Community Champion induction training: Facilitation guide

About this guide

The Community Champion induction facilitator guide has been developed as a supporting document to the induction slide deck. It has been prepared to assist Research Ready Communities programme staff in facilitating inductions with Community Champions.

The guide indicates the objectives, activities, materials required, and corresponding slides for each section of the induction, and includes more detail on instructions for facilitation of activities, timings, and learning objectives. To help navigate the guide, a link to each section is provided in the table of contents, with an option to return to the table of contents provided at the end of each page.

The document provides guidance for delivering this training in a face to face setting, but can and should be adapted for online delivery (e.g over Zoom, Google Hangouts) where this is more accessible for the Community Champions you are working with. Timings and activities should be adapted accordingly.

Please see the Community Champion information leaflet and Research Ready Communities guide for programme leads for more information about the role and the programme.

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About the induction

Induction objectives

By the end of their induction training:

Community Champions should:	• Understand what health and social care research is and why it is important; • Know how people can take part in health and social care research; • Know about NIHR and our role in health and social care research; • Have developed rapport with their peers and with you; • Understand the aims and activities of the Research Ready Communities programme; • Understand and feel confident in their role as a Community Champion; • Have an agreed set of next steps with you to help them implement their training.

Participants

All Community Champions are required to complete this training, regardless of their previous knowledge and experience of health and social care research.

Training schedule and delivery

The training should be delivered in person in a group setting wherever this is practical and accessible for Community Champions, as the induction is designed to facilitate active, practice and discussion-based learning. Where training needs to be delivered online, the facilitation guide and slide deck can be adapted as required.

Where a group training cannot be organised, Community Champions should complete the online version of the induction training independently. Please note that the online training only covers Module 1: Introduction to health and social care research. Community Champions will also need to be provided with Module 2: Research Ready Communities training. A debrief should be arranged between the relevant programme lead and the Community Champion after completion of the online module to make sure all their questions are answered and they feel confident moving forward in their role.

The estimated timings for the training are provided below. Coffee, lunch and comfort breaks are not included in the table, but should be incorporated into any timings. How the training is divided up is flexible, and should be tailored according to the needs and availability of your Community Champions.

Table 1. Community Champion induction modules and running times

Module 1: Introduction to health and social care research	**Module 2: Research Ready Communities training**
Module running time (excluding breaks) 3 hours	**Module running time (excluding breaks) 3 hours 15 minutes**
Welcome and introductions **(15 minutes)**	Energiser **(10 minutes)**
What is health and social care research? **(1 hour)**	About the Research Ready Communities programme and Community Champion role **(20 minutes)**
About NIHR, Be Part of Research and Join Dementia Research **(15 minutes)**	Community conversations and mapping overview **(15 minutes)**
Inclusion in health and social care research **(20 minutes)**	Community Conversations: One-to-one **(40 minutes)**
Safeguarding and data privacy **(20 minutes)**	Community Conversations: Group **(40 minutes)**
Group activity: Sharing the news about research **(30 minutes)**	What questions or concerns might people raise about research? **(15 minutes)**

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Module one wrap up and reflections **(10 minutes)**	Community mapping **(40 minutes)**
	Next steps, reflections and feedback **(15 minutes)**

Preparation Checklist

Participation:

- Check that your group is happy to attend training in-person, or if it needs to be held online.
- Check with your participants for any dietary, accessibility or other inclusion requirements - About Me sheets can help with this.
- Some people may not be confident with reading or writing, or may need interpreting support. Make sure you know what is needed in advance and have the appropriate provisions in place. Consider how you will facilitate their equal participation during the training.
- If childcare provision or support is needed for Community Champions to attend, consider how you will support this (e.g through reimbursement of childcare costs, provision of childcare).
- Regardless of the visual needs of participants, it is good practice to prepare printed or written material with large fonts. The materials provided in this induction are size 14+ font. Make sure anything that is printed is done so to size for accessibility.
- If there are any mobility or accessibility issues within your group, consider how any activities involving moving/walking around can be adapted.
- Provide pens and papers for participants to take their own notes, but let them know you will share the slides and materials with them afterwards.

Venue:

- Arrange an appropriate and accessible venue. Make sure people can get there easily and that the venue/room is accessible.
- Check that the room can be used comfortably for both plenary and small group activities.
- Make sure that the room you are using has natural light and windows/access to fresh air to avoid depletion in energy levels.

Facilitation:

- Where possible, have at least one colleague with you on the day and in the planning to help you with organising and liaising with the venue, setting up and

managing the space on the day, and facilitating the group (e.g in smaller activities) with participants.
- Make sure you have printed out any of the handouts or evaluation forms indicated in the materials checklist throughout the guide, and that you have all the materials you need.

Module 1: Introduction to Health and Social Care Research

Module 1 Agenda

Timings	Section
15 minutes	Welcome, introductions, ways of working
1 hour	What is health and social care research?
15 minutes	Introduction to NIHR, Be Part of Research and Join Dementia Research
20 minutes	Inclusion in health and social care research
15 minutes	Break
20 minutes	Safeguarding and data privacy
30 minutes	Group activity: Sharing the news about research
10 minutes	Module One wrap up and reflections

***Suggested breaks only. The timings of breaks should be adapted according to local delivery.**

Module objectives

By the end of this module, participants will:
- Understand what health and social care research is and why it is important;
- Know how people can take part in health and social care research;
- Know about NIHR and our role in health and social care research;
- Have developed rapport with their peers and with you.

Module activities

Welcome, introductions, ways of working (15 minutes)

Section activities	1. Welcome and induction overview - objectives, agendas & session timings, housekeeping (2 minutes) 2. Introductions activity (10 minutes) 3. Ways of working (3 minutes)
Section objectives	● Provide a shared understanding of the aims of the induction, what material will be covered, and when ● Establish the agreed ways that the group will facilitate equal and safe participation (i.e ground rules)
Materials	● Slide deck ● Post-it notes ● Pens ● Flipchart paper ● Marker pens

FACILITATION INSTRUCTIONS	
1. Induction overview (2 minutes) **Slides 2 - 4**	Welcome everyone and provide an overview of the training objectives and agenda Run through housekeeping e.g toilets, fire evacuation
1. Introductions activity (10 minutes) **Slide 5**	Hand out two post-it notes per person. Ask everyone to write down on each post-it note: (i) Something they would like to learn from the training; (ii) Their favourite things about their community on the second post-it note. Ask everyone to share their name, pronouns, and their post-it notes. Place the post-it notes on a piece of flipchart paper with corresponding headings.
2. Ways of working (3 minutes) **Slide 6**	Explain that we want everyone to participate comfortably and equally during the training session, and for the sessions to be informal. Ask people what suggestions they have for an agreed way of working that we can all honour during the training session to

make it a relaxed and inclusive space.

Make a note of the agreed ways of working on a piece of flipchart paper. Some ways of working you can suggest or may wish to include:

- ***Take learnings, leave stories -*** *Take the learnings away with us, keep personal stories confidential in the room;*
- *There are no silly questions and everyone should feel comfortable to ask a question or say when they don't understand something;*
- *Respect each other's views and opinions and that it's okay to disagree or hold different opinions, as long as we do so with respect;*
- *Respect turn taking;*
- *Make space for all voices in the room - be bold and speak up/know when to step back and allow for others to speak;*
- *Enjoy ourselves!*

What is health and social care research? (1 hour)

Section activities	1. Word cloud activity (5 minutes) 2. Examples of health and social care research in everyday life (5 minutes) 3. A brief history of health and social care research (5 minutes) 4. Taking part in research quiz (5 minutes) 5. Research participants activity (20 minutes) 6. Benefits of taking part in research (10 minutes) 7. How do we keep people safe in research? (10 minutes)
Section objectives	● Provide a common understanding of: ○ What health and social care research is and why it is important; ○ How people can take part in research; ○ How we keep people who take part in research safe
Materials	● Slide deck ● Post-it notes ● Pens ● Flipchart paper ● Marker pens ● How research is changing lives timeline (online) ● Research participants activity handout (printed)

	• *‘How do we keep people in research safe?’* slides (you may want to have printed versions as well as the slide deck) • Be Part of Research and Join Dementia Research links

FACILITATION INSTRUCTIONS	
1. Word cloud activity (5 minutes) **Slides 7 - 8**	Have a piece of flipchart paper with ‘health and social care research’ written in a bubble in the middle. Ask people to shout out any words or phrases that come to mind. Explain that there are no wrong answers, this isn’t a test of their knowledge. Add people’s suggestions to the flipchart paper, creating a ‘word cloud’. Summarise what has been added to the word cloud and explain that we hope that by the end of the day, people have a good idea of what health and care research is, what it looks like in real life and why it matters.
2. Health and social care research in everyday life (5 minutes) **Slides 9 - 10**	Show the group the pictures of objects on slide 9. Ask people what the objects are and how we use them to look after our health. Then, ask the group why we have access to these items, and why we know they help us look after our health. Explain that health and social care research has led to and informed the different ways the NHS and our social care services look after our health and care, and it has also helped us to look after our own health on a day-to-day basis. Health research helps us to: • **Treat** illnesses or health conditions (e.g like the paracetamol); • **Diagnose** illness or issues with our health (e.g like the X-ray and blood pressure monitor); • **Prevent** illness or health issues (e.g eating five a day, brushing our teeth) • **Identify gaps in our knowledge about different health and social care issues, or gaps in care provision that need more attention/different ways of doing things.**
3. A brief history of health and	Go back to the picture of lemons on Slide 9. Ask people if they know which disease lemons cure. Use slide 11 to explain that James Lind conducted the first health research study we are

social care research (5 minutes) **Slides 11 - 12**	aware of in 1747 looking at lemons as a cure for scurvy (vitamin C deficiency. James Lind was a Scottish doctor who gave a group of sailors different diets. Those who were given citrus fruits in their diet showed improvements in recovering from scurvy within six days, showing how lemons and limes can be an effective treatment for the condition. We celebrate this milestone every year on International Clinical Trials Day in May, to recognise and thank the work of staff saving and improving lives through health and social care research. We also use the day to raise awareness about health and social care research. Use some of the research breakthroughs from the last 80 years to show how health and social care research has continued to help us improve people's quality of life, and save lives.
4. Taking part in research quiz (5 minutes) **Slides 13 - 17**	Use the quiz questions on slides 13 - 17 to introduce some of the key concepts related to taking part in research (answers and explanations are provided in the slide deck notes). Explain that we will come back to the point on ethics approval and how we keep patients safe shortly.
5. Examples of taking part in research (20 minutes) **Slides 18 - 20**	Get the group into pairs and provide each pair with handouts of the research participant examples. Ask the pairs to read through the examples and discuss how the different people take part in research. **Please note:** *The examples provided have been created using studies published on the Be Part of Research service. You may wish to create your own handout with studies that are relevant to the Research and Community Champions you are working with (e.g providing studies that are recruiting in their area, or that are on your RRDN's portfolio).* Get the pairs to think about whether there are any similarities,

differences, or things that surprised them about how people might take part in a research study.

Give pairs 10 - 15 minutes to do this. If any pairs are struggling or going off topic, use the questions at the end of the handout to guide their conversations. Bring the whole group back together and ask for reflections.

Use the different examples to summarise that there are lots of ways to take part in research including:

- Location e.g *from home, in hospitals, GP practices, at universities, in community settings, care homes*
- Length of time e.g *one off activity, over 6 months, 1 year, 5 years etc*
- Ways of finding out about or being invited to take part in a study *e.g invite from a healthcare professional/hospital, email or letter advertising a study*
- Having a particular health condition vs not having any known conditions;
- The type of activities involved *e.g surveys, cognitive tests, scans, taking medicine, blood samples, physical activity and lifestyle changes* (as shown on slide 20).

6. Benefits of taking part in research (10 minutes)

Slide 21

Draw concentric circles on a piece of flipchart paper, with the following written in each circle, starting from the circle in the middle outwards:

- The person taking part
- Family/carers
- People in the local area
- The country

Get the group back into pairs and give them five minutes to discuss what they think some of the different benefits of people taking part in research might be, whether for the individual, or others.

Bring the group back together and ask pairs to share discussion ideas, adding notes to the relevant concentric circles on the flipchart paper.

Use the list below to highlight any benefits not raised in the discussion:

For participants:
- Learning more about their condition or health and how to look after it;
- Potentially accessing new treatments that aren't currently available to them through standard care;
- Receiving a close level of care and monitoring of their health/condition;
- Research can also provide a voice for patients, members of the public, care home residents etc., as well as their families and staff whose views may have been previously unheard.

For family/carers:
- Depending on the study, they may receive better support as a carer or family member supporting somebody with a condition;
- They can also learn more about their family member's condition and may learn new ways of supporting them.

For the wider community/local area:
- Local health and care services that are research active may lead to better health outcomes for patients who use those services
- Some research studies have shown that patients who are not involved in trials can still benefit from care in research-active hospitals.
- Local health services can better reflect their local communities and their needs if more people take part.

For the country:
- Research can provide breakthroughs in treatments, diagnosis and prevention, helping us to advance the nation's healthcare. This can help the NHS and health and social care organisations make sure the best treatments that we know about, are being made available to people.
- We can also ensure they are providing the best value for money for the NHS.

7. How do we keep people in research

Suggested script:*(This is only a suggestion and facilitators should use their own voice. You may only want to go through one or two of

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safe?
(10 minutes)

Slides 22 - 27

the examples provided depending on the time you have).

For various reasons, people may be understandably nervous about the idea of taking part in health research, particularly if it involves trying new treatments.

There are some examples in history where the health research community acted unethically, and didn’t give participants the respect, transparency, or protections they deserved or should have been entitled to.

Ethical principles are now the foundation of all research practice in the NHS. They have been developed over many years from several world events. Here are a few examples that we felt it was important to acknowledge, that have contributed to the development of these standards:

1906 Cholera Vaccine Trial
In the early 1900s, it was common for research to be conducted without considering the interests of people involved or their consent.

In 1906, 24 inmates at Bilibid Prison, Manila were given a live cholera vaccine without any explanation of what would happen or giving their consent. Bubonic plague serum was mistakenly substituted for cholera serum, leading to the deaths of 13 prisoners.

1953 Porton Down
Porton Down was set up in World War 1 as a top-secret chemical weapons centre near Salisbury. In 1953, soldiers were offered payment and three days leave to test chemicals being developed at the site.

Many had no idea what was involved. Ronald Madison, a 20 year old RAF engineer was exposed to a nerve agent called sarin during the research, and died.

Finally, in November 2004, a second inquest into his death returned a verdict of unlawful killing. His family and other servicemen always maintained that he had been tricked into volunteering for the trial.

1979 Belmont Report
In 1932, the US Government induced 623 African Americans into participating in a study of untreated syphilis. They were never told they had syphilis or that they were part of a study.

They were not offered Penicillin when it became available as an effective cure in the 1940s. Treatment was knowingly witheld for40 years.

Public outcry led to the formation of the National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research. The Commission published the Belmont Report in 1979 on the Ethical Principles and Guidelines for the Protection of Human Subjects of Research. The US' regulations for protecting people in research are now based on these guidelines.

To make sure these historical events cannot be repeated, we now have systems and regulations in place to make sure that health and social care research puts the person taking part, their wellbeing and their right to make decisions as an individual, first.

Modern health and social care research is now a very highly regulated area.

A core principle of research is that the safety and well being of the individual prevail over the interest of science and society.

We are now going to spend some time learning about how we keep people in research who take part safe.

End of suggested script.

Get your group into pairs or small groups. Ask them to imagine they are a research team leading a research study comparing different creams for treating eczema in adults. Get them to work through the research study journey provided on slides 25 - 27, and ask them to discuss the questions provided.

Depending on the confidence level of your group of Champions and their previous experience with health research, you may feel it is more appropriate to go through the questions as a whole group and explain the answers, rather than asking Champions what they think the answers are first. You can emphasise that they are not expected to know the answers (and this is not a test!).

You can either use the slides alone for this, or print these slides off into a 'board game' style journey that Champions can follow and discuss in their individual groups.

Once your Champions have had time to discuss each question, use the information below to inform them about how we keep people taking part in research studies safe.

1. Before you start your research

Before any health or social care research study can take place, it has to go through an approval process.

Research Ethics Committees

- An independent group appointed to review research proposals to formally assess whether that research is ethical.
- These committees are responsible for deciding what is morally acceptable or not in research.
- They are an essential part of the modern research process, and their opinions carry significant weight.
- The committee considers a research proposal against a specific set of standards, which should uphold the dignity, rights, safety and well-being of the study participants.
- In many ways, they are acting as the advocates of research participants, and without their favourable opinion, a health or social care research project cannot go ahead.

Medicines and Healthcare products Regulatory Agency (MHRA)

- If a proposed research project involves the use of a new drug or medical device, the MHRA (Medicines and Healthcare products Regulatory Agency) - an agency within the UK's Department for Health - will scrutinise the proposed project and decide whether the study should go ahead.

- The MHRA oversees the licensing of all new drugs in the UK, indirectly controls the marketing of new medical devices, and upholds research regulations by authorising all drug and medical device research in the UK.
- The MHRA is primarily interested in public safety and any risks which research participants might be exposed to.

NHS approval

Once both an independent Research Ethics Committee and the MHRA have approved the study, the NHS itself needs to grant approval for any study completed on its premises which uses its resources or involves NHS patients.

2. Recruiting people to your study - informed consent

Before enrolling participants in a research study, individuals have to provide their informed consent to take part (their permission). For potential research participants to be able to give their informed consent, three things need to be in place:

(i) Information

- They need to be given all the information about what being a research participant will involve, including potential risks and benefits.
- They will be given a participant information sheet with this information, that should be written in plain English.
- They will be given a chance to ask any questions about the research study.

(ii) Capacity

- They must have the capacity to be able to understand, remember and weigh up the information given to them (with or without help).
- They must also be able to communicate their decision to the research team.
- The law sets out some tests to make sure researchers can ensure potential participants have this capacity.
- Additional requirements are in place where consent is

required for child participants or those lacking this capacity. For example, if an illness such as dementia, or a learning disability means they cannot provide informed consent themselves.

(iii) Informed consent must be voluntary.

- This means that a person has to choose to give their consent without feeling any pressure from anyone else - regardless of whether this is a family, friends, or a health professional such as a GP.
- Participants provide informed consent using an Informed Consent Form, which is written, signed and dated.
- For more information about informed consent, Champions can see the Be Part of Research webpage on informed consent.

3. Changing your study design

- Ensuring the safety of participants in a research study is an ongoing process.
- Any proposed changes to a study's process or methodology have to go through approval by the Research Ethics Committee.
- For studies testing new drugs or medical devices, they will again have to seek approval from the MHRA.
- This is to ensure that any proposed changes to the study will maintain the UK's regulatory standards and uphold the the safety and wellbeing of participants.

4. Changes in circumstance

- Informed consent is an ongoing process. It does not end when a participant gives their permission to take part at the beginning of the research project.
- Research teams should make sure and document that participants are still willing to participate throughout the study.
- A research participant can decide to withdraw their consent to take part in a study at any time, and should not be made to feel that their care will be compromised as a result.

	- Participants don't need to give a reason for withdrawing from a study. At the end of the activity, check whether there are any questions

*****SUGGESTED BREAK TIME - 15 MINUTES*****

About NIHR, Be Part of Research and Join Dementia Research (30 minutes)

Section activities	1. Introduction to NIHR (5 minutes) 2. Be Part of Research and Join Dementia Research (5 minutes)
Section objectives	- Develop a shared understanding of the NIHR and its role in health and social care research - Provide information about the Be Part of Research and Join Dementia Research registries
Materials	

FACILITATION INSTRUCTIONS	
1. Introduction to NIHR (5 minutes) **Slides 29 - 35**	Use slides 29 -35 to provide an overview of NIHR, the CRN and our role in research. **Please note:** Slides 33-34 are updated with CRN's annual statistics once a year, using the statistics provided in the CRN master slide deck. You are not expected to run through all of the statistics provided - please choose the ones that feel most relevant to you/your organisation and group of Champions. Use slide 35 to include information about your organisation and how you support research in your region.
2. Be Part of Research and Join Dementia Research (10 minutes) **Slides 36 - 38**	Suggested script: There are several different ways people can find out about opportunities to take part in a research study. They might be told about a study by a healthcare professional (e.g at a hospital or GP appointment), or they might get a letter inviting them to take part (e.g from their local authority or the NHS). Another way people can find out about opportunities to take part is by looking online. NIHR has created a few online services

that anybody can use to help them do this.

Be Part of Research

Be Part of Research is an online service designed to help anyone find out about health care research taking place across the UK.

It allows members of the public to search for opportunities and ask to take part in studies. People can search by town, city, postcode, or health condition, and download information about research studies.

(Show participants the Be Part of Research website and if people have phones/laptops, allow them some time to find a study on the website that they are interested in).

Join Dementia Research

Join Dementia Research is an online service that anybody over the age of 18 can use to register their interest in taking part in dementia research.

You don’t need to have a dementia diagnosis to register (in fact, most volunteers already registered don’t have dementia, and a lot of dementia research needs people without it to take part!).

When you sign up to Join Dementia Research, the information you provide is used to match you to studies you may be able to take part in, both online, nationally and in your local area.

The service connects registered volunteers with dementia researchers across the UK who are looking for people to join their studies. You can review your study matches once you register and then it’s your decision whether to take part.

Inclusion in health and social care research (20 minutes)

Section activities	
	1. Why is inclusion in health and social care research important? (5 minutes) 2. Who is under-served in health and social care research? (5 minutes) 3. Barriers to inclusion in health and social care research (10 minutes)

Section objectives	- Develop a shared understanding of why we need to make research participation and involvement more inclusive and representatives of people from different backgrounds and areas. - Connect this need to the potential for health and social care research to better tackle health inequalities.
Materials	- Slide deck - Flipchart paper - Marker pens

FACILITATION INSTRUCTIONS	
1. Why is inclusion in health and social care research important? (5 minutes) **Slides 39 - 43**	Get the group into pairs. Give pairs a couple of minutes to discuss why they think it is important for research to include people from different communities, backgrounds, and geographical areas of the country. Take a few pieces of feedback from the discussion. If not already raised in the discussion, cover the following points: - If we don't include a broad range of participants in research, that means that results may not be generalisable to a broad population. - If we only ever include a small proportion of the population in research, how can we be sure that the outcomes they experienced will also be the outcomes for other people in different circumstances, e.g because of their income, where they live, their ethnicity, their gender? - Successfully carrying out a new intervention or treatment is also complex. Logistical, sociocultural, psychological and biological differences all have an impact. - Unless we have tested if an intervention can be provided effectively to different groups living in different areas and circumstances, we cannot be sure that it will work in practice for these different groups. Only then can we be sure that the balance of risk and benefit is favourable for a given group. - By making health and care research more inclusive, we can make sure the way we treat, diagnose and prevent illness in our NHS and social care systems, provides the

best option for everybody and reflects different people's needs.

- That can in turn help us to better address health inequalities.
- In its constitution, the NHS pledges to inform patients "of research studies in which [they] may be eligible to participate". NHS integrated care boards (ICBs) also have a legal requirement to work with people and communities to:
    - Make sure that healthcare delivery and research reduces inequalities in access to health services and;
    - Make sure that research reflects what matters most to people and communities.

Example - women in heart disease research

Use **slides 41 and 42** and the example of women in heart disease research to demonstrate the link between inequalities in health and social care research and inequalities in health more widely.

Suggested script:

The British Heart Foundation (BHF) has been looking at the gender gap in heart disease. In its recent briefing *Bias and Biology*, BHR tells us how inequalities in awareness, diagnosis and treatment of heart attacks are needlessly killing women in the UK.

The briefing highlights that, over a decade, the lives of more than 8,000 women in England and Wales who died as a result of a heart attack could potentially have been saved if they had received the same standards of care as men.

BHF explains that one of the barriers to equal care and diagnosis between men and women in heart disease is the lack of women being represented in heart disease research. As a result, many diagnostic tests and treatments have been based on data gathered from men.

This leaves open the possibility that if treatments resulting from research are less effective in women than men we would not

	know. Having women better represented in research would help us to better understand how we tackle heart disease in women, and improve the inequalities we currently see in diagnosis and care.
2. Who is under-served in health and social care research? (5 minutes) **Slides 44 - 45**	Ask the group who they think might currently under-served by health and social care research. Use the slide to give examples of some groups that are less likely to be included, emphasising that this is a non-exhaustive list. Also highlight that who is under-served will depend on the geography, topic and other contextual factors relating to a specific research study. However, most under-served groups tend to share some commonalities: ● They are less likely to be represented in research than we might expect from wider population demographics. ● They often face a higher health burden that is not reflected in who is taking part in research. For example, areas or groups with higher COPD prevalence may have lower rates of people with COPD taking part in research studies. ● Finally, research may fail to address the fact that different groups have different responses to healthcare interventions.
3. Barriers to inclusive research (10 minutes) **Slides 46 - 47**	Get the room back into small groups or pairs. Give groups five minutes to discuss what they think some of the barriers might be to research being inclusive for different groups. Bring the group back together and cover any of the potential barriers listed below that aren't raised in group feedback. Explain that this is not an exhaustive list of potential barriers - it will depend on the individual research study and the individual person ● Lack of available studies e.g because of where somebody lives ● Taking part in a research study may ask too much of somebody e.g too many site visits, too much time commitment required

- Lack of trust e.g in research but also in the health system and public services
- Lack of awareness about opportunities to take part in research and inform research
- Potential negative financial impact of taking part in research e.g wages lost if time needed to be taken off to take part, the cost of travel, childcare or waiting for expenses to be reimbursed
- Payment can be a barrier; payment can mitigate the negative financial impact above, but provision of payment can also block participation, for example, for people claiming benefits and asylum seekers
- Language barriers - both where English is not a first language, and the language used by research which may be alienating or difficult to understand
- Perceived risk of taking part in research e.g testing new drugs and potential negative side effects.
- Physical barriers to taking part e.g if the research study is not accessible for people with disabilities
- Travel and transport barriers, for example, if people are required to travel somewhere to take part and it is not very accessible to them due to lack of transport options/links.
- People's income levels and the type of job they have may create barriers to them taking part in research.
- Study exclusion criteria may mean some people are unable to take part, for example, if they have a particular condition, smoke etc.

For more information about potential barriers to inclusion in research, see NIHR-INCLUDE guidance.

Safeguarding and data privacy (20 minutes)

Section activities	1. What is safeguarding and why is it important? (5 minutes) 2. Safeguarding scenarios (5 minutes) 3. How to report a safeguarding concern (5 minutes) 4. Data privacy (5 minutes)
Section objectives	Champions understand: ● What safeguarding is and what their responsibilities are ● What the required process is for raising a safeguarding concern ● The importance of protecting data privacy and their responsibilities in relation to this
Materials	● Slide deck ● Data privacy and safeguarding agreement forms for signature ● Pens

FACILITATION INSTRUCTIONS	
1. What is safeguarding and why is it important? (5 minutes) Slides 48 - 55	**Please note:** *You will need to induct your Champions to the safeguarding and data privacy procedures and responsibilities they are required to follow and uphold in line with your organisation's policies.* *If you are inducting Community Champions as part of the Research Ready Communities programme, you will need to have agreed with your delivery organisations in advance of induction training how you will manage safeguarding and data privacy between your organisations over the course of the programme.* *As a minimum requirement, your Champions should be aware of the information provided in the following sections, which should be adapted to include the information relevant to your local policy and procedures.* *Please provide a content warning by letting Champions know that this section refers to different types of abuse and neglect, and that they should take care if and as they need to during the session.* Ask your group of Champions what they think safeguarding means. After a short discussion, provide the following definition using the slide deck: *Safeguarding is:*

	***(i)** Protecting a person's health, wellbeing and human rights;* ***(ii)** Preventing harm and reducing the risk of abuse or neglect.* In some circumstances, we may become concerned that somebody is either experiencing harm, abuse or neglect, or that they are at risk of this. Abuse or neglect in any form needs to be identified and responded to appropriately to make sure harm can be stopped, or managed, to reduce the likelihood of it recurring. There are different types of abuse and neglect that people need to be aware of. Use slide 53 to show the different types of abuse and neglect. Ask the group who they think has a duty to report a safeguarding concern (i.e where they are worried about abuse or neglect of somebody at risk of harm). Explain that **everybody** has a duty to respond if they are worried about abuse or neglect of an adult at risk of harm.
2. Safeguarding scenarios (5 minutes) **Slides 56 -60**	Take the group through the two safeguarding scenario examples. For each one, ask the group to discuss: ● What safeguarding concerns would they have? ● How would they respond in these situations? Use the information below to explain what the safeguarding concerns are in each example. **Please note:** You may wish to adapt or change the scenarios to be more relevant to the groups, areas and communities you or your Champions may be working with. **Scenario 1 - Martin** ● The safeguarding concern here is neglect. ● Martin's carer may not be providing Martin with the care and support he needs as an individual with dementia. ● Martin's change in appearance and level of hygiene may be an indicator of this, as well as the fact that he says his carer is very busy. **Scenario 2 - Kira** ● The primary safeguarding concern here is financial abuse. ● Naia's dad may be preventing Kira from accessing benefits, misusing benefits in the family home, and/or

	denying Kira with assistance to access benefits. ● This *could* be an indicator of domestic abuse. ● There may also be a risk of neglect for Naia if she is not able to access the food she needs.
3. How to report a safeguarding concern (5 minutes) **Slides 61 - 62**	Adapt and use the diagram on slide 61 to explain what process your Champions must follow when they have a safeguarding concern, according to your local policy and procedural requirements. As a minimum this should include: Your policies and procedures for protecting people and safeguarding should be: ● put into practice ● responsive to change ● reviewed as necessary, always following a serious incident and at least once a year ● available to the public ● compliant with all relevant legislation, noting this can vary depending on who you work with It must make clear how you will: ● protect people from harm ● make sure people can raise safeguarding concerns ● handle allegations or incidents ● respond, including reporting to the relevant authorities Use the tips on slide 62 to explain how Champions can further support safeguarding and avoid risks of safeguarding incidents or complaints.
4. Data privacy (5 minutes) **Slides 63 - 68**	Explain that everybody has a responsibility for data protection. Use slides 63 - 67 to explain what personal data is, and that some is more sensitive and needs higher levels of protection. Use slides 67 and 68 to explain what steps people can take to protect people's data. **Please note:** *You will need to add any further requirements relevant to your local data privacy protection policy and procedures.*

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	You should have a data privacy and safeguarding agreement for your Community or Research Champions to sign. Read through the agreement and make sure everyone has a copy. Allow them time to read it themselves before signing and returning a copy to you.

Group activity: Sharing the news about research (30 minutes)

Section activities	1. Creating a media feature about health and social care research
Section objectives	• Community/Research Champions feel confident telling others about what health and social care research is, why it is important, and how people can take part in research
Materials	• Slide deck • Flipchart paper • Marker pens

FACILITATION INSTRUCTIONS	
1. Group activity: Creating a media feature about health and social care research (30 minutes) **Slide 69**	Get your group into pairs or small groups of 2-4 and give each group a piece of flipchart paper with marker pens. Explain that they are now a team of producers of a podcast, radio or TV news show. They are preparing a five minute segment on their show telling people about health and social care research and why it's important. Give the groups 20 minutes to plan their feature on their piece of flipchart paper. Ask the groups to note down: • The name of their podcast and their target audience(s) • Their key messages about ○ What health and social care research is; ○ How it relates to the audiences' lives; ○ Why it's important; ○ How members of their audience can take part or get involved in research. • After 20 minutes, ask each group to take a couple of minutes each to present their research feature to the rest

	of the group.

Module One wrap up and reflections (10 minutes)

Section activities	1. Summary of Module One and looking forward to Module Two 2. Questions and reflections from Module One
Section objectives	- To understand how Research/Community Champions feel at the end of the Module - To outline what has been covered so far and what will be covered in the next part of training
Materials	- Slide deck - Flipchart paper - Marker pens - Stickers

FACILITATION INSTRUCTIONS	
1. Summary of Module One and looking forward to Module 2 **(5 minutes)**	Provide a brief overview of what topics have been covered in part one of the training and what will be covered in part two (with logistical information e.g date and time, venue, if you are running module 2 on a different day).
2. Questions and reflections from Module One **(5 minutes)** **Slide 70**	Ask whether there are any questions about what has been covered so far. **Weather Map check-in** Finish with a quick check-in activity using Slide 70. Draw out the different weather conditions on a piece of flipchart paper (sunny, cloudy with some sun, cloudy, and rainy). Give Champions a sticker and ask them to place themselves on

	the flipchart paper depending on how they are feeling at the end of Module One. Thank everyone for their energy and contributions to Module One.

Module 2: Research Ready Communities training

Module 2 Agenda

Timings	Section
10 minutes	Check in, training aims and objectives, agenda overview (only if you are running this session on a separate day to Module 1)
20 minutes	Research Ready Communities and the Community Champion role
15 minutes	Community conversations and mapping overview
40 minutes	Community Conversations: One-to-one
40 minutes	Community Conversations: Groups
15 minutes	What questions or concerns might people raise about research?
40 minutes	Community mapping
15 minutes	Next steps, reflections, feedback

Module objectives

By the end of this module, Community Champions will:

- Understand the aims and activities of the Research Ready Communities programme and Community Champion role
- Have acquired practical community engagement skills
- Feel confident and prepared to hold community conversations and carry out community mapping activities

Check in, training aims and objectives, agenda overview (10 minutes) - PLEASE NOTE: YOU ONLY NEED TO RUN THIS PART IF YOU ARE DOING MODULE 2 ON A SEPARATE DAY TO MODULE 1

Section activities	1. Welcome and agenda, ways of working review (5 minutes) 2. Check in activity (5 minutes)
Section objectives	• Provide a shared understanding of the aims of the module, what material will be covered, and when • Remind and seek re-consent to the agreed ways that the group will facilitate equal and safe participation (i.e ground rules) • Allow every Community Champion to speak and understand their energy levels at the start of the training
Materials	• Slide deck

FACILITATION INSTRUCTIONS	
1. Welcome and agenda, ways of working review **(5 minutes)** **Slides 72-73**	Ask everybody to sit next to somebody new today. Welcome everybody back, check everyone is happy to keep to the previously agreed ways of working or if anybody wants to add/amend Remind everybody of the module aims and agenda
2. Check in activity **(5 minutes)** **Slide 74**	Ask everyone to say hello, remind everybody of their name and say which blob they feel most like on the blob tree (use slide 74)

Research Ready Communities and the Community Champion role (20 minutes)

Section activities	3. Research Ready Communities programme and Community Champion role overview (15 minutes) 4. Visioning postcards (5 minutes)
Section objectives	● To outline the aims and activities of the Research Ready Communities programme ● To outline the roles and responsibilities of Community Champions ● To generate enthusiasm among Community Champions about their role
Materials	● Slide deck ● Blank postcards/white cards

FACILITATION INSTRUCTIONS	
3. Programme and role overview **(15 minutes)** **Slides 75 - 84**	Use slides 81 - 89 to provide an overview of the Research Ready Communities programme long-term vision, aims and pathway for Community Champions, including a rough overview of timelines and what they can expect to be doing during the programme. **Please note:** *You may want to add in broad timelines/milestones to these slides. Details of remuneration/expenses coverage etc should be added to slide 80.* **What can Research Ready Communities achieve? Blackpool Research Ready Communities case study** *Use slide 83 and the information below to provide an example of what can happen as a result of the Research Ready Communities programme.* In 2021, through the Research Ready Communities programme, North West Coast Clinical Research Network* partnered with the Resilience Revolution, a partnership led by Blackpool Council building resilience in young people. (*he Research Delivery Network replaced the Clinical Research Network on October 1, 2024. 12 Regional Research Delivery Networks (RRDNs) replaced the current 15 Local Clinical

	Research Networks (LCRNs) on October 1, 2024.) In their listening conversations, young Community Champions heard from local residents about a lack of trust in researchers and local public services. People told Community Champions that they needed research and local services to respond to people's needs and priorities. As a result, young people were able to inform a joint research funding bid put forward by Blackpool Council and Lancaster University, to address the wider determinants of health in the town. In October 2022, Blackpool Council and Lancaster University received £5m in funding to work in partnership with North West Coast Clinical Research Networks and third sector partners. The project will focus on the day-to-day experiences of residents. This evidence will then inform how council and health services are designed and delivered - with the aim of ultimately improving people's health and their experiences of local services. Community members have been brought on board to act as co-researchers and ensure people's lived experience of facing health inequalities in the town are understood. One of these co-researchers is a young person who worked on the Research Ready Communities programme with Blackpool Council. The project will ensure that it shares its work across the town, and specifically hold annual learning events to enable a wide range of people to be part of its ongoing development. Check whether there are any questions.
4. Visioning postcards **(5 minutes)** **Slide 85**	Hand out blank postcards to everyone and ask them to write down their name, community, and: ● One thing they would like to achieve for their community through the programme ● One thing they hope to gain personally from being a Community Champion. Ask people to share their postcards and stick them on the wall. You can use these postcards to check in with Community Champions later on in the programme and review their experience i.e has it achieved what they hoped it would/matched

	their expectations?

Community conversations and mapping overview (15 minutes)

Section activities	1. Community conversations and mapping overview (15 minutes)
Section objectives	- To outline the purpose of the community conversations and mapping activities and what they involve
Materials	- Slide deck

FACILITATION INSTRUCTIONS	
1. Community conversations and mapping overview **(15 minutes)** **Slides 86 - 90**	Explain that together, you will co-design and carry out some activities in the local community to make research more inclusive for people locally. However, before you know what action is best to take, you need to listen to people and understand the following things (slides 88 & 89): - What do people already know about health and social care research? - How do they perceive or feel about health and social care research? - What is already happening in our communities? Today, is all about providing Community Champions with the tools and skills they need to collect this information through three activities: - Community conversations: one-to-one - Community conversations: groups - Community mapping The order in which Community Champions decide to do these activities is up to them to agree as a group, and they are able to

	adapt the activities based on what they feel will be most appropriate and effective. Explain that once Community Champions have done these activities, you will come back together for a workshop to review what they have found out, and use this information to inform local activities. Check whether there are any questions about the purpose of these activities.

Community conversations: One to one (40 minutes)

Section activities	1. Overview (5 minutes) 2. How can we hold effective conversations? (15 minutes) 3. Practice conversations (20 minutes)
Section objectives	● To introduce the aims and supporting resources for the one-to-one community conversations ● To enable Community Champions to become familiar with the suggested conversation questions and with holding these conversations with another person ● To consider how they can best prepare for these conversations
Materials	● Slide deck ● One-to-one conversation guides ● Flipchart paper ● Marker pens

FACILITATION INSTRUCTIONS	
1. One-to-one conversations overview **(5 minutes)** **Slide 91**	Explain that one-to-one community conversations are an informal set of conversations that Community Champions will have with local people, based around a set of guiding questions. These might be with members of a community group or centre they are involved in, volunteers they work with, or friends and family members if appropriate. Any one-to-one conversations should take place in a public, mutual setting e.g on the premises of a delivery organisation

	(remind people of their safeguarding responsibilities). Explain that the aim of these conversations is to improve our understanding of people’s knowledge and perceptions of health and social care research, and places they go or use in the community already. Hand out copies of the one-to-one conversations guide. Explain that Community Champions will all get an electronic copy. Talk Community Champions through the content of the conversation guide, including the questions. Explain that they can use these guides to take anonymised notes from their conversation. The conversation guide is not designed to be followed rigidly. It is there to help facilitate a conversation with people about research and provide us with the information we want to find out. Champions can change or adapt the questions if they feel it would be appropriate. Ask the group why might be a good way to get the perspectives of different community members. Take a few thoughts from the group. Summarise that, by talking to somebody in their community in a one-to-one setting, people can hopefully feel comfortable sharing their views, in a way that they may not in a group setting, or if they were talking to somebody they do not know from outside of the community.
2. How can we hold effective conversations ? (15 minutes) **Slides 92 - 93**	Get people into pairs. Ask them to discuss what they would need to consider or do both before and during their one-to-one conversations to make them effective? How can they make sure the person they are talking to has a good experience? Give each group a piece of flipchart paper and ask them to write their ideas down. After groups have had 15 minutes, bring the wider group back together and note down feedback from their discussions on flipchart paper.

	Make sure the points on slide 93 are covered if not raised by Community Champions during the discussion.
3. Practice conversations (15 minutes)	Get the group into pairs. Explain that each person will have a go at asking the other person the conversation questions. When it is their turn to answer the questions, they can either choose to do this themselves, or imagine they are a member of their community who might have certain views about research. Give groups 12 minutes to practise their conversations. After 6 minutes, ask pairs to swap over so that the other person has a go at asking the conversation questions. After 12 minutes, bring the group back together and ask Community Champions to share how they found the exercise, and whether it created any additional considerations or questions. Explain that one of the next steps after the training will be for the group to decide how they want to approach their one-to-one conversations (i.e who do they want to try and speak to? How will they find/connect with them? When will they arrange them?)

*****SUGGESTED BREAK TIME 15 MINUTES*****

Community conversations: Groups (40 minutes)

Section activities	1. Group community conversations overview (2 minutes) 2. Sticker wall (5 minutes) 3. Vote with your feet (5 minutes) 4. H diagram (5 minutes) 5. Carouselling (10 minutes) 6. Word cloud (2 minutes) 7. Photovoice (10 minutes) 8. Summary (1 minute)
Section objectives	• To introduce the aims and supporting resources for the group community conversations • To provide Community Champions with a set of options for facilitating group community conversations
Materials	• Slide deck • Flipchart paper

	• Marker pens • Post-it notes • Pens • Stickers

FACILITATION INSTRUCTIONS	
1. Group community conversations overview **(2 minutes)** **Slide 94**	Explain that another way we can find out people's views and awareness about research, as well as what's already happening in the community, is to hold group conversations. Community Champions may be part of groups or know of groups that meet regularly in the community. They could meet with one of these groups to hold a group conversation. Alternatively, they might want to organise a workshop that they invite people along to from the community. Explain that the activities you will take the group through over the next hour are ideas for how group conversations can be facilitated when we want to find out about people's awareness or views on a topic. It is up to Community Champions whether they want to hold group conversations and, if so, how they want to run these group discussions. They don't have to use any of the tools from today if they have ideas that they feel would work better. They will get instructions for all of the methods used today in a handout after the training session via email.
2. Sticker wall (5 minutes) **Slide 95**	Draw out the diagram in Slide 95 on flipchart paper. Hand out stickers and ask each Community Champion to add stickers to the chart depending on whether they agree or disagree with the statements given. Once everyone has added stickers to the chart, facilitate a brief discussion about why people put themselves in their respective places on the sticker chart. Explain that we could use this technique in a group setting, or at a community event (e.g a stall) to ask people about how they feel

	about research, or what they know about research.
3. Vote with your feet (5 minutes) **Slide 96**	If everyone is able to stand and walk comfortably, ask everyone to stand. Point to each end of the room, and tell Community Champions which end represents agree and which end represents disagree. Ask Community Champions to move themselves to the position in the room that represents how strongly they agree or disagree with the following statement: Vanilla is the best flavour of ice cream. The room is a continuum, so they can stand anywhere between the two ends of the room depending on the strength of their opinion. Once everyone has moved around, ask a few people to tell you why they have chosen to stand where they are (try to ask people standing in different places to get a variety of opinions). Explain that this activity works well if people are mobile, and would prefer to share their ideas without having to read or write.
4. H diagram (5 minutes) **Slide 97**	Draw out the H diagram on Slide 97 on a piece of flipchart paper. Give everyone stickers and post-it notes. Read out the following statement: *There are enough shops where I live.* Ask everyone to use the stickers to place themselves on the scale between 0 and 10, where 0 is *completely disagree* and 10 is *completely agree*, depending on how strongly they agree with the statement. They should use the post-it notes to explain their reasons for agreeing/disagreeing with the statement, and place these on either side of the H. If they have suggestions or ideas for how to make sure there are

	enough shops where they live, they should write these on a post-it note and stick this in the bottom half of the H. Explain that this activity works well in providing a written record of the reasons behind people's views about a topic or issue. The written element means it may be less appropriate for groups where writing is an issue. If the group is small enough, however, facilitators could ask people to say what they want to be written down, and a note taker could add them to the diagram.
5. Carouselling (10 minutes) **Slide 98**	Get the room into pairs or small groups of 3-4. Give each group a piece of flipchart paper, each one with a different prompt provided: - Prompt 1 - Things that make an ideal weekend - Prompt 2 - Things to do in (your location) Ask them to write down any ideas their group has in response to the prompt written at the top of the flipchart paper. Give the groups 5-7 minutes before swapping over the pieces of paper between the two groups. Ask the groups to read what the other group has already written down, and to add anything else they can think of. Give them 3-4 minutes for this. Explain that this method works well if they have a big group, or want to provide space for smaller group discussions. For example, if they have a group of 15 people to facilitate, then Community Champions could get the room into 3 groups of 5 and give each one a prompt relating to health research or activities in the local community.
6. Word cloud (5 minutes) **Slide 99**	Write *social media* in a bubble in the middle of a piece of flipchart paper. Ask everyone to shout out what comes to mind when they hear or read the phrase *social media*. Write down all responses, so that the paper gradually gets filled up as a word cloud.

	Explain that this is the same activity you did at the beginning of Part One's training when you asked what people thought when they heard the phrase *health and social care research*. It is useful to get a picture of perceptions and understandings of what research means, in a quick and visual way.
7. Photovoice (10 minutes) **Slide 100**	Check that everyone has a phone or device they can use to take a picture. If not, ask people to pair or group up so that each group has one device that can be used to take a picture. Give the group the following prompt: *What does health and social care research mean to you?* Give the group five minutes to go and take a picture that represents their response to the question. They can go anywhere (within the limitations and restrictions of the venue) and take a picture of anything that they feel represents their response to the question, as long as they don't take pictures of other people without their consent. Once everyone has taken a picture, ask people to share what they took a picture of and why. Explain that this can be a creative way for people to share their views on an issue, and can elicit views or perceptions in a different way to simply posing a question and asking people to write down or verbalise their answers.
8. Summary (2 minutes)	Check whether there are any questions in the group about any of the group conversation facilitation activities. Explain that a key next step after the training will be for the group of Community Champions to decide how they want to approach organising group conversations e.g: ● Who could they run a group session with? ● How many people will be there? ● When would it be? ● What methods could work well to run the group conversation?

What questions or concerns might people raise about research? (15 minutes)

Section activities	1. Talking to people about health and social care research (15 minutes)
Section objectives	• To build confidence among Community Champions about talking to members of the public about health and social care research • To consider potential questions or concerns members of the public may have about research and how these could be addressed
Materials	• Slide deck • Marker pens • Flipchart paper

FACILITATION INSTRUCTIONS	
1. Talking to people about research **(15 minutes)**	Ask the group to call out some of the questions, concerns or ideas that people they speak to in their conversations might have about health and social care research. Capture these at the front of the group on a flipchart. Suggest which of the questions can be answered by the Be Part of Research website, and the NIHR website. If there are any that you can't answer, explain you will go away and find out what the response should be.

Community mapping (40 minutes)

Section activities	1. Community mapping overview (5 minutes) 2. Community mapping practice (30 minutes) 3. Group feedback and summary (5 minutes)
Section objectives	• To introduce the aims of the Community Champion mapping activity • To provide Community Champions with practical experience of the mapping exercise and how it can improve our knowledge of a community

Materials	● Slide deck ● Map A3 print outs covering the area surrounding the training venue - you can use ordnance survey for this ● Clipboards/surfaces to rest on while writing

FACILITATION INSTRUCTIONS	
1. Community mapping overview **(10 minutes)** **Slides 103 - 108**	Remind the group that, as well as understanding people's views and perceptions of research, we want to find out what is already happening in the community (use slide 112 for this). Where are the sources of strength and activity in the community? Where do people go already to socialise, meet around particular interests or issues, or to get information? What groups already exist and bring people together? Having a better understanding of this will help you to co-design activities that complement and build on people's existing connections and interests within the community. You can connect with people where they are, rather than building something new or separate and asking people to come along. Use slide 104 to explain what kinds of places, groups, and people we might want to find out about.
2. Community mapping practice (40 minutes)	Explain that one of the ways you can find out this information, as well as by holding community conversations, is to go out and look around. Get the room into small groups or pairs. Give each group an A3 map of the area surrounding the training venue and clipboards or something to rest on whilst writing outside. Explain that they will have 30 minutes in their groups to go out and map what's in the community. Whenever they come across a place, group etc. that they feel is providing something for the community, and which might be an opportunity for us to reach people about health research, they should mark it on the map with a number. Emphasise that we are specifically looking out for things that

	might help us to engage with people about health and social care research, to help focus the scope of this activity. They can then write the number on the back of the map or underneath, along with the name e.g Grange Hill Medical Practice or Sunrise Community Centre. By the end, they should have a community map that shows us what exists in the community. Give groups 30 minutes, and, if you are not going with a group, make sure they have a phone number for somebody in your team in case they need to get in contact. Where possible, each team should have somebody from the RRDN in their group.
3. Group feedback and summary (5 minutes)	Once the groups are back, ask each one to share what they found on their mapping journeys, and whether there was anything that surprised them or that they found particularly interesting. Explain that after the training, they can decide how they want to approach doing a community mapping themselves. They may want to do a couple of smaller mappings in specific neighbourhoods, or they might prefer to do it as a group in a particular area. They may want to do it with you there, or prefer to do it on their own. Check if there are any questions.

Next steps, evaluation and reflections (15 minutes)

Section activities	1. Next steps (5 minutes) 2. Evaluation and reflections (10 minutes)
Section objectives	● To agree as a group what the immediate next steps will be after training ● To allow Community Champions to share their reflections from the training and provide anonymous feedback
Materials	● Slide deck ● Feedback forms

	- Post-it notes - Pens - Flipchart paper

FACILITATION INSTRUCTIONS	
1. Next steps **(5 minutes)** **Slide 109**	Explain that the next step for your group will be to get together and decide how they want to approach their community conversation and mapping activities. You may want to agree on a date and time for having this discussion whilst you are all in the room, to make sure it is in everyone's diaries and ensure momentum continues. Ask whether there are any questions about anything covered in the training, or next steps.
2. Evaluation and reflections (10 minutes) **Slides 110 - 111**	Give everyone a feedback form. Explain that these are anonymous and don't need to include anyone's name. Ask them to be as honest as possible, so that you can make sure Community Champion training sessions are working well, and know where improvements could be made. Give everyone two post-it notes and ask them to write down and then share their closing reflections: - My main takeaway from this training is… - I still have questions about… Collect these in and place them under headings on flipchart paper. Thank everyone for their time and energy during the training sessions. Let them know that you will be in touch with the materials and resources, and a reminder of the information about the next meeting for your group to plan next steps.

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