BOB VCSE
HEALTH ALLIANCE

Research Report
April 2025

Community research across Buckinghamshire, Oxfordshire and Berkshire West.

Analysis of survey data from VCSE organisations

ps research

Contents.

Summary.

Setting the scene.

This report analyses responses to a survey of VCSE organisations in Buckinghamshire, Oxfordshire and Berkshire West (BOB)

With the aim of capturing research and engagement activity, understand what is and isn't working and identify where there are opportunities for the Research Engagement Network (REN) in BOB

This report primarily focuses on feedback from VCSE organisations

Key themes from other sectors, namely statutory and universities, are covered later in the report for context

There are limitations to the survey and methodology

A number of questions were misunderstood; the analysis is limited to the questions asked in the survey; the online survey whilst shared widely was self-selecting and cannot be considered representative of all VCSE organisations in the area

The lack of a common understanding of language around research and engagement is a key theme

The VCSE sector is diverse and supports a wide range of people.

VCSE organisations big and small responded so the survey captures the views of all sizes

But small, voluntary-run organisations were still underrepresented given that they account for 65% of all VCSE organisations in the BOB area

Close to a third of VCSE organisations support people around their health, whether physical or mental

One in four (24%) specifically support people with their mental health or learning disabilities

Despite this diversity across the sector, views on research and engagement are broadly similar

In the majority of cases, there are no statistically significant differences in how research and engagement questions were answered by who organisations support (and how they support them).

If there are any differences, it tends to be by the size/scale of the VCSE organisation

How VCSE organisations engage with communities ranges from informal interactions to formal, structured activities.

Over half of organisations highlighted the informal interactions they have with their communities and beneficiaries

A similar proportion referred to feedback forms and surveys and almost three in ten referenced focus groups

Through these informal interactions they develop a deep understanding and build trust within their communities

They know what engagement methods will and won't work and highlight that delivering meaningful engagement with people involves building trust and takes time

Larger VCSE organisations, statutory services and universities were more likely to highlight specific research methods, including tools and frameworks

Overall, there is a sense that current research and engagement activities are 'ok'

On average, VCSE respondents rated the effectiveness of their research and engagement as 7 out of 10; there are no significant differences by engagement method

> The pace of expectation and outcomes from engagement is often too short term, jargon heavy and assumes there are ready established and representative groups to go to - before engagement comes the need for Community Development - without trust communities are unlikely to engage, especially those who are more marginalised.

Organisations want to do more engagement with their communities and see the value of working in partnership.

It isn't about doing new things though

Many would like to do more of what they already do and reintroduce things they know work, but time and resourcing was regularly raised as a key issue; in particular some mention they would like to do more to engage with seldom heard communities or those not currently using or engaging with their services.

Organisations recognised many benefits of partnership working, including to reduce duplication

They also feel a key benefit is being able to share existing knowledge and best practice in order to gain a deeper understanding of local communities and health inequalities and to reduce the potential for 'research fatigue'.

But partnership working can't be one-way, it must be equal and benefit all involved

With a number of respondents feeling that the VCSE sector should not be seen as free resource

Training on engagement and research would be beneficial, with an emphasis on providing clarity and information sharing.

Organisations identified plenty of existing training activity identified

Although this was wide-ranging in focus and delivery and is often more informal / information sharing (particularly amongst statutory sector).

Many think more training is needed, but needs to start with clarity

For example, organisations would like clarity on what coproduction really means (and for statutory organisations to be clear on this too), what do we mean by research and different research approaches. Many VCSE organisations feel they have a good understanding of the health inequalities of the people they support, and perhaps it is other services that lack this understanding although some feel they would benefit from understanding wider local health inequalities.

Gaps in knowledge/understanding may not need to be filled through formal training - several say more sharing of data and best practice would be a better starting point

Emerging questions to explore.

Responses to the survey has raised some interesting questions and areas to explore further

What work needs to be done to create a common language and understanding around engagement in BOB? How do you move forward together without this?

How do we recognise and harness the value of 'informal' engagement?

How can we increase opportunities for more information sharing and partnership working without this being a 'one-way transaction'?

How do we build on some of the great work happening across BOB?

Ultimately though, will the issue of time and resource continue to get in the way?

Introduction.

Introduction.

Background and approach

In 2023-2024, Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) was awarded funding from NHS England to co-design and deliver a research engagement network (REN) in collaboration with regional voluntary sector and research partners. The aim of the network is to connect organisations and groups who know about people's health needs and gain insight into what people need from our health and care services at scale across the BOB Integrated Care System (ICS).

The aim is to describe the current landscape of community research activities, and to understand what is working well, and where there are gaps or opportunity for collaboration.

As part of this exercise, an online survey was developed to gather information regarding the profile and nature of research activities which were taking place across BOB. It was co-designed and agreed by Health Innovation Oxford and Thames Valley and members of the BOB ICS REN programme board.

It was circulated via partner organisations across three sectors: VCSE sector, the statutory sector (i.e. health and local authority partners) and the research/university sector.

Analysis overview

Whilst the survey was developed and shared through the BOB ICS REN programme board and its partner organisations, an independent research consultancy was later commissioned to undertake analysis and report on data and feedback collected.

This report primarily focuses on feedback received from VCSE organisations.

A summary of feedback from statutory and university organisations is included later in the report.

176 survey responses were received to the VCSE survey.

And 63 responses were received from statutory organisations, universities and the research sector

To what extent do these responses represent the VCSE sector across BOB?

- There are at least 7,500 VCSE organisations in the area. Based on this 'population', the margin of error (or confidence interval) of this survey is +/- 7.3% at the 95% confidence level.
- As a self-selecting online survey, we also have to consider types of organisations which may be under or over represented in the survey, whether that is by locality, size or communities supported.
- Therefore caution should be applied in how we use these findings.

✓ **What it is: a valuable insight into activity, views, opportunities and challenges in the VCSE sector around research and engagement**

✗ **What it isn't: a true 'mapping exercise' of all activity across BOB**

If activity in certain areas or amongst organisations is higher/lower, this may be due to these organisations being more/less likely to respond to the survey

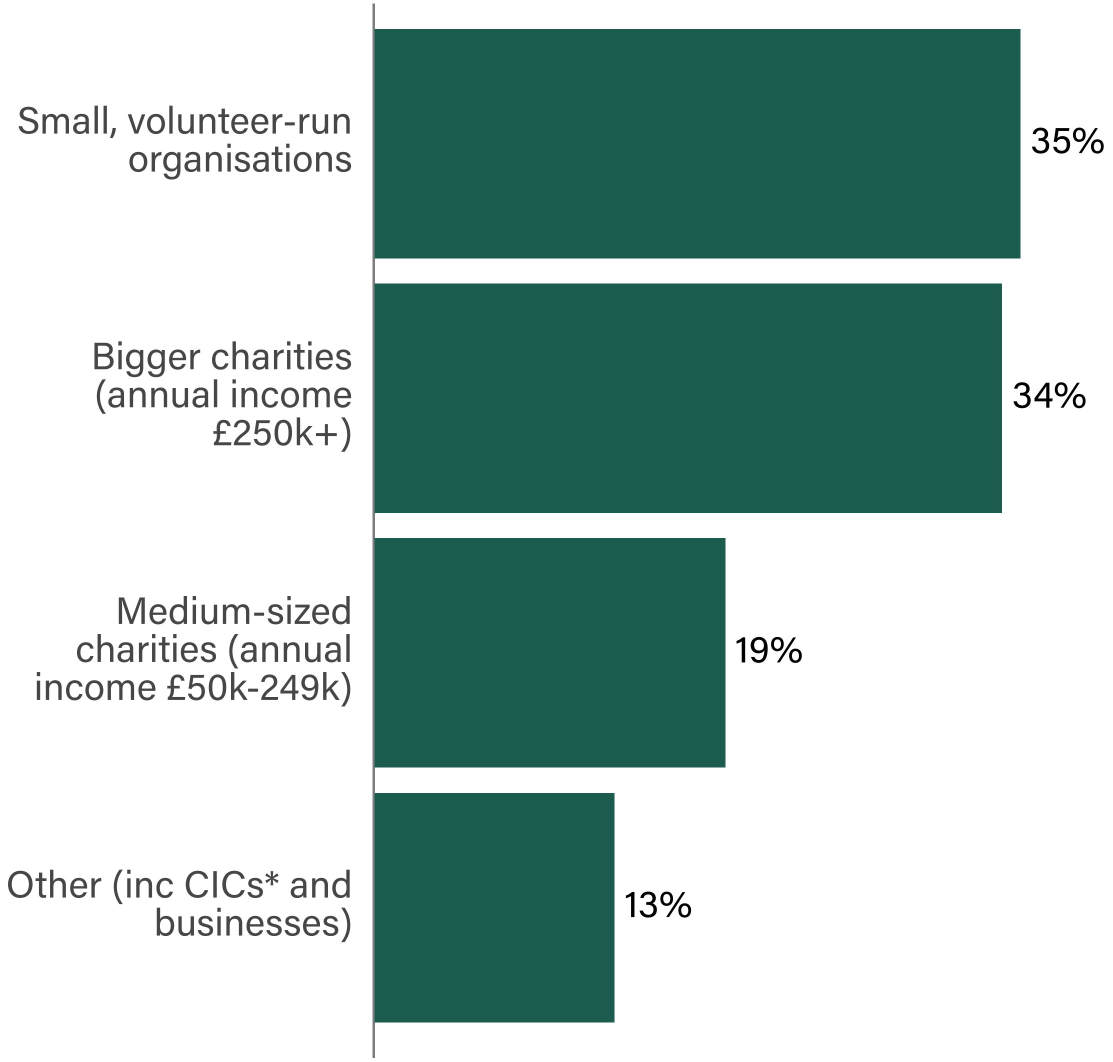
→ **However, we do compare different response types in our analysis and highlight these in this report when they are statistically significant**

Understanding the sample.

Who responded to the survey?

The survey had responses from VCSE organisations big and small.

Type of organisation (n = 176)



Includes charities with annual income below £50k, voluntary and resident groups and sports clubs

Research for the BOB VCSE Health Alliance reveals that 65% of all VCSE organisations are small, voluntary-run with an income below £50k. This suggests that this group was less likely to respond to this survey compared to bigger organisations.

Three in ten (31%) charities responding to the survey have paid employees

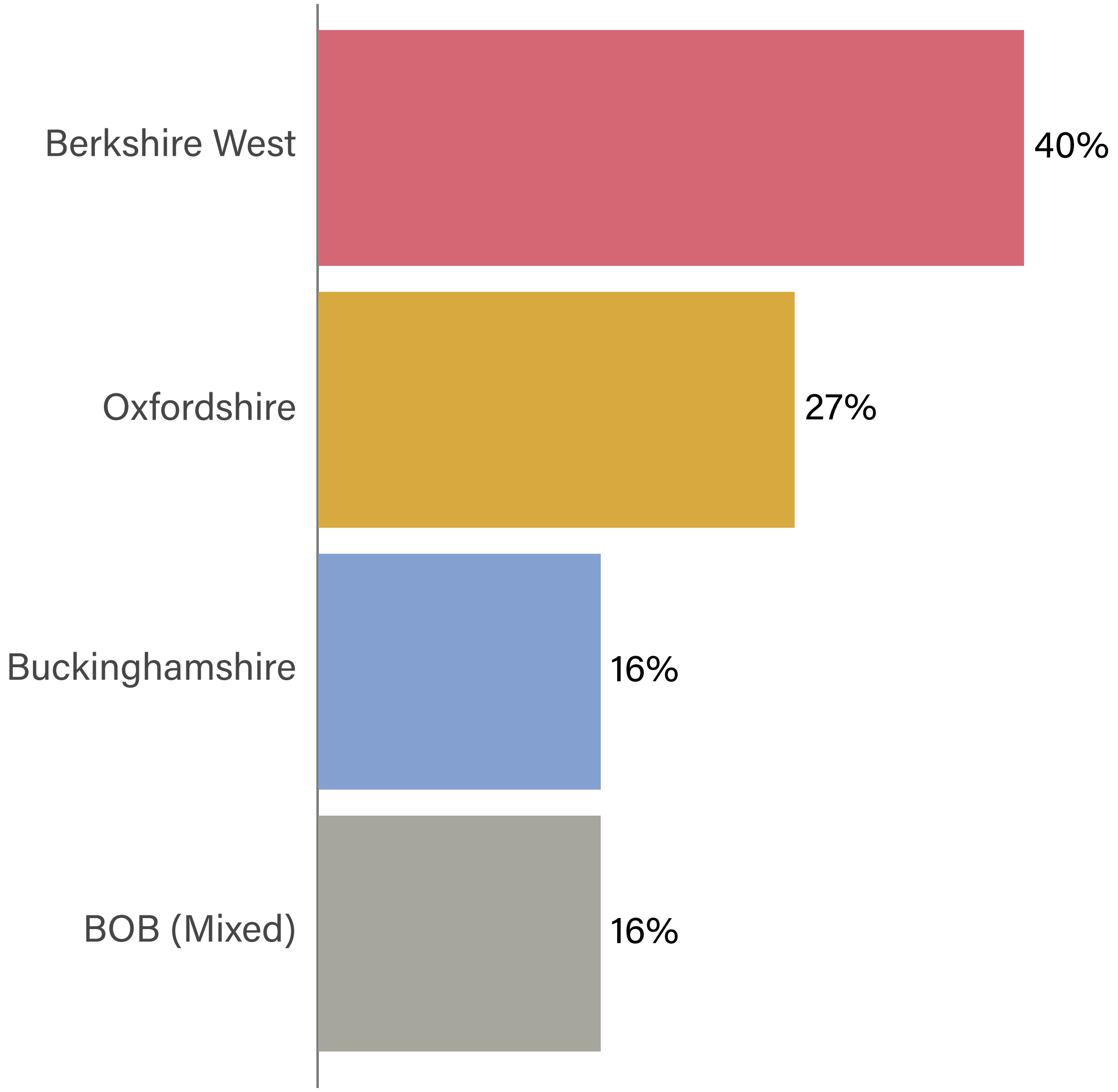
This is similar to actual data of all VCSE organisations in BOB where one-third have employees

Source: Chapman, T. & Wistow, J. (2022) Local Health and Wellbeing: the contribution of the VCSE sector in BOB

*CICs are separate to charities on this chart as income data to create the size categories was collected through the Charity Commission's Register of Charities

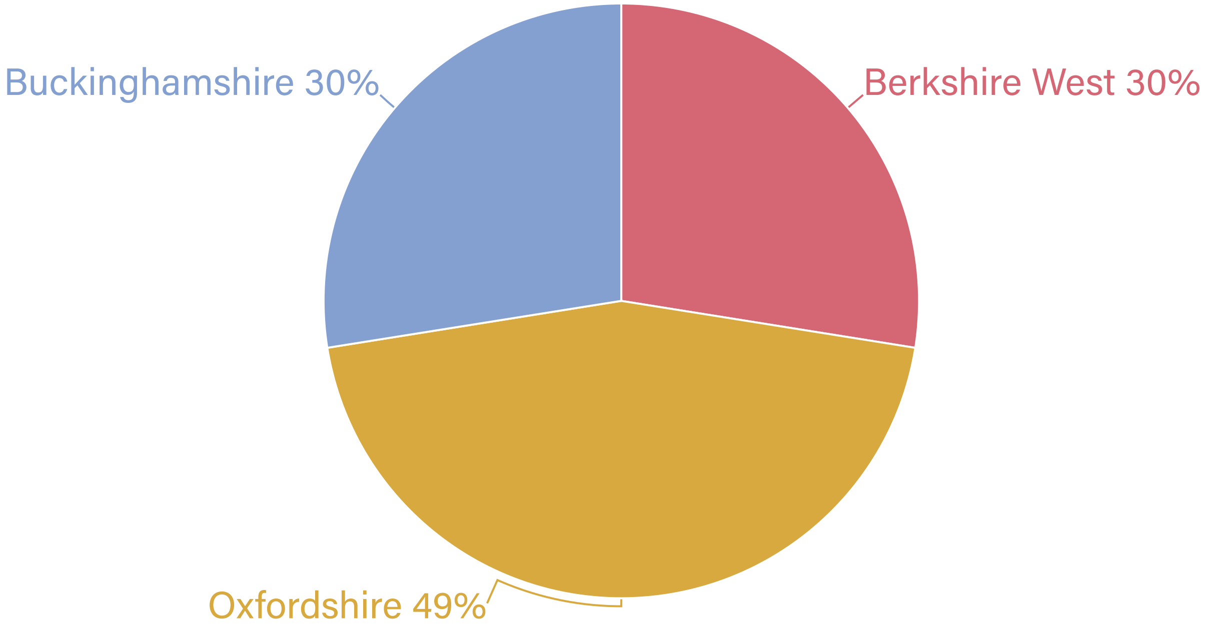
Two in five responses were from organisations in Berkshire West.

Where responding organisations support people (n=176)



Half of VCSE organisations across BOB are based in Oxfordshire*

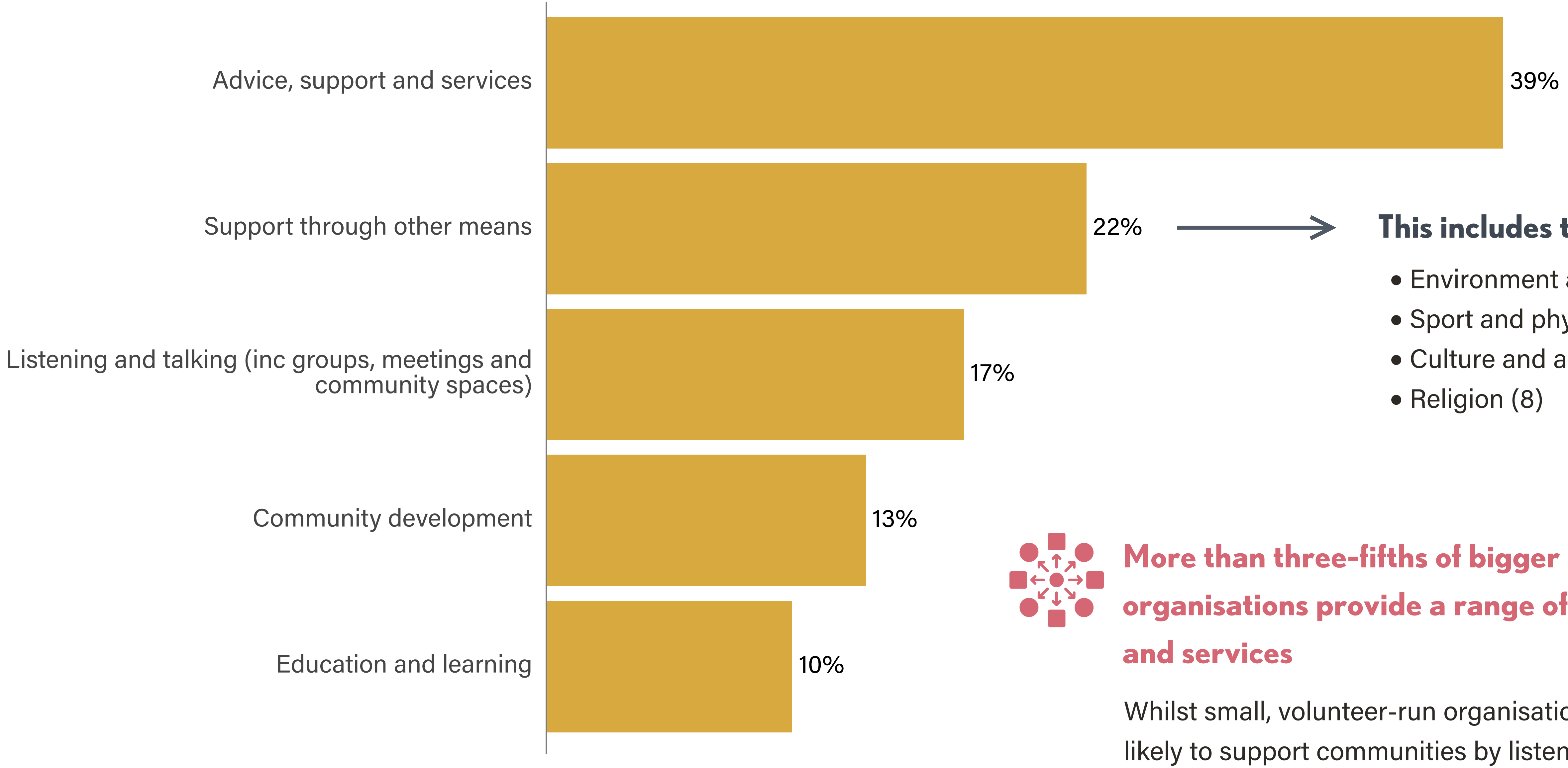
Organisations in Berkshire West appear to be over-represented in the survey, whilst those in Oxfordshire and Buckinghamshire are under-represented



* Based on data from 'Chapman, T. & Wistow, J. (2022) Local Health and Wellbeing: the contribution of the VCSE sector in BOB'

VCSE organisations support communities in a range of ways.

How organisations responding to the survey support communities (broad description of services)



This includes through:

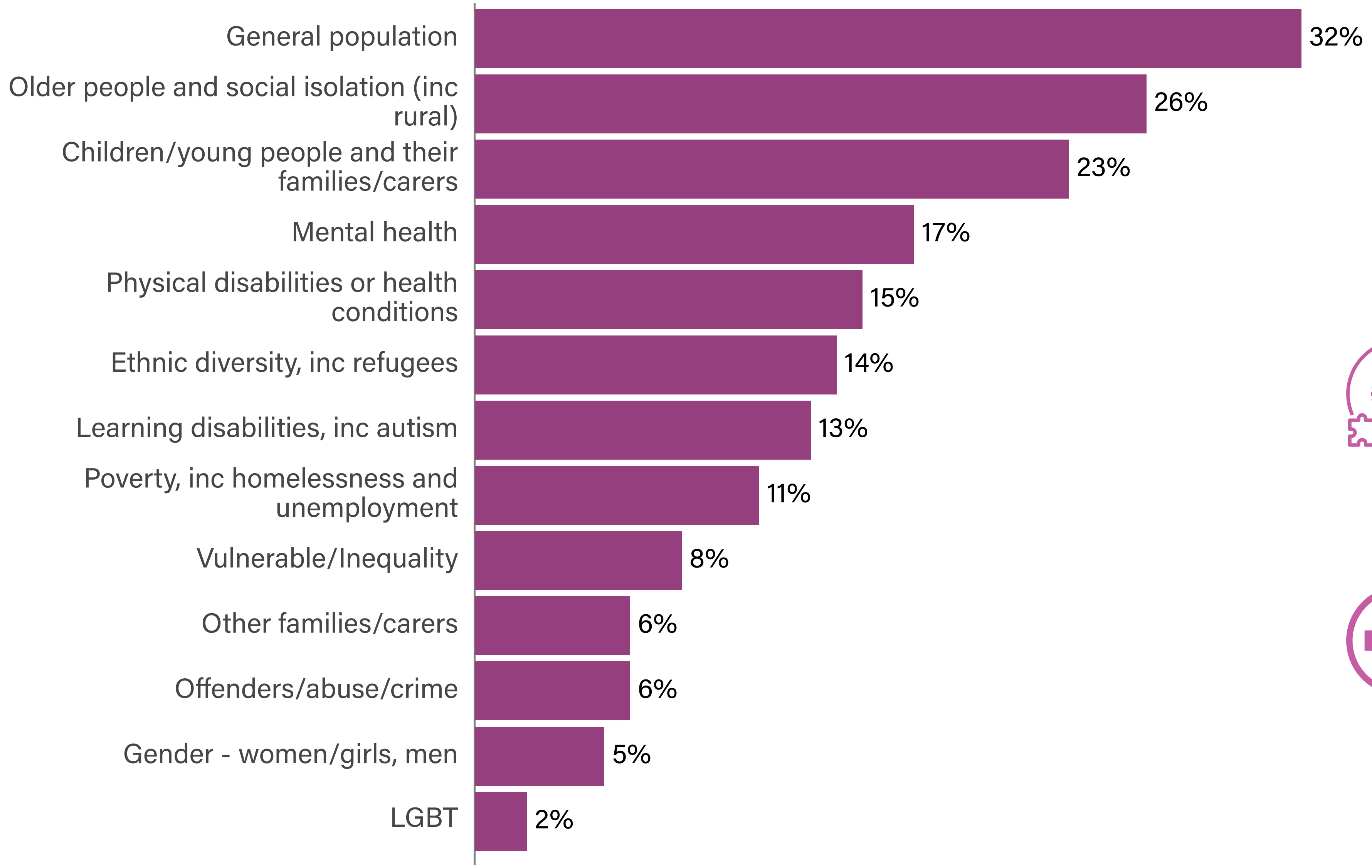
- Environment and nature (11)
- Sport and physical activity (11)
- Culture and arts (9)
- Religion (8)

More than three-fifths of bigger VCSE organisations provide a range of advice, support and services

Whilst small, volunteer-run organisations are more likely to support communities by listening and talking or through other means

And the VCSE organisations support a diverse range of people.

'Population' groups supported by VCSE respondents (many organisations support more than one population group)



24% of organisations support people around either mental health or learning disabilities

32% of organisations support people around health more broadly

Including physical health, mental health and learning disabilities

Current methods of engagement.

'Engagement' and 'research' mean different things to different people.

The responses to the survey highlighted some confusion around terminology and the need for the sector to use simple, clear and consistent language (and to provide explanations or examples when terms may be misunderstood).

The need for simple, clear and consistent language

We know from the survey responses that, without explanation, terms such as 'engagement' and 'research' mean different things to different people. When asked 'What engagement work do you do with your community to find out what matters to them?', several respondents describe either the ways in which they communicate with their service users/community (e.g. how they promoting services) or the services they offer.

> “ Currently our community engagement is mostly confined to fundraising, holding events for bereaved people to remember their loved ones and recruiting volunteers.

> “ We advertise our regular services via website, social media, professional contacts.

And some suggest the term 'co-production' is not used consistently by all

There is some confusion around exactly what 'co-production' means and a couple of respondents feel that this is something of a 'buzz' term that statutory services and other organisations use incorrectly, i.e. when true co-production has not taken place.

> “ A lot of professional organisations still don't understand the difference between [engagement and co-production].

Methods of engaging communities range from very informal methods to the use of standardised, validated methods.

Informal methods

Many describe engaging service users and communities through informal methods, e.g. unrecorded conversations, as part of delivering the service. This may be the only way they gather feedback, or it may be used in conjunction with other more recognised/formal methods such as surveys, feedback forms etc.

> “ We have feedback forms that people can fill in but normally we listen to them and take note of their concerns, praise, or anything else they wish to relay.

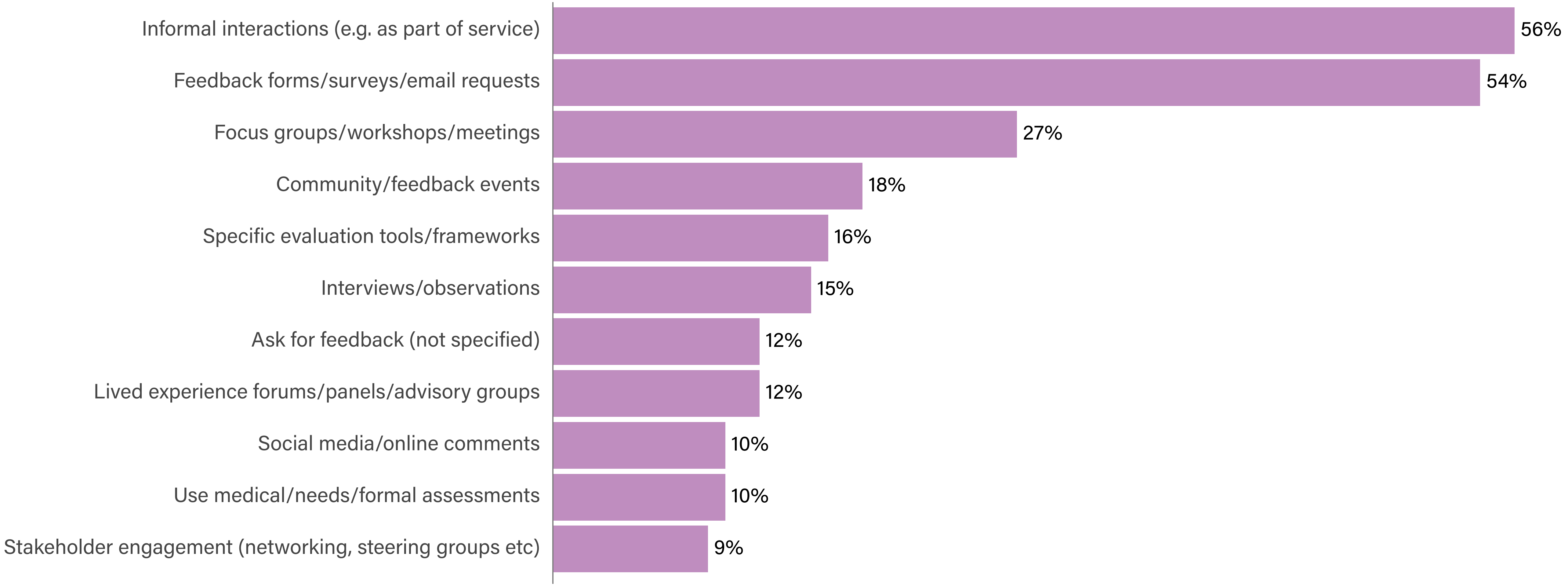
Formal methods

Others are using more formal engagement methods , such as 'facilitated table top consultations', 'semi-structured interviews' and 'standard evaluation frameworks'. A small number of respondents have or are working with engagement and research specialists .

> “ We have a full time client engagement manager who delivers formal forums as well as more informal activities.

Engaging through informal interactions is most often mentioned.

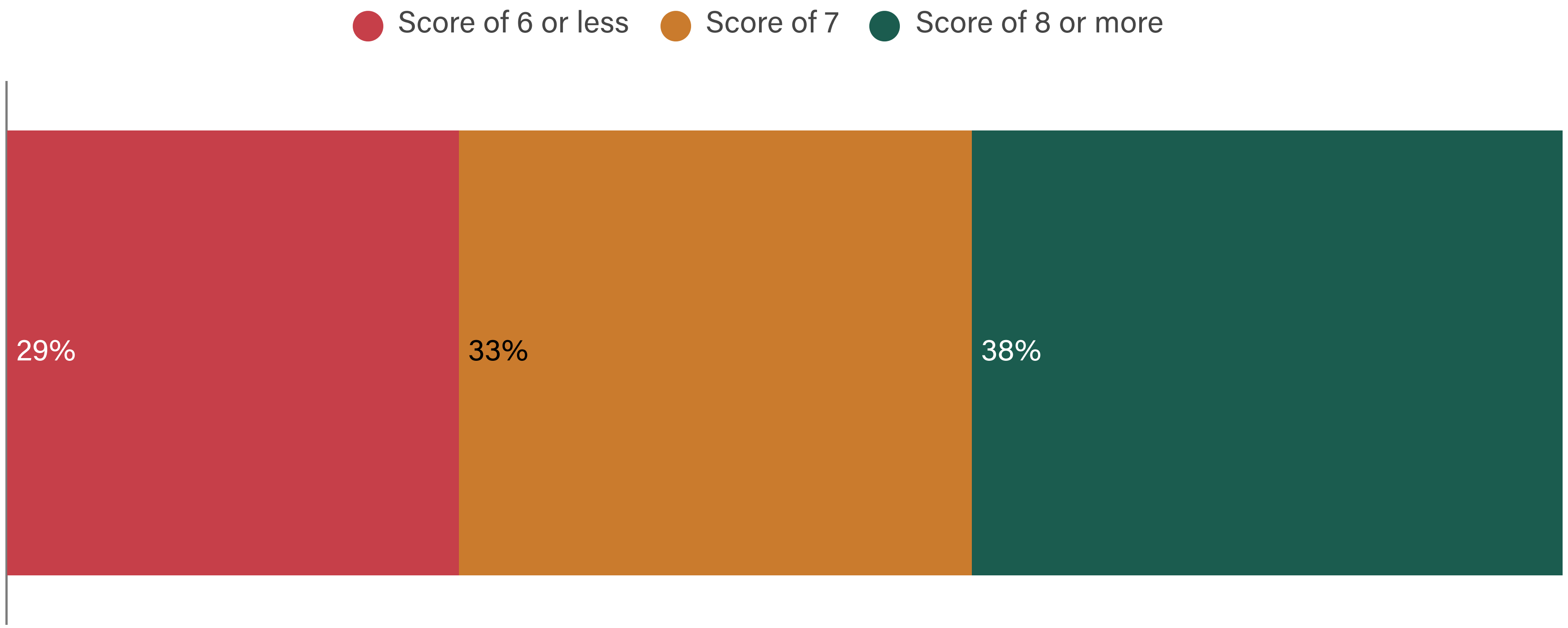
Gathering feedback through informal interactions during the course of providing a service is mentioned by just over half of respondents. A similar proportion use feedback forms/surveys; this is the most common 'formal' engagement method.



Base: all providing relevant answer (n=165) through Q4 ("Which people or communities do you work with, for example older people, a faith group or a community that lives in a particular area? Please describe." or Q5 ("What sort of approaches do you use to find out what people think and feel? How do you share what you have found out and with whom?"). Open-text responses have been coded into themes. One response may be multi-coded (i.e. may appear in more than one theme).

3 in 10 do not feel their current engagement is working well.

Respondents were asked to rate how well they feel their current engagement is working (on a scale of 1-10). Views are fairly evenly split with 29% giving a low score (of 6 or less) and 38% giving a high score (of 8 or more).



There are no statistically significant differences by sub-groups

Base: all respondents answering Q: "How well do you think your current engagement is working? – 1-10 scale" (n=176). Answers have been grouped.

Bigger VCSE organisations are more likely to use specific methods of engagement.

Bigger VCSE organisations are more likely to use certain methods of engagement than those that are 'small, volunteer-run'

Bigger VCSE organisations are more likely to use:

- Lived experience forums/panels/advisory groups (mentioned by 28% of bigger VCSE organisations vs 3% medium VCSE organisations and 3% small, volunteer-run organisations)
- Specific evaluation tools/frameworks/employ specialists (32% of bigger VCSE organisations compared to 11% small, volunteer-run organisations)
- Focus groups (40% bigger VCSE organisations vs 20% small, volunteer-run organisations)

Perhaps not surprisingly, small, volunteer-run organisations are more likely to mention using informal interactions to gather feedback (mentioned by 70%) than bigger VCSE organisations (44%).

> We hold regular client forums (every 6 weeks) to understand need and identify gaps in working, we also have an annual client questionnaire which we use to understand the value of our service.

Other significant differences amongst use of engagement methods:

- Gathering feedback via social is media higher amongst organisations focused on 'community development' (33% of these organisations mention using social media in this way) compared to those providing 'Advice, support and services' (5%).
- 'Community feedback events' is higher amongst organisations providing 'Listening and talking' services (mentioned by 35% of these organisations) compared to those providing 'Advice, support and services' (10%).

A handful of VCSE organisations mention using recognised engagement tools and employing engagement professionals.

Specific evaluation tools are being used by some

Examples of evaluation tools mentioned (most often mentioned by bigger VCSE organisations) include:

- "Surveys include validated scales such as the UCLA Loneliness Scale and the Warwick-Edinburgh Mental Well-being Scale"
- "Facilitated table top consultations (a part of mental health pathway consultation exercises)"
- "We use Outcome Star to demonstrate impact"

And, although not asked directly in the survey, a handful of organisations mention employing Insight/Engagement professionals (either in the past, at present or this is planned for the near future)

> In the past we've worked with Reading University and community researchers, and we've employed community engagement workers.

Spotlight on: Storytelling

Five organisations in Oxfordshire, including Home Start Oxford, mention using the Storytelling Evaluation Method, a creative and participative process where impact is measured via stories collected from the service users. The benefits of this method were highlighted in some additional feedback (gathered via LinkedIn):

Empowering communities

> The process itself empowers parents [..] It gives voice to the huge impact our volunteers have [..] Storytelling has created a safe and respectful framework for families to share the context and complexity of their experience. (HomeStart Oxford)

Meaningful measurement

> It's time to start costing what we spend on measuring impact internally (because funders still love lots of data too!), not segmenting it in data costs, external evaluations, and staff time. We're seeing shifts towards meaningful measurement, but there's a way to go. (The Old Fire Station, Oxford)

VCSE organisations know their communities, and are well placed to know what engagement methods will and won't work.

Organisations working with specific groups, such as vulnerable people or people with disabilities have found that some formal methods of engagement are not appropriate to use with these individuals. Others mention the need for research and engagement practices to be as accessible as possible.

The most in-depth engagement may come from more informal methods

Surveys and other formal methods of engagement are not always appropriate for specific groups. Some organisations supporting people with learning disabilities in particular have found that direct conversations work better than more formal methods, e.g.:

- "We have used surveys but find that outreaching to smaller groups works better."
- "Experience has shown that direct contact/conversation individually or in groups works best for people with LD."

Organisations emphasise the need for engagement to be accessible

Some organisations mention the importance of ensuring engagement and research with communities is as accessible as possible, i.e. in their own place, in simple language, translated into native languages etc.

- "Only if this was in person at the activity. Our participants have many and varying needs and questionnaires etc. are not an appropriate tool so the feedback is often skewed by those who are more able to respond."
- "Research is written in a language that can seem alien to the West Indian Elderly."

Case study: using creative engagement methods.

Spotlight on: using creative methods to engage with young people and people with Learning Disabilities

The Mustard Tree in Reading have been using creating methods of capturing and reporting on the views of young people and people with learning disabilities:

"We provide creative opportunities which enable young people to choose something that matters to them and co-produce a project that addresses this concern. We recently worked with the Community Safety Partnership to get feedback from young people on safety in the Reading area. Young people co-produced an interactive strategy document and met with key decision makers and their thoughts were heard and next steps considered.

"We recently produced a number of videos for BOB collecting the views of young people on the transition from childhood to adulthood with Autism or LD. We went to various community partners and recorded the views of the young people accessing these services and then produced a number of themed videos."

It takes time to develop relationships with communities to enable the gathering of in-depth, meaningful feedback.

"Trust is the key ingredient"

VCSE organisations have taken the time to build trust and develop the relationships needed to gather meaningful feedback from vulnerable or marginalised communities.

> Our biggest challenge remains gaining insight from the hardest to reach - access to certain groups is not always easy, and progress moves at the speed of trust.

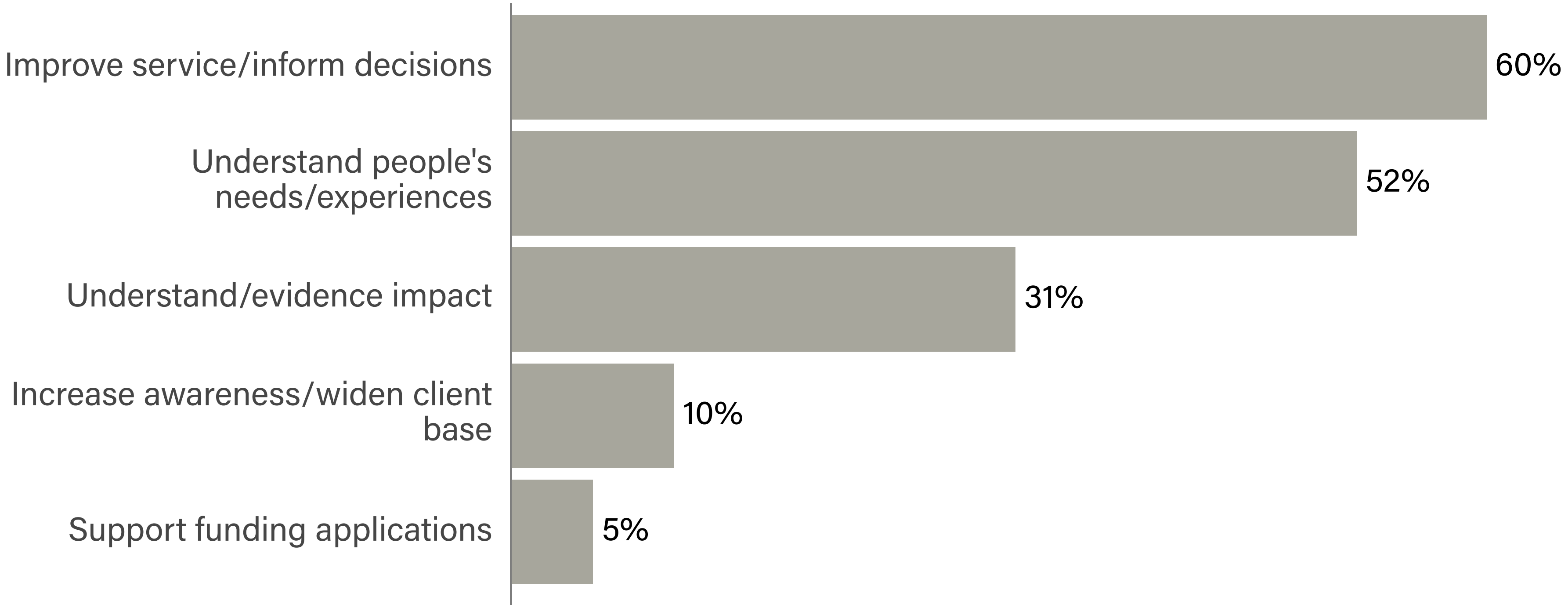
> Building a relationship takes time and sensitivity to build trust, especially around dementia where in some communities dementia is not discussed or recognised.

And several organisations mention concerns around over-researching their local communities, particularly if it is not clear how engagement would directly benefit them

> There are only so many surveys you can ask you clients to do. It is unrealistic and unfair of stat agencies to ask small charities to encourage participation in their surveys then. There needs to be a discussion with the VCS on how this can be resourced properly so it can be effective.

Of those mentioning the reason for carrying out engagement, most do so to improve their service and inform decisions.

Although not directly asked in the survey, some respondents mentioned the reasons why they gather feedback/engage with service users and communities. The most common reason given is to improve the service and/or inform decisions.



> “We develop our projects based on the feedback of service beneficiaries. This can vary from what snacks and drinks we should take on outreach, to gaps in provision and support, to practical ways to develop services,

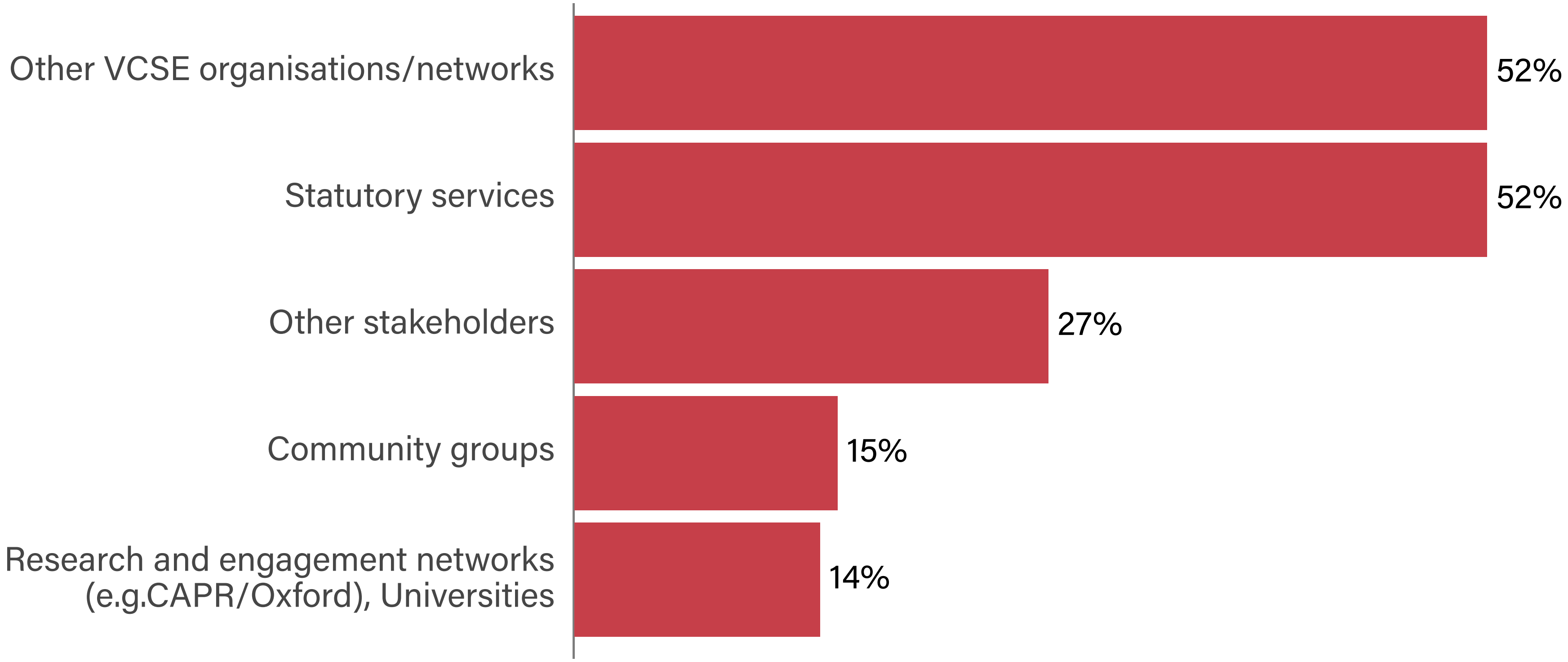
Base: all specifying motivation for engagement throughout survey (n=42) . Open-text responses have been coded into themes. One response may be multi-coded (i.e. may appear in more than one theme).

Working in partnership on engagement and research.

3 in 10 organisations mention working in partnership with other organisations on research and engagement.

Of those VCSE organisations detailing who they work with on engagement, half work with other VCSE organisations or networks and half work with statutory services. This is affirmed by other research on the contribution of the VCSE sector in BOB, showing that it is highly networked locally (Chapman, T. & Wistow, J. 2022).

Organisations worked with for engagement reasons:



> We are involved in various strategic groups working with a number of charities and statutory partners. These include the Reading VCS Leaders group, and the Voluntary Intelligence Network which is a group of local charities working with the Council to identify and anticipate issues and health inequalities and consider ways to address them.

Base: all specifying other organisations they work with for research and engagement reasons throughout survey (n=52). Open-text responses have been coded into themes. One response may be multi-coded (i.e. may appear in more than one theme).

Case studies: Partnership working.

Listen Learn Adapt (Age UK Bucks)

A major piece of research and insight work called Listen Learn Adapt was carried out with 5 Bucks charities (Age UK Bucks; Bucks Mind; Oasis partnership; Wycombe Wanderers Foundation; Citizens Advice Bucks) and funded by local grant funders.

This engaged with minority ethnic communities and individuals to better understand their attitudes and perceptions of local charity services and support, and experiences (including health related). It consisted of online, paper and face to face research (around 260 respondents in total) and extensive report writing stage, culminating in a published report in autumn 2023.

Partnership between FACT Bucks and the local authority to NDD pre-diagnostic support offer in Buckinghamshire*

FACT Bucks - the Parent Carer Forum (PCF) for Buckinghamshire - has been working with the local authority (LA) since 2022 to strengthen pre-diagnostic neurodevelopmental disorder (NDD) support pathways by engaging the voluntary and community sector (VCS) and co-designing support with parents.

The LA and PCF were keen to build on previous experiences of joint working by sourcing existing, tested solutions from the VCS and adapting these through co-design with parents.
Initial workshops between representatives from Buckinghamshire Council, local NHS services, FACT Bucks, Pace, AES and the Healthy Living Centre allowed the LA to form a more detailed understanding of the existing VCS offer. Internal monitoring data (qualitative and quantitative feedback from parents and service usage statistics) was used to ensure the lived experience of children and young people with SEND and their families was used to help shape and strengthen the NDD support pathways.
Local VCS organisations are now delivering neurodiversity assessments, regular information and guidance programmes for parents and carers, and support for practitioners in settings working with young people with NDD.

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*This information was not taken from survey responses; this was taken from "Effective Practice case study: working with the voluntary and community sector to strengthen the NDD pre-diagnostic support offer in Buckinghamshire" provided to the research team by Stephen Barnett, BOB VCSE Alliance

Several VCSE organisations are working with and supporting local research networks and information sharing initiatives.

Oxford Community Research Network

Oxfordshire County Council is working with several local VCSE organisations to build this network with a focus on health inequalities.

Community Participatory Action Research at Reading University

Reading University's Participation Lab share learning about facilitating participatory, creative methods, community-led, action-oriented research approaches and public engagement.

Bucks Data Exchange

Some respondents mention being part of/using Bucks Data Exchange who help small charities to understand their communities and demonstrate impact through offering advice and connecting charities to relevant information sources.

And some mention working with the BOB VCSE Alliance

> “Wherever possible, we seek to build on existing research that has been done within the communities we serve, and we attend Oxfordshire County Council's Community Research Network in support of this.

> “[We use] Community Participatory Action Research (CPAR), and range of methods to reach people's views, including focus groups, on the streets, surveys, community research, action research.

> “As a partner in the Bucks Data Exchange, support and encourage VCSEs to access and use data effectively to support decision-making and fundraising.

Case study: BOB VCSE Alliance LDA Workshop.

BOB VCSE Alliance LDA Workshop March 2025

In March 2025, the BOB VCSE Alliance held a generative workshop on Learning Disabilities and Autism (LDA) which showcased the reach of VCSE organisations and the partnership working in the sector and also included some discussions relating to research & engagement.

The reach of the sector

> We provide advice and information to parents and young adults, youth groups and holiday activities. We reach over 5,000 families across Oxon.

> We deliver year round outdoor based day service in Oxfordshire with LDA adults and young people- approx. 65-70 people each week. work with ages 14-70.

Partnership working

> In addition to our frontline work, we support others through consultancy and partnership projects. We're currently working with Frimley NHS and have been supporting the PINS Partnership within their Neurodiversity Project. We've also partnered with three other local charitable organisations to lead the user voice work linked to an all-age neurodiversity partnership plan, led by the Frimley ICB.

Engagement and research

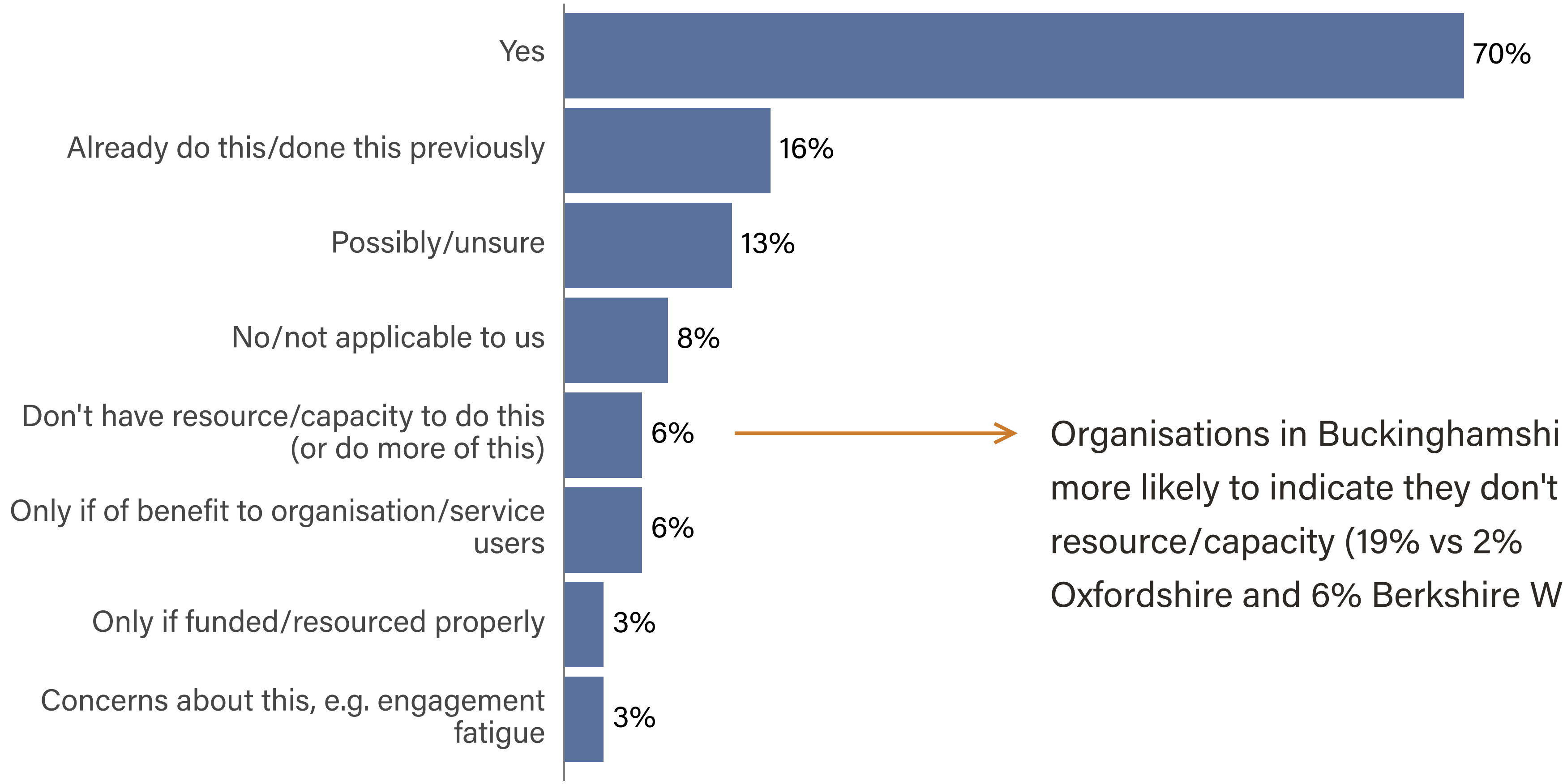
> I am conducting a national research survey about 'what people may like to see in any sort of support group model' - linked to addictive behaviours.

> [There is a] lack of visibility of activity and impact data across ICB. Opportunities to collaborate would create more cross sector peer support, more needs-led activity and more efficiency and more scope to CELEBRATE the things that are working.

*This information was not taken from survey responses; this was taken from the transcript of the LDA Workshop, provided to the research team by Stephen Barnett, BOB VCSE Alliance

Almost all organisations would value working with other partners to collect and use information.

Almost 9 in 10 (86%) of respondents say they would value working with other partners on this, or that they already do.



86% would like to, or already, work in partnership

Organisations in Buckinghamshire are more likely to indicate they don't have resource/capacity (19% vs 2% Oxfordshire and 6% Berkshire West)

Base: all respondents to the question 'Do you think that your organisation/community would value working with other partners, for example health and care staff or researchers, to collect and use information about what matters to local people?' (n=175). Open-text responses have been coded into themes. One response may be multi-coded (i.e. may appear in more than one theme).

However, a recent discussion with VCSE leaders revealed some challenges to dealing with requests to partner in research projects.

A recent discussion between the BOB VCSE Alliance and VCSE leaders on 'attitudes to research' revealed:

Some VCSE organisations are seeing an increase in requests for involvement in research, particularly from the ICB

For example, the Alzheimers' Society receive many requests and encourage participation. In Oxfordshire, the Alzheimers' Society has a specific research project underway to improve engagement with South Asian and Muslim communities involving a broad spectrum of organisations and researchers.

There are concerns about how to handle such requests and challenges to participating

- VCSE organisations are not always provided with much information about the projects
- There is not always funding to support organisations taking part
- Connecting researchers with individuals can be time-consuming and resource-heavy, and is not always successful
- A lack of feedback given to those who get involved can create distrust or an unwillingness to participate again
- Strict participation criteria has made participation difficult in many cases
- People who have agreed to participate are often then asked to take part in multiple activities and consideration needed to be given to the capacity these individuals had and compensation for their time

*This information was not taken from survey responses; this was taken from notes from a workshop, 'Ageing Well' (April 2025), provided to the research team by Stephen Barnett, BOB VCSE Alliance

And VCSE leaders see a potential role for the BOB VCSE Alliance to help guide how researchers approach VSCE organisations.

From a recent discussion between the BOB VCSE Alliance and VCSE leaders:

Could the BOB VCSE Alliance support VCSE organisations by providing guidelines to researchers who wish to approach VCSE organisations and the people they support?

A mapping project has been initiated to identify how organisations currently deal with requests to participate in research and how they would expect findings to be used. Key points raised included:

- Ensuring that lived experience is used to steer, inform and shape research
- Ensuring informed consent is gathered
- Establishing priority setting partnerships to ensure proper co-production
- Research should be both clinical and practise based
- Communication about what was needed from who, and what the expectations and requirements were, is important for organisations with limited resource
- Clarity on funding opportunities and structures would be helpful
- Ensuring the most marginalised groups and communities are reached and what communication channels could be most useful to do that
- Barriers created by funding from NIHR studies having to be passed through the ICB to non-NHS organisations is frustrating and disappointing when it prevents involvement in research

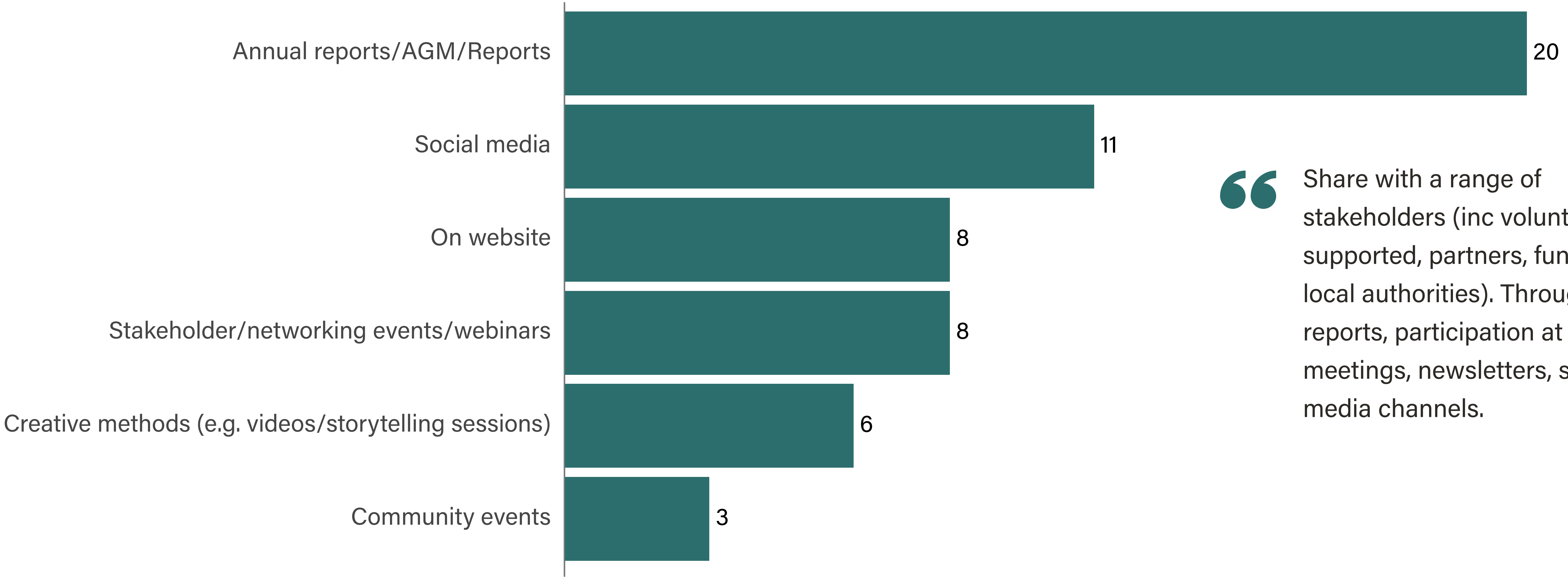
*This information was not taken from survey responses; this was taken from notes from a MH workshop, (March 2025), provided to the research team by Stephen Barnett, BOB VCSE Alliance

Sharing findings with others.

Creating reports is the most common method of sharing findings.

Not all organisations answered the question on how they share what they have found out. Of those giving a specific answer (37 respondents), the most often mentioned method is through creating reports/including in annual reports.

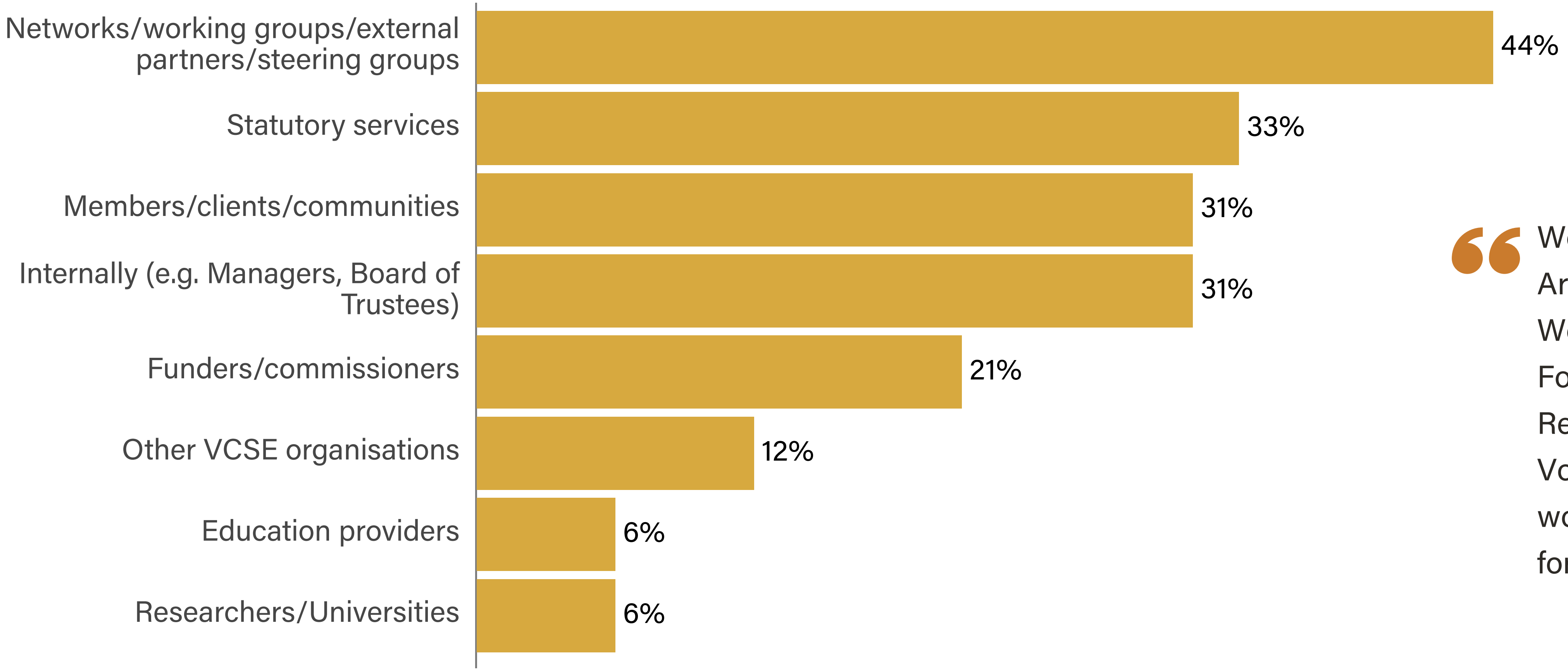
Due to the small base size, the chart shows the number of respondents and not the %



> Share with a range of stakeholders (inc volunteers, supported, partners, funders, local authorities). Through reports, participation at meetings, newsletters, social media channels.

Of those reporting on who they share findings with, a third share these with statutory services.

Not all organisations answered the question on who they share what they have found out with. Of those giving a specific answer (52 respondents), the most often mentioned method is with other networks/external partners and statutory services.



> We share with a range of partners- Armed Forces, Ex Veterans, Gurkha Welfare Trust, SSAFA, the Armed Forces Charity, NHS services, DWP, Reading Borough Council, Reading Voluntary Action and are open to work with partners to improve things for our community members.

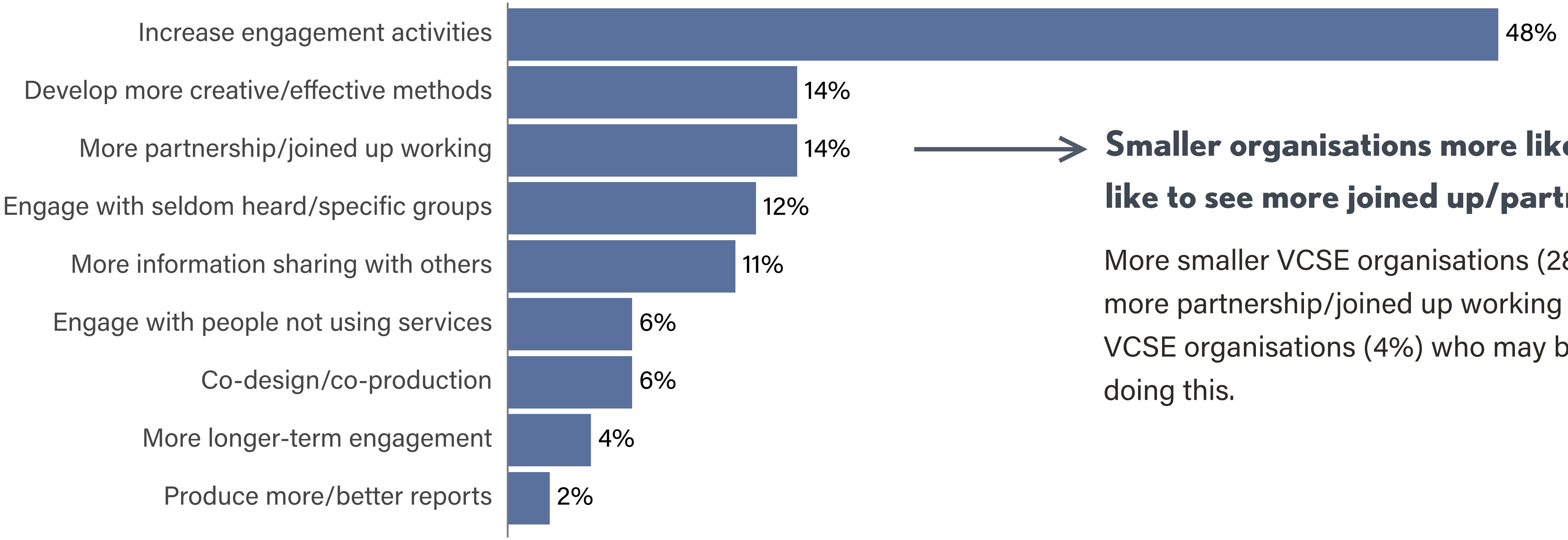
Base: all specifying other organisations they work with for research and engagement reasons throughout survey (n=52). Open-text responses have been coded into themes. One response may be multi-coded (i.e. may appear in more than one theme).

What would organisations like to do differently?

Almost half would like to do more engagement, and over 1 in 10 spontaneously mention wanting to work more with partners.

Note: The question in the survey is 'What would you do differently if you could?" Please describe' and does not specify with regards to engagement practices. As such, many responses do not relate to engagement and often refer instead to different services they would like to provide . These responses have not been included here.

What organisations would do differently (regarding engagement):



→ **Smaller organisations more likely to say they would like to see more joined up/partnership working**

More smaller VCSE organisations (28%) mention wanting more partnership/joined up working compared to bigger VCSE organisations (4%) who may be more likely to already doing this.

Base: all giving relevant answer to "What would you do differently if you could? Please describe." (n=110). Open-text responses have been coded into themes. One response may be multi-coded (i.e. may appear in more than one theme).

But some specifically mention that working with partners must be of benefit and/or funded properly.

Although many VCSE organisations are willing to work with partners to collect and use information on their local communities, this must not be a 'one-way' transaction, i.e. it needs to be:

Of benefit to the VCSE organisation and/or to their local community

For some, they would only be willing to work in partnership to collect and use information if this would directly benefit either their own organisation and/or their service users/local community.

> Quite possibly, as long as it benefitted the people we support as opposed to being an "information collecting exercise" with few tangible benefits for carers.

> It depends on what the aim of the research was and relevance to us. Also how much it would cost us to do.

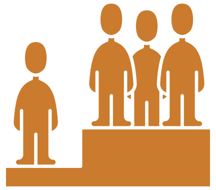
Properly funded and resourced

Some respondents made the point that VCSE organisations should not be seen as 'free resources' by statutory services and that, if working in partnership for engagement and research, VCSE organisations should be properly funded and resourced.

> Absolutely yes, and absolutely no! Yes. We have to work together for the benefit of marginalised groups. I am committed to doing this. NO if it is not resourced properly and fairly on a full core cost recovery basis. It is unfair of stat agencies to use charities for free.

> Possibly but charities can't magic up staff or volunteers to continuously provide things for free. We have worked with other charities and produced some good outcomes and recommendations but we also have core funded services to deliver. The sector needs to change and not consistently be seen as a cheap option.

Health-focused organisations are more likely to mention wanting to engage with seldom heard/specific groups.



Organisations with a health-related focus were more likely to say they would like to do more engagement with seldom heard/specific groups than those without a specific health focus

13 organisations in total mention wanting to do more engagement with specific groups, of which eight have with a particular focus on supporting people with either Mental Health or Learning Disabilities.

> “We would like to be able to engage more with people with profound learning disabilities, as this is an area we know remains poorly represented within the self advocacy movement.

> “We would always like to engage with more parent carers who have a child aged 0-25 years with SEND. We would be grateful if partner organisations did more to promote parent carer forums with the families they are in contact with. We would also welcome more awareness of parent carer forums and what they do within health so that we can work in coproduction to improve services for CYP with SEND and their families locally. However the funding we have is limited and we receive no funding for Health for participation/engagement.

> “The approaches we currently have work well, but we would like to be able to do more. We would like to understand more about the reasons why people do not engage with our services when in need of mental health support, particularly amongst under-represented communities.

Whilst many would like to do more engagement, they are often restricted by a lack of resources/funding.

Of those respondents who provide an answer relating to engagement about what they would do differently…

37% **mention a lack of funding/capacity is a key barrier to doing more (unprompted)**

> If we had some core funding, we could do a lot more engagement, especially with the communities in the neighbourhoods of our existing community gardens. We would love to have the resources to then produce reports and publish them.

> Limited by funding recently, which would allow for development of better engagement tools and growth in our resources to deliver greater engagement work. This will include improve service user journey, develop of new devices and great ability to take people's stories to inform change.

And almost 1 in 10 (9%) of comments refer to a lack of internal knowledge/the need to develop an engagement strategy

Training.

Existing training and potential training needs

Whilst some provide training to staff/members on engagement, health inequalities or research, not all feel this is needed.

Some comment that they do not provide training as it is not necessary - they already understand their community

37% provide training for community members/and or staff to do **engagement and co-production work**

34% provide training for community members/and or staff to **understand health inequalities**

Those providing training to **understand health equalities** are more likely to:

- provide support with a focus on health inequalities (50% provide this training compared to 27% of those without a health focus)
- feel their current engagement is working well (49% who score their engagement as an 8 or more out of 10 provide this training, compared to 22% who give a score of 6 or less)
- work across more than one area (64% of those working in more than one BOB area provide this training, compared to 21% of those in Buckinghamshire and 21% in Oxfordshire)

14% provide training for community members/and or staff to **understand research**

Those not providing training to **understand research** are more likely to feel their current engagement is not working well (78% who score their engagement as 6 or less out of 10 do not provide this training, compared to 54% who give a score of 8 or more)

Base: all respondents (n=176)

> “We run 2 training courses.
> Access All Areas: A Practical Guide to Accessibility. This will help people to better engage and support Disabled people, as well as to understand potential barriers they may face.
> Beyond Tolerance: A Practical Guide to LGBTQ+ Inclusion. This will help people better engage and support LGBTQ+ people, and understand health barriers they may face.
>
> https://www.tartproductions.co.uk/training

> “(Training on) health inequalities through taking lived experience to key stakeholders about the plight of people with neurological conditions and the state of services.

> “Our contractors regularly undertake training to improve their understanding of mental health difficulties and how we can support our clients, eg RVA courses. Our volunteers are also trained to understand how inequalities affect the life chances of the families we work with and how best to support them.

Of those giving detail on the research and training they provide to community/staff, awareness training is the most common.

The key areas of training mentioned by respondents who say they provide training to community members/staff for engagement work, health inequalities or research include:

Awareness training specific to service (e.g. disability awareness)

Training on engagement techniques

Community researcher/peer-to-peer researcher training

EDI/accessibility training

> We provide training in mental health awareness, suicide awareness, understanding autism & ADHD.

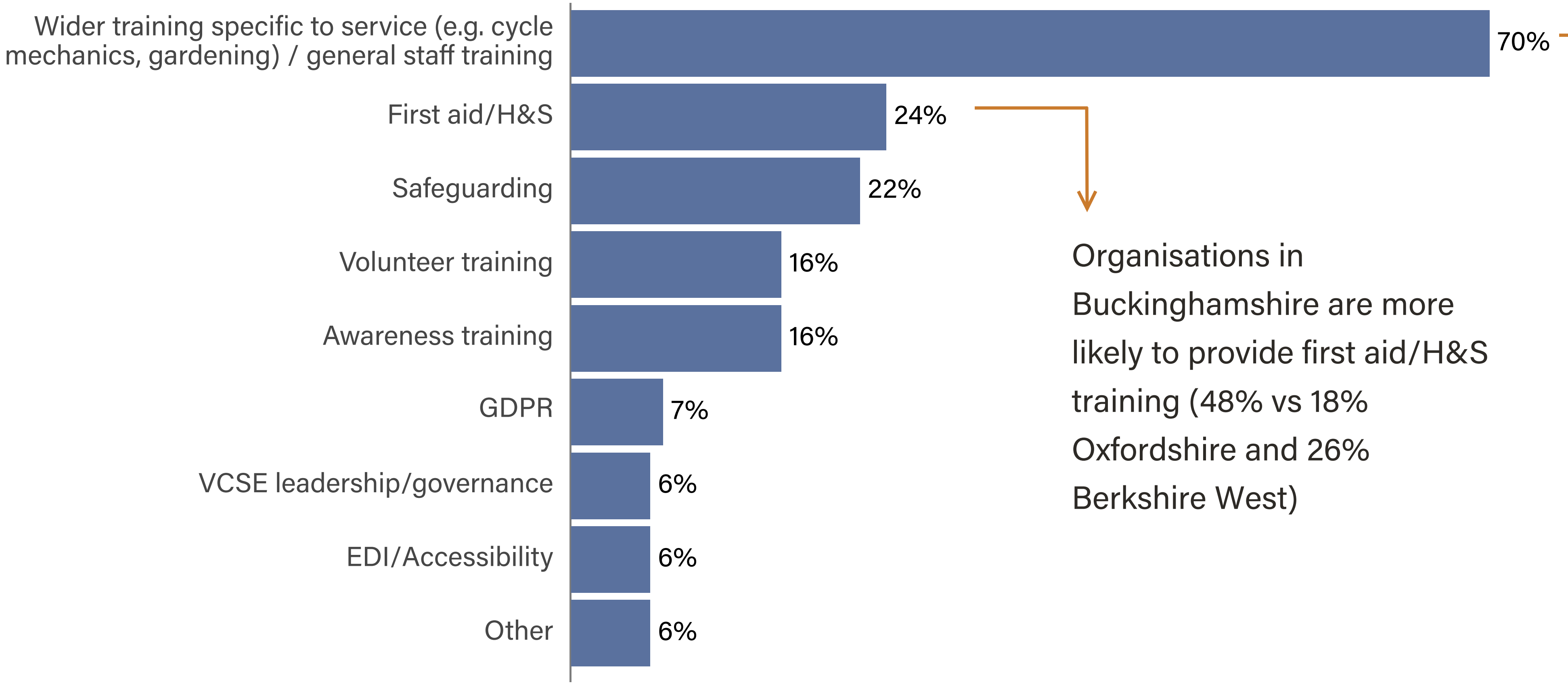
> We are doing research with Reading Uni using peer to peer researchers. We are training staff members around data, reporting and data visualisation for better impact reporting for research programmes.

> Training and support for Community Researchers, providing them with a toolkit to gather community views on a variety of topics.

> Understanding health inequalities is part of our EDI training for staff.

Just over 7 in 10 organisations provide other training for community members and/or staff.

Of those giving details of staff training, 7 in 10 give general training or training specific to the service provided. A quarter provide First Aid or Health and Safety training and just over a fifth mention providing Safeguarding training.



Organisations in Buckinghamshire are more likely to provide first aid/H&S training (48% vs 18% Oxfordshire and 26% Berkshire West)

- Bigger VCSE organisations are more likely to provide wider/general training (30% vs 3% small volunteer-run)
- Those supporting people with health conditions more likely to provide wider/general training too (27% vs 10%)

Base: all respondents to the question 'Do you/your organisation provide any other training for community members and/or staff? If yes, please describe' (n=121). Open-text responses have been coded into themes. One response may be multi-coded (i.e. may appear in more than one theme).

Almost 3 in 5 say they feel further training is needed.

58% think further training is needed*

Training on engagement or coproduction work

Key themes amongst those providing details on what training they feel might be helpful for engagement or co-production work include:

- More clarity around co-production/more training on co-production (as some feel this is a term that is not always used correctly; bigger charities are more likely to mention wanting training in this area)
- General engagement skills
- Creative/participatory/accessible approaches

And some mention that it is not training that is needed, but more sharing of data/best practice.

> “ Greater understanding of co production, what it means and how it can be done. Particularly by services and government at all levels so that it is not the latest buzz word.

Training to understand research

Key themes amongst those providing details on what training they feel might be helpful to understand research include:

- A general overview
- Collecting and interpreting data (including statistics)
- Understanding of existing research/data sources
- Reporting/communicating results
- Using research to inform decisions

> “ Starting from the beginning What is research? And how can our community be better included?

> “ General understanding of what research has been carried out and how it can benefit us.

*Survey question: "Do you think any training is needed?" If you do, then please describe what you think might be helpful. Training for engagement or coproduction work – text box; Training to understand health inequalities – text box; Training to understand research – text box

Many feel that they understand health inequalities; it is others that don't and may benefit from training.

Many comment on how this is not an area that they need training on (but that others would benefit from this)

Organisations supporting people with physical or mental health conditions are more likely to say they don't need training in this area.

> I'm not sure a lack of understanding of health inequalities is what is holding things back.

> There are big concerns in the learning disability community around health professionals not understanding how hard it is to access health services especially GP services and the back log still of people on waiting lists.

> I think the community understand health inequalities but NHS staff need training in understanding the challenges, stigma & cultural context of different communities.

Key themes amongst comments from organisations that would like training to understand health inequalities:

- General training on awareness and impact of health inequalities/barriers to accessing services
- Health inequalities terminology/statistics
- Better understanding of local health inequalities

> It would be useful to fully understand the specific local health inequalities, who is experiencing these inequalities and why.

> I think a broad overview of the subject, current research in this area, how to address these inequalities, where and why they exist.

Survey question: "Do you think any training is needed?" If you do, then please describe what you think might be helpful. Training to understand health inequalities – text box

Many organisations are aware of training provided by other organisations, particularly by voluntary networks/associations.

However, there was some confusion as to whether this question referred to any training or training specific to engagement as this was not specified in the question wording.

Organisations most often mentioned as providing training include:

Voluntary associations and other VCSE organisations

For example:

- Reading Voluntary Action (RVA)
- Oxford Community & Voluntary Action (OCVA)
- National Council for Voluntary Organisations (NCVO)
- Non-Profit Centre of the Berkshires (NPC)
- Community Impact Buckinghamshire
- Red Cross UK
- Cobra Collective

Local Universities

In particular, Reading University (CPAR)

Statutory bodies

For example:

- Local Authorities
- NHS
- Healthwatch

Feedback from other sectors.

There were 63 responses from non-VCSE organisations.

They responded across different surveys, with 9 completing the VCSE survey, so in some cases were asked different questions

Who do these organisations include?

- NHS Foundation Trusts
- NHS Healthcare Trusts
- University Hospitals
- Universities
- Health departments and groups, e.g. vaccines
- Applied Research Collaborations (ARCs)
- Other research centres
- Specialist support services, e.g. autism
- Local authority services, e.g. children's, adults, communities

Like VCSE organisations, they work with a wide range of people and communities

But they were more likely to:

- Deliver specialised health services, e.g. spinal cord injuries, neonatal/infants, acquired brain injuries
- Recognise crosscutting and "intersecting identity features"
- Highlight partnership working at this stage, i.e. working with other organisations and groups to support communities

Statutory services use a range of research/engagement methods.

But on average they rate the effectiveness of these as 6.1 out of 10, lower than respondents from the VCSE sector (average of 7)

Overall, statutory services appear more likely to be using formal methods compared to VCSE

With some clearly knowledgeable and advanced in their use of research methods, with references to quantitative studies and evaluation techniques. Many use a range of qualitative approaches, from focus groups to patient participation groups.

But some do also engage people informally through ongoing delivery of services

Examples included community events (e.g. meet and greet), feedback calls with patients and general conversations.

Some statutory services highlighted how they engage networks, charities and groups to represent "voice" and for "intel sharing"

When it comes to communicating findings, often statutory services and universities focus on sharing with internal stakeholders and partners

Particularly reporting to boards and meetings and sharing findings with wider teams and services.

But there is recognition that they generally need to get better at communicating findings (and impact) with communities/participants

And many do point to ways in which they try to share feedback with communities, including:

- A 'you said, we did' approach
- Newsletters, emails, social media and website updates
- Attend meetings, forums and appointments to give feedback

When asked what they would do differently, time and resources were often cited as a challenge.

In terms of what they would do differently with time and resources, the focus was generally on reach and methods

Reaching more people

- In particular, reaching more diverse people and specific groups, e.g. "wider lived experience", "seldom heard"
- There were also some comments about barriers around the stigma of taking part in research, suggesting services and organisations need to understand more about how to involve people

Methods included more co-production, "scaling up" things that work and re-starting approaches previously used

Cutting across responses from statutory services was an ambition to see more coordination and collaboration between services and organisations

The aims of this generally covered:

- Reducing duplication and "participant fatigue"
- Working together to capture more lived experience and a representative "voice"
- Working together in how information/data is being used and how it is having an impact

Like VCSE organisations, several respondents commented that "this is already happening"

Training provided at these organisations is quite often informal.

Close to three in five statutory services and universities responding to the survey provide training around engagement/co-production, health inequalities and research

Statutory services and universities are able to lean on expertise across their organisations for informal training

In areas such as business intelligence and public health, e.g. around how to adopt toolkits and frameworks

They also organise workshops and facilitate "information exchanges"

For example, between staff and volunteers

Statutory services were more likely to highlight mandatory training that their organisations provide

Including e-learning, inductions and CPD, with EDI a common example

Most statutory services and universities recognise that more research and engagement training is needed.

Specific examples covered the three topics: engagement and coproduction, health inequalities and research

Engagement and coproduction

- Generally raising awareness and understanding of 'coproduction' and what it happens, both for staff and communities
- How to build trust and relationships with communities as part of ongoing research and engagement
- Other specific examples included use of digital tools, use of language when engaging communities and generally skills in presenting and 'speaking up'

Health inequalities

- To develop understanding of the impact of demographics, diversity and experiences on health, including contributory factors and 'root causes'
- Recognising the need to work differently to tackle health inequalities, e.g. through care pathways
- Training on 'evidence-based practice' and how to use local data to better understand health inequalities

Research

- To develop understanding of data and research in a range of areas, including terminology, recognising 'quality data' and undertaking effective analysis
- How to communicate and connect with participants through research to increase response levels and diversity
- A general theme emerged of "it depends" with research being such a broad term - what we mean by research and how it will be used

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