asked how the training and mentoring affected their work life the researchers provided a range of responses around their development within their own workplace, a change of their approach to their work and new opportunities they see.

"I am now one of the experts in my organisation on CPAR methodologies."

"The CPAR training enhanced my work and given it more depth."

"It has improved the way I look at circumstances that affect different sections of the populations."

"I am now connected to new research jobs/roles, research bodies recognising the value of CPAR work to make a realistic community development planning."

Some of the researchers who were interviewed expressed that it was a revelation for them to have their own experiences valued and this made them feel encouraged to do more.

Some of the researchers who were interviewed expressed how they were proud of the work they were producing and felt that, because of their research, they have improved standing within their own communities and other local communities around them. This had been reflected on their own improved sense of themselves.

"I think they see me as someone who can speak on their behalf. I can act as a bridge between the community and the government authorities - a trusted representative."

Challenges to the training

The researchers provided a range of views in terms of the training delivery. Some valued it highly while others felt it was not pitched at a level they needed. For example, a number if researchers expressed that the training was intensive and covered a lot within the two days. They felt they would have had more time to put their learning into practice during the training had it been broken up into smaller chunks. This would have enabled them to develop their research plan as they were learning.

Other, more experience researchers and research leads expressed frustration at having to attend mandatory training on a topic they were experienced in. They found the training time consuming and felt that it did not fit with their already busy work and volunteering schedules. They also felt that training would be more beneficial if it was delivered in smaller groups and addressed the researcher's individual learning needs.

One researcher expressed frustration that they had already spent quite a bit of time prior to the training composing a research plan and setting up their research for their initial CPAR application. They were then disappointed to find that a substantial amount of training time was spent helping others develop their research plan.

Follow-up mentoring

The follow-up mentoring was invaluable for many researchers, particularly those researchers who had limited or no prior experience in conducting research, or those who did not have strong research lead support. The mentoring provided had been adaptable in its approach and included ad hoc or weekly 1:1 meetings with individuals or monthly group sessions.

The researchers expressed gratitude to have had access to mentors who were available and responsive to queries as they came up. They felt that the mentoring boosted their confidence and provided them with assurance that they were going in the right direction.

However, researchers from one organisation felt that they did not need the mentoring and had confidently progressed with their research on their own.

At the mid-point of the programme researchers proposed that the mentoring sessions could be enhanced by including protected "planning and development time". This would allow researchers to work together with other similar researchers and put their learning from their mentoring sessions into practice. HEE and SCDC set up 'Shared Learning' or 'Co-Inquiry' sessions and research leads fed back that they helped researchers address their fears and challenges, and enabled them to learn new skills, such as how to record interviews.

The SCDC provided research examples of templates, guidance and tools on request. These were developed by SCDC and some in collaboration with the CPAR researchers. Some researchers suggested that these could be offered as part of the original training, as some, less experienced researchers may not know what they need and what to ask for. Some researchers also asked to see examples of research done well, including examples of the processes and examples of how the findings were presented. These views were taken on board by HEE and SCDC and the templates, guidance, tools and examples of good practice will be provided to future cohorts of CPAR researcher during their initial training.

Grassroots ideas

SCDC and leads felt that the enthusiasm of the researchers and the output of the research itself was of a higher quality when the research ideas and design came from the researchers themselves. Where there was a 'top-down' approach to the research planning, i.e., when the research plan came from the Integrated Care Systems, the researchers struggled to get engagement from the community and were less passionate about delivering the research.

"Priorities need to be set by the grassroots organisations, research designed by the grassroots people. Research priorities should not be set by the ICS, or the local authorities."

Where researchers were able to conduct research in their own communities, they had a lot more passion for their work and were happy to dedicate that extra time that was needed to complete their work.

"The passion that they brought to it, that was a real bonus, and it came out really strongly."

Local support and funding

The level of support researchers received locally varied across the projects. Some researchers worked within a team with other researchers and were supported by a research lead and their local public health team. Other researchers were working in isolation, or with limited support or buy-in from their organisation. In such cases, many did not know who else they could go to for support and were confused the layers of people and organisations involved. This led to vast differences in the experiences of the researchers.

Those researchers who had local lead support thrived in terms of their development and the outputs of their research. In one example, Reading Borough Council provided funding for a paid lead support role. They also stayed connected with the researchers and connected them to various ICS boards so that they could share their research and build connections for future research opportunities.

In other cases, researchers had found themselves conducting their research largely on their own as their teammates and even research leads had disengaged from the research or were no longer able to contribute.

Where researchers were working in isolation, the SCDC provided additional mentoring to ensure they were able to keep their confidence up and the research moving forward. However, the mentoring support was not able to provide those local connections and day-to-day touchpoints and practical and local emotional support the new and inexperienced researchers needed.

"Support from local people is particularly important because they were aware of local issues so therefore have local context."

Leads felt that where local support was offered and funded, there was more local buy-in in the process and findings of the research, and researchers were better connected to ensure their research was heard within the local systems.

"Working with partners also worked really well, whenever we came up with a problem such as not knowing how to record, our partner provided recorders for us. When we didn't have time to transcribe, our partners supported this. Partners are now providing whole hire and food for us to present our findings."

"The system wants to hear from community members, but they need to put financial investment towards it. This needs to be seen as a viable tool in shaping people's perspectives."

They also felt that future investment and capacity building within the voluntary sector is necessary to continue to build on what has already been achieved.

Scope of the work and capacity

The level of work researchers put in to CPAR to get their result varied from researcher to researcher. However, most researchers found the work harder and more involving than they anticipated.

"The new researchers needed to better understand the product that was expected of them. They needed a clearer scope about the project."

They experienced challenges around engaging communities in their research and challenges around managing the workload required. Even those who were from the communities they were working with experienced challenges in engaging people in their research. Some researchers noted that people were hesitant to answer questions about their health and wellbeing, some found that communities were oversaturated with

community research during the COVID-19 pandemic and others found that people often did not have any confidence in the outcomes of the research.

"I could feel some of the respondents of my survey did not have a lot of faith in the research. They doubted if the findings would make any differences in the health care services."

The workload required to complete the research was a major challenge and a challenge that was not anticipated by most. In some cases, researchers conducted their research while also balancing full-time employment, volunteer work, and family commitments.

Where they could, the SCDC supported researchers in the design phase to develop a plan that was achievable in the time that they had. However, there was a lot more work involved than anyone anticipated. Researchers spent a lot more of their own time on their project than they expected to and not everyone was able to finish their projects.

"There was planning time, plus training time, plus research time and write up time. One researcher did approximately 200 hours longer than expected."

"It needs to be written somewhere what the work is and the level of work that is required. a lot of the work that was done by volunteers was voluntary, this needs to be recognised or acknowledged."

In addition, the leads discussed the unanticipated additional work they and their researchers are doing now that their research is complete. Because there had been such a strong interest in their research, opportunities arose to share their findings via presentations and attending health board meetings.

"Our researchers have been promoting the work and this is takes time which needs to be taken into account."

Payments

The issue of payment for the researchers was discussed at length in the focus groups and interviews. It was recognised that the reason the research had taken off so well and so widely was because payment was made available to volunteers to undertake the research.

However, some felt that the funding was not enough. They felt that the research funding cap did not consider the amount of time realistically required to attend meetings with the programme leads, and to carry out their research well, nor did it provide payment for time taken to complete the training. This has led to some researchers disengaging with the research.

"Their work needs to be recognised, valued, and rewarded. Researchers were or paid for 34 hours of research, and 39 hours of training and mentoring, this was not enough."

"The research needs to be properly planned and properly paid."

There were other concerns that an increase in the payment provided to researchers may impact on any benefits they are receiving, however it was agreed that researchers should be paid for their time, at a living wage.

"The reward needs to be enough for researchers. Quite many of the researchers did not understand what they were getting into."

GDPR considerations

Local leads highlighted a concern around the GDPR requirements for conducting community-based research. They highlighted that smaller organisations would benefit from clear guidance on appropriate receiving and holding participant data.

The impact on local communities

The researchers felt that their research affected their community in a big way by giving community members the opportunity to be heard, changing local NHS systems and empowering people to achieve change.

"We are in talks with the NHS to improve access to cancer screenings - talk of opening GPs on a Saturday."

"This research will allow the community to put their recommendations forward and achieve change."

"It has empowered people to want to learn and articulate themselves more around issues that affect them."

"I am glad that the women of ethnic minorities had the opportunity to let the authorities know how they were impacted by the pandemic and what their expectations are in terms of heath care services."

"Active Surrey helped us set up women only swimming sessions in Dorking as a result of our focus group."

One researcher expressed their hopes that their research findings and recommendations will be viewed as valuable input for better programme planning and improved public health service delivery. They felt that the CPAR outputs are important in understanding and addressing current and local health and wellbeing inequalities.

Support for research leads

The research leads who participated in interviews for this evaluation described the support from HEE as flexible and adaptable to their needs and feedback. They also found HEE to be realistic in terms of what they expect from the individual research projects in considering

challenges they experience such as staff leaving the projects, illnesses, other commitments that researchers may have.

"HEE where really adaptable after any feedback they received, they really adapted to what we were telling them and there was a willingness… we really appreciated their support."

They highlighted a few areas whereby leads would benefit from more information and support at the beginning of the project. Particularly for smaller, grassroots organisations. These include information on the level and types of support leads will need to provide to their researchers, guidance and templates for recruiting and paying volunteers, and research templates.

"A framework is needed that is very clear and manages expectations of what work is required. That work is time consuming. And it needs to include what will happen after the research is finished."

The research leads did highlight that the work involved in supporting researchers was much more than anticipated.

"All my researchers are empowered but this takes time more than triple the hours… [we are] writing emails, having one to one meetings, group meetings, telephone calls, giving clarifications, emotional support, handholding, taking notes etc."

"I feel there's not enough recognition of the role of mentoring and support. The time and energy it needs should be recognised as it's a fundamental role."

"It took triple the amount of hours than was budgeted."

The leads interviewed found that speaking with other leads during the lead's forums were very valuable. They were able to use the platform to share findings, discuss challenges and take a look at how far they had come.

The legacy of the project

Research leads discussed the importance of this research and its future impact. They felt it was important to look at ways to change how qualitative and community-led research is valued so that it is listened to and heard, and its findings are taken and included within policies.

They also recognised that capacity building such as this takes organisations years of hard work and they are keen to continue to build on the work that they have achieved.

Recommendations

The following recommendations are for future CPAR programme and address challenges identified in this evaluation.

Recommendation	Rationale	Responsibility
Recruitment		
Recommendation 1 Potential researchers and research leads should be provided with a pre-programme information pack or engagement event to outline the commitment required by organisations and individual researchers to complete their research, prior to their application.	This would enable organisations and individual researchers to consider whether they are able to commit to the time required, and plan accordingly. It will also enable Health Education England South East, the OHID and NHS England I to gauge the commitment of organisations to the CPAR programme.	HEE SE, the OHID and NHS England
Recommendation 2 The training and/or pre-programme pack should provide clarity on the roles and responsibilities of the different stakeholders involved in CPAR, for example, HEE, research leads, SCDC mentors.	This will enable researchers to know who they can go to for support, information, and guidance at the different stages of their research.	HEE SE, OHID, NHS England
Training and mentoring		
Recommendation 3 The training providers, or programme managers should consider conducting	This would help trainers ascertain what level to pitch the training at, match the skills development with training needs,	CPAR Training and Mentoring providers

Recommendation	Rationale	Responsibility
a training needs assessment prior to delivering the training and follow-up mentoring.	and consider whether all researchers require all parts of the training and mentoring.	
Recommendation 4 The training providers should consider breaking up the two-day training into smaller 2 or 3 hour chunks.	This will enable learners to put their learning into practice, discuss their ideas and plans and provide updates at the training sessions as they develop.	CPAR training and mentoring providers
Recommendation 5 The training providers have compiled a range of tools, templates, guidance and examples of good practice. These should be shared with researchers in the initial stages of the next CPAR programme, during their training.	Often new researchers will not be aware of the tools and guidance that are available to them that they might need. Providing these to researchers in the early stages of their research will help guide them on the tasks they need to undertake and build their confidence.	CPAR training and mentoring providers
Recommendation 6 The training providers should consider building in setting small achievable research goals, voluntary protected planning, and development time into the mentoring sessions. They should also continue to provide clear outlines on what will be	Small achievable goals will help researchers gain a regular sense of achievement and encourage them to continue to progress their research.	CPAR training and mentoring providers

Recommendation	Rationale	Responsibility
covered at each mentoring session where possible.		
Payment		
Recommendation 7 Researchers should be paid for the time they work on their research at a living wage at a minimum.	Provision of full reimbursement to researchers for their time will enable researchers to feel recognised, valued, and rewarded for their work. It will also allow them to focus and prioritise their research.	HEE SE, OHID, NHS England
Local Support		
Recommendation 8 Future research project proposals must include a guarantee that all researchers are supported with a research lead that can provide regular mentoring and advice and guidance.	Local support will enable researchers to have better access to local connections for day-to-day touchpoints and practical and local emotional support to enable them to conduct their research and share their findings widely.	Research leads, and Integrated Care Systems leads
Recommendation 9 Future research proposals should include a guarantee that the researchers and their outputs are connected to the local authority and Integrated Care Systems to ensure there is a shared ownership and appreciation of the findings.	Leads felt that where local support was offered and funded, there was more local buy-in in the process and findings of the research, and researchers were better connected to ensure their research was heard within the local systems.	Research leads, and Integrated Care Systems leads
Funding		

Recommendation	Rationale	Responsibility
Recommendation 10 CPAR research projects should be funded by their local Integrated Care Systems.	This CPAR pilot has shown that the research is valued by different partnerships within the ICSs, and this was strongest where local funding was provided. Financial investment from the ICS will ensure that the legacy of the CPAR work can continue, building on the local capacity and opportunities developed in this pilot, and enabling the valuable community-based research to continue.	Integrated Care Systems
Grassroots ideas		
Recommendation 11 The research priorities need to be set by the grassroots organisations or by communities the research is being conducted in. Research priorities should not be set by the ICS.	This will allow researchers to conduct research on topics they will have unique insights on and are passionate about. It will also ensure better engagement and ownership of the research by the researchers and communities they are reaching out to.	CPAR researchers
Guidance and support for research leads		
Recommendation 12 Programme managers should provide leads with a range of guidance and templates to help with the general administration of recruiting and supporting researchers, designing, and developing research content	Research leads come with a range of experiences and expertise. The guidance and templates will enable them to support their community researchers efficiently and confidently.	HEE SE, OHID and NHS England

Recommendation	Rationale	Responsibility
and ensuring their research is GDPR compliant.		
Recommendation 13 Research leads should be provided with guidance on what is expected from them as leads at the point of applying to the CPAR programme. This would include acknowledgement of the level of support community researchers need from them.	This will enable leads to know the level of work that is involved in supporting researchers with their research, and enable them to plan appropriately.	HEE SE, OHID and NHS England
Legacy of CPAR research		
Recommendation 14 CPAR research should be well connected to their Integrated Care Systems so that the results and evidence can be heard, valued and translated into action.	This will enable ICSs to better understand the social, cultural, structural, economic, religious, and commercial determinants of health and wellbeing of their communities.	Policy makers and service developers

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