

Developing community leadership in health research: a qualitative evaluation of the Health Ambassador role.

“Our target was to make a difference but when you see it happen in front of you I feel that’s the most valuable thing I did, that kind of relationship we built between those women and their willingness to continue and to come up with many ideas, not just for their benefit but for the wider community.”

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Background

The wider study in which this work is situated is concerned with improving participation of certain social groups in health research. It is known that there is lower inclusion in health research among those who carry a higher healthcare burden and there is a need to develop new ways of working that promote the involvement of people from underserved communities. The project has piloted the approach of developing community leaders in health research known as health ambassadors, as a way to address this issue.

Three health ambassadors were engaged to explore different ways to work with people from underserved communities. They have undertaken training including in logic modelling, co-production of research, facilitation, evaluation of patient and public involvement and health research to support their role, and have co-produced events for the specific community that the work was focused on. This was a refugee and asylum seeker community in Bristol. The first community event was held in July 2022 and the last in March 2023.

Aims of the qualitative evaluation

There were four main evaluation aims:

1. To explore the role of health ambassador and what this has involved.
2. To understand the perceived challenges and successes of the role.
3. To establish views on the training and support received.
4. To explore perceptions about the impact the role has had on the target community.

Overall, the process aimed to generate reflections on the role and experience to inform and shape future work.

Methods

Semi-structured interviews were conducted with the three health ambassadors by the author, at two time points during the project. The first interviews were following the initial training and first or second event with the community group (August-November 2022). The second time point for interviews was close to the end of the project, either just before or after the final community workshop (Feb/March 2023). The interview schedules were agreed with the team and can be seen in Appendix 1.

The interview data was analysed using a simplified framework analysis based on Gale et al (2013)¹. After transcribing and familiarisation, initial codes were determined starting from the interview questions with additional codes added as necessary. Data was collated into a matrix to identify final themes and findings.

Findings

A total of six themes and eight sub-themes were identified across the two rounds of interviews.

Themes in interview round 1

Theme 1: Experiences of the ambassador role

This has three sub-themes: Getting started – the role so far; What has been enjoyable; What has been more challenging.

¹ Gale N. et al (2013) Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology. 13(1):117DOI:10.1186/1471-2288-13-117

Getting started: the role so far

The ambassadors have all been involved in setting up workshop events for a group of women from refugee and asylum seeker backgrounds. This built on their prior experience together as ambassadors in the environmental sector and as part of getting started, they shared ideas about who and how to recruit participants. They were all involved in the process of deciding the target community and as a group, they considered various options before settling on having a women only community group for this pilot project. They were able to draw on the contacts of one of the ambassadors in particular, who had previously worked with asylum seeker women, to recruit suitable participants. It was evident the three ambassadors were very supportive of each other and their previous experience of working together has helped the process:

"that's made it easier for us to work in this project because we already know each other." (P3)

As ambassadors they have all participated in the co-ordination and management of the ambassador work with the wider PHWE/project team and have all attended the training that was offered to help them prepare for the role.

What has been enjoyable

All three ambassadors were enjoying their role and particularly working with the people the project is set up to engage with. Meeting and talking to the women in person and seeing them engaged and being part of the activities was a positive experience for them all:

"I loved chatting at the [venue] a few weeks ago and just so great to see that the women were engaged." (P1)

"where it's kind of face to face, getting to be with the people is the bit where it most resonates."(P2)

They all described how successful the recruitment of the women had been and the very positive atmosphere at the first workshop. They noticed how immediately the women were comfortable with each other and opened up. New connections were made amongst the women and a sense of being among others dealing with the same experiences was felt to be valuable for the participants. The fact that participants were willing to come back for future events was also felt to reflect the success of the event.

To have such a good level of engagement so quickly was felt by the ambassadors to be a positive outcome at this stage. There was also a sense of excitement at the workshop, about the idea of health ambassadors and the women were interested to learn from each other, giving an early suggestion of impact from this work:

"They were quite interested to learn coping mechanisms or skills from each other..I was really surprised by the level of engagement, so quickly from the group, so I think that we've had definitely a positive impact, and it was lovely to hear." (P1)

The theme of impact is further explored in the second round of interviews (see theme 5). The ambassadors also talked positively about working with and learning from the wider project team which has provided clear direction and structure to the work.

What has been more challenging?

The ambassadors highlighted a range of challenges that had arisen. Two felt aware of their lack of knowledge in the health field, compared to the environmental field in a previous project, where they had been able to draw more on their expertise and experience. One perceived this to have limited her role and confidence and meant she had felt in more of a passive role than her previous ambassador work:

"I don't feel like I'm necessarily able to provide – beyond maybe a familiar or more understanding face..I don't feel like I can necessarily add beyond kind of a listening sounding board" (P1)

However, she did acknowledge that this was still a valuable role to play. Given time, the training for ambassadors may help with this challenge as they learn more about the health context and health research in particular (see also theme 2 below), as well as just more time being involved in the project and shaping the role.

Pressure on the ambassadors' own time had been a challenge for all three, in that they were all very busy in other roles and some with family responsibilities, and initially the timeframe for the project had felt pressured, as is often the case with community projects. This had meant there was an immediacy to the work at the start which in some ways was needed to get things done, but the revised deadline had relieved that pressure and felt positive for the project.

One ambassador felt some uncertainty about the role in terms of not being from the communities they are working with. This raised a question about future ambassadors and whether they needed to sit within those communities or whether it would be: *"OK to be slightly outside of it as long as we've kind of got the network and connections to be able to facilitate that relationship?" (P2)* This was early in the process and may reflect how the role was still taking shape at this time.

Another aspect of the role that had been challenging was about dealing with mental health in the workshop, in particular not knowing the participants and what was going on for them had been worrying for one ambassador:

"It's really hard sometimes to listen to some of those stories..I'm not a counsellor..there's nothing you can do, just have to show empathy with them and that's it." (P3).

Again, it was evident that this particular group of ambassadors has benefited from working together previously and their support for each other with the work, including debriefing together after events, was beneficial:

"We always have like reflective sessions...I think that's helped a lot." (P3).

Summary of Theme 1

- The role has been enjoyable and early on the level of engagement suggested potential for impact on the community group.
- The ambassadors were positive about working with the wider project/PHWE team.
- Challenges have included a lack of health-specific knowledge that can hinder confidence, and also time pressures.
- It can also be difficult to know how to support mental health of participants at the events.

Theme 2: Training programme

It was clear that the training provided had been relevant and useful. Although some sessions hadn't felt immediately applicable to this project at the time, e.g. the logic modelling workshop, this content was still felt to be useful for the future. The evaluation workshop was particularly valued and potentially worthwhile repeating as the project draws to a close. Both these points reflect a general theme about the timing of training delivery, which had been in advance of the workshops. Although this was unavoidable, the ambassadors felt it was then harder to use the content:

"Unless you're maybe immediately able to plug it into something then it sort of...by the time you get to the delivery side you've forgotten it." (P2).

The training in health research was useful but understanding more about this and the health system in general would be valuable and would help the ambassadors if questions came up in the community workshops. Linking with the earlier challenge about not feeling able to contribute more in the sessions, further training in health research would help with confidence:

"I don't feel like I know anything in the arena of health research and so I feel like that's potentially limited my role or my confidence as an ambassador." (P1).

The suggestion was raised of shadowing a trainer and learning how to deliver this type of training themselves, in a 'train the trainer' type model which can be a good way of learning new material and developing skills. Overall these three ambassadors did not feel they had needed additional training and didn't suggest any major changes to the training programme other than to consider linking sessions more closely with delivery of the workshops. They did have suggestions for others coming into the ambassador role with a different background. This is discussed under theme 4 below.

Summary of theme 2:

- The training provided has all been useful, either immediately or for future use. More training in future on health research would be helpful.
- Using a train the trainer approach with the ambassadors could help them develop skills in leading/presenting sessions, as well as acquire the knowledge.

Theme 3: Reflections on the role

This has three sub-themes: Key skills/qualities for the role; Personal learning; Benefits of the role to health research.

Key skills/qualities for the role

The ambassadors were asked about the top three skills or qualities required for the role which identified a range of different reflections from each ambassador. Firstly, communication and being able to form relationships quickly was highlighted, as well as being curious and open to learning. A further area was resilience. Resilience was for one ambassador particularly important and was linked to both the environments they were likely to encounter, where the context and people may be unfamiliar, as well as the discussions they may be part of. The point about environments is illustrated powerfully in this quote:

"I think we've all been put in a space...those kind of places of power where you feel like, well, why am I here, what am I adding, so I think you've got to, not necessarily not feel those things, but know how to channel them or get support." (P1).

Resilience is also needed for the discussions they might be part of, in terms of handling difficult information that might be shared at community events:

"In this most recent workshop there was...you know, very emotionally draining stuff around what the hostile immigration environment has meant on a very personal level. So that's, I think, where the element of resilience is and not to say that you've got to be impermeable to stuff but just to be really comfortable with how you deal with that both in the moment and afterwards." (P1).

Being able to say no to things outside the role was also seen as an important skill as it could be easy to take on too much:

"It does sort of creep into this bigger thing if you're not careful"(P3)

"[you can] be pulled in a lot of different directions that might not necessarily be around what you want an ambassador to be." (P1).

This discussion revealed a wider issue about understanding and managing the boundaries of the role and being clear that the role is facilitator and not participant, to allow what's important to the community members to emerge:

"that ability to sort of be involved wanting the best for your community but also letting go of your own agenda." (P2).

This clearly links to having strong facilitation skills which was a particular strength of these three individuals but may not be for others taking up the role. Lastly, it was mentioned that having good connections with other organisations and sectors can save a lot of time.

Personal learning

The experience has helped solidify prior experience and realise personal skills and strengths for the role of ambassador. One ambassador had learnt that sometimes you can 'just jump in' and get on with the engagement activities rather than have to spend weeks planning an event like a workshop. It has also been useful to learn that you don't need to be an expert in health which initially challenged these ambassadors, but they were becoming more comfortable in the role:

"what immediately comes to mind is the initial bit of just like, Oh, where do we sit in this space of kind of like community members versus experts versus somewhere in between that. And so I think that's been a journey of being comfortable with where I've ended up." (P2)

"there is something around just, I don't know, being human, somebody people can talk to, from having a shared history in some ways, is part of it without having to be an expert on the other side. I think that's been quite interesting to learn." (P1).

Similarly, seeing how discussions around health and wellbeing are a good 'leveller' and an inclusive platform for the kind of community events they have been running, has been a key learning point. One ambassador had also learned that having a shared focus like preparing a meal had been a good facilitation technique, in that people are occupied collectively:

"I think that just opens up a space in a way that it's hard to get to, if you're just sort of you, go straight in and sort of asking questions about something. (P2)

there was a strong take-away message about the potential of the ambassador role to drive change and the value of the role and the space to encourage and support participants from underserved communities:

Perceived benefits of the role to health research

Building the connections with a community and having someone who is 'plugged in' was seen to be beneficial to the whole purpose of achieving greater participation in research from underserved communities:

"So, not having to start again with every new piece of..work that you're trying to do, having that person as that sort of conduit for..co-creation." (P2)

The role was already perceived to be helping people from marginalised communities get their voices heard and in future when the ambassadors are recruited from those communities, this will be further strengthened. Creating the safe space for sharing experience was perceived to be especially valuable:

"just to know you are not alone is half of it.. you don't realize how much people think their experiences are unique." (P1)

One ambassador voiced her strong belief in the potential of the role to drive change and the value in having the space to encourage and support people from underserved communities to participate:

"For me I think everyone is going to make a change, I can see that in all the participants, all of them have great potential but..they all need a little bit of pushing to like believe in themselves...then they have great skills as well, so yeah, they need the platform, you know, to gain that confidence and then they can yes, do amazing job I'm sure...so everyone can contribute to the health sector, I think all of them, they can be health ambassadors, all of these women." (P3)

This links to impact of the project which was developed further in the later interviews (see theme 5 below).

The ambassador role was also recognised as being potentially valuable for any individuals taking up the role, for example, through becoming more employable or opening up new arenas for them:

"..kind of like personal development for the ambassador themselves of like, you know that they're in this position with their community but, in fact, through the process of being an ambassador, you know they get to develop certain skills which improves their lives.... so that when they come of the ambassador [role] they now feel..able to step up in a different way." (P2).

This ambassador in particular, emphasised that the role should be about giving back, not just taking from people who help, so upskilling the ambassadors with things like the training programme, was felt to be important. It was interesting to learn in this regard that as yet, there hasn't been much opportunity for wider networking with health researchers, but this would be valued by the ambassadors in future.

Summary of theme 3:

- Communication and relationship building, openness to learning, resilience and facilitation are key skills for the role, and having a good network of connections with other organisations and sectors.

- The ambassadors have taken away some valuable learning from the role which is useful to them in other contexts e.g. being comfortable not being the expert.
- The role is perceived to be helping bring out marginalised voices in the arena of health research and building a sense of shared experience is valuable.
- The role could also provide personal development for those taking up the position, to improve their lives.
- Ensuring the role gives back to the ambassadors in terms of new skills, knowledge and networks should be considered further.

Theme 4: The future:

This has two sub-themes: Preparing future ambassadors; Ideas and improvements.

Preparing future ambassadors

The facilitation training was picked out as a key area for any future ambassadors. The timing of this early in the process would be essential for anyone without prior experience of facilitation and possibly would need expanding; communication skills as part of this was also mentioned. Other suggestions for additional training sessions depending on the individuals recruited, were: handling conflict, how to put together a workshop or community event, how community engagement works, and potentially an important aspect around cultural training which one ambassador had found very helpful in other contexts:

"it's helped me a lot..how to understand people from different cultures." (P3).

Lastly, training that gave a high-level overview of public health and how the health sector works could be considered. In general, the need to tailor the training to whoever was in the role would be necessary. The importance of a clear role description to support a clear and shared understanding of what the ambassador role is and isn't, was also touched on. This is discussed further in theme 6 below.

Ideas for the future and improvements

It was recognised it was still early days in the project and more was planned for the future, but all the ambassadors could see the potential for the role to expand. One felt they could be useful in recruiting the next round of ambassadors and supporting them with coming into the role and mentoring; another suggestion was to get involved in wider public facing engagement across the city or possibly nationally, to talk about the programme and promote it, revealing an emerging sense of pride in the project:

"I think that could be an interesting thing for the health ambassadors to kind of like, hey, Bristol is doing this unique thing why don't other people take it up?" (P2).

This ambassador linked this to widening their network around the role. Another ambassador would like to offer many more workshops to support the community they are working with, recognising the help this is providing to the individuals who are engaging:

"in my opinion every community should support each other but sometimes especially regarding wellbeing, mental health stuff they feel like..they can't talk about anything like that."(P3).

This ambassador would also like to signpost to other activities and organisations to make sure participants are getting the help needed. The value of co-creating training was also raised, where

future ambassadors could contribute to the design of the training (and also the workshops/wider programme including induction) so that this was tailored to their needs. The suggestion was also made for future ambassadors to keep a training record which could be helpful for employability.

Summary of theme 4:

- Preparing new ambassadors could include: facilitation training at the start of the process; also communication, handling conflict, how to put together a workshop/event and possibly cultural training, as needed. An overview of public health and the health sector would also be useful.
- Current ambassadors could provide mentoring for new recruits who are not experienced in the type of work.
- Wider promotion of the work could be considered, locally and nationally.
- Providing onward support and signposting to services for the group participants would help them access further help.
- Future training could be co-created with participants.

Themes in interview round 2

In the later round of interviews, towards the conclusion of the project, the focus was on the perceived impact and value of the ambassador project and ways to maximise impact in the future.

Theme 5: Perceived impact and value

Building on the earlier discussions, there was a clear theme around having successfully created a safe shared space for the community group. This was felt to have happened quickly, which was attributed to the combination of the ambassadors and the women themselves:

“so the women who were part of it but also the ambassadors, I think we managed to create a really safe space very quickly...I think the level of trust between ambassadors and participants, and between participants was really high really quickly.” (P1).

One ambassador commented that the group has succeeded in providing some clarity around health inequalities and how this intersects with different facets of the women’s lives and felt that this was facilitated by the fact these ambassadors were not experts in health themselves, so their learning was happening alongside the participants. The benefit of this for the participants was evident, especially in their ability to talk about the issues they have experienced:

“there’s been a level of confidence – growth makes it sound a little bit condescending, but something along those lines – in the subject area but also how to communicate around it. It just comes from practise, doesn’t it? If you don’t know how to talk about something, you don’t know how to talk about something.” (P1).

In particular, all the ambassadors talked of participants having learned to talk about coping mechanisms around mental health as well as acquire new skills in managing mental health:

“improved both the confidence in communicating and handling mental wellbeing on an individual and hopefully a wider community level.” (P1)

"after the mental health one [workshop] a lot of them reported just like, actually that was just a really useful way to sort of think about our mental health and wellbeing...something like ‘that’s been missing from my life’." (P2).

This impact could reach beyond just the community group:

"A lot of them were very interested in..taking things back or sharing with people so hopefully that has trickled out further." (P1).

One ambassador highlighted the important sense of belonging that had been created by the community group. For some, this was clearly profound as one participant was reported as having broken down emotionally at the final workshop at the prospect of it coming to an end - she had suffered with depression and not felt able to open up before but had enjoyed every workshop and shared with the ambassador:

"[she told me] 'I feel a part of this group..it makes a difference in my life.' " (P3).

Later workshops had built on this foundation and there were now several women from the community group who were interested in becoming ambassadors themselves:

" it seemed to have an impact in terms of them feeling confident to sort of put themselves forward" (P2).

One participant had thanked the ambassadors for giving them the opportunity 'for our voice to be heard' showing how the group had achieved a sense of a safe but also professional platform for these women. Similarly, another participant had approached the project team about ways the group could continue, having become an important source of support for these women.

Building on the earlier discussion (see 'personal learning'), the ambassadors were each asked about the most valuable part of the role. They were unequivocal that their work had been valuable. They had met people they wouldn't normally meet in their lives and been part of some *"pretty powerful experiences"* (P2) but to hear someone sharing their story who feels safe to do that was felt to show the real value of the project. This reinforces what has been said above about the project creating a safe shared space for these women, many of whom had had long and difficult experiences within the immigration process so enabling shared knowledge and understanding has been hugely valuable:

"As individuals you might know the impact that's had on your wider..but again...that's not always spoken about so having that thread drawn out...[being] allowed to explore that narrative is really important." (P1).

The experience had also been personally rewarding:

"Our target was to make a difference but when you see it happen in front of you I feel that's the most valuable thing I did, that kind of relationship we built between those women and their willingness to continue and to come up with many ideas, not just for their benefit but for the wider community. I think that's the most valuable thing. Personally I feel satisfied." (P3).

All three also highlighted the value gained from having this second opportunity to work together and build on prior experience which added enjoyment but also saved time as they knew each other's skills and strengths and how to work together.

Summary of theme 5:

- The project has successfully created a safe, shared space for the community group which has boosted the confidence and communication among the participants, especially their ability

to talk about and handle their mental wellbeing. There was interest in taking back these skills to their communities.

- The group has felt 'heard' and has created an important sense of belonging for the participants which for some has made a difference to their lives.
- Some participants now feel able to put themselves forward for the ambassador role.
- The group would like to continue to meet on their own terms for support.
- The experience of being a health ambassador has been personally rewarding.

Theme 6: Maximising impact and looking ahead

There was excitement about the work continuing and a few ideas were raised for maximising the impact of the work of the next round of ambassadors. Firstly, two ambassadors raised an issue about understanding of the role. A participant at the first session had highlighted the different understanding of the ambassador role among the participants, which was perceived to be about making cross-community connections rather than being a conduit between communities and those in 'places of power'. This may hold some potential for important future work for the ambassador programme, in breaking down barriers between communities and building strength:

"because to you know, those in power, refugee women are all one group of people but there's a massive amount of..barriers even between [communities] and even intentional barriers probably created because you're arguably fighting over a small pile of resources" (P1)

It was also raised by this ambassador that there is always a balance to be kept, between how much the scope of a project is determined by the individuals who become ambassadors, and how much is pre-determined according to what impact metrics or outcomes have been decided. As funding can be quite short term for initiatives like this, if there's too much focus on individual development and people move on then the learning can be lost. To build on the progress that's been made from this project, having a good structure to ensure the topics focused on will increase the scope of impact, will be important.

Across all the ambassadors there was importance placed on the balance between having a clear structure for the future ambassadors and the flexibility to shape it according to their own interests and strengths, but also to those of the community group. Being able to help shape and extend the programme of workshops in this project was felt to have added real value and keeping that flexibility in future would be important:

"there was value in all 5 of those workshops...and it meant we weren't...letting our perceptions or biases guide it, it was very much led, I hope, by what the group wanted to explore and get out of it and we needed probably the first two to even understand that." (P1)

One ambassador suggested that workshop activities could address topics related to the communities represented in the group, such as issues that need to be talked about more, giving an example about autism in the Somali community. Having the same kind of regular sessions with a group was felt to be necessary to building the longitudinal relationships that lead to impact.

The group had also discussed the suggestion of having alongside the community ambassador, an ambassador from within the organisation(s) they are working with. This is because as well as bringing community voices in there can also be value in having someone to facilitate the engagement from within those organisations and realistically, this would be too challenging for one

ambassador to do. These two roles could work together but take the engagement work on separately.

Practical issues were also highlighted here. Having a very clear job description was felt to be important for the new ambassadors so they know what the role is and what it isn't, (echoing earlier points about boundaries), so it is clear what is expected of them. But also practical details should be made clear in advance, such as the hours, being self-employed and questions about tax which can prevent people participating. For these ambassadors, the flexibility they have had in the project made a difference to their ability to fulfil the role because they were able to meet in the evenings to work around other jobs and commitments; this kind of flexibility can be really important and should be mentioned at the recruitment stage to encourage people to feel it is manageable. Understanding ways to engage participants would also help the ambassadors maximise their impact from their work. One ambassador had found training by Bristol Women's Voice to be helpful, about how to engage people and how to attract people for activities e.g. if appealing to women then advertising certain times like after the school run, and reimbursement for transport and whether there is payment for their time, are all helpful, to encourage people to engage. Building on an earlier comment discussed in theme 4, one ambassador suggested enhancing the communications strategy around the work, perhaps via a blog, podcast or video to promote the impact stories from this work to new audiences.

Summary of theme 6:

- To maximise future impact from the health ambassador role, the project could consider ways the role could help break down barriers between communities, as well as being a conduit between a community and research organisations.
- Balancing how far the ambassadors are free to determine the scope of a project and how much is pre-determined by impact metrics or outcomes is important for any future project team to consider/discuss.
- Similarly achieving a balance between having a structure and flexibility in what is delivered, is beneficial.
- An ambassador from within the organisations they are working with, to work with the health ambassador, could facilitate the engagement needed in those organisations. Trying to do both things within one role could be unrealistic.
- A clear job description is needed with details about hours, ways of working, skills and training, to bring transparency about expectations and encourage applications to the role of ambassador.

Summary and discussion

This qualitative evaluation conveys the very positive experience of the ambassadors in this project. They all perceive the project to have been successful and to have had an impact on the community group, helping to bring out marginalised voices in the arena of health research. All three have clearly enjoyed the role and benefited from working together and from meeting and working with the women in the group. Although there were some challenges around lack of health-specific knowledge and not feeling like the expert, this was overcome as the project progressed and they have all gained useful personal and professional learning from the experience. One challenge that may be specific to this project but is useful to note, was that of hearing and knowing how to support people in mental distress. Bringing in an expert to a workshop was positive and also these ambassadors set up

informal peer support to debrief after workshops which was clearly valuable, but additional training in mental health first aid to equip future ambassadors with skills in this area could be considered if applicable in future projects. All the ambassadors were keen to remain involved in future if feasible around other commitments.

The evaluation has helped to clarify the key skills and qualities needed for the ambassador role. These include communication and relationship building, facilitation, openness to learning and resilience. Having a good network of connections with other organisations and sectors is an advantage. The training provided was appropriate and relevant for this group of individuals but to help prepare future health ambassadors, early facilitation training could underpin this key part of the role, as well as additional training as needed in communication, handling conflict, how to put together a workshop/event, and possibly cultural training, as well as mental first aid if deemed necessary. An overview of public health and the health sector would also be useful. This first group of health ambassadors can strengthen future projects by providing mentoring and training for the new recruits who may bring a less substantial background in this type of work. Co-creating an induction and training programme could be part of this, as well as encouraging peer support and reflection.

A definite picture of impact was shared in these discussions. The ambassadors perceive the work to have successfully created a safe, shared space for the community groups which has boosted confidence and communication amongst the participants and especially their ability to talk about and handle their mental wellbeing. There was clear interest in taking back these skills to their communities showing the wider potential impact of this work. There was also an important sense of belonging created for the participants in being part of this work which for some has made a difference to their lives. As part of this, it is important to recognise that the sense of a shared and supportive space created by the project has provided a valued and much needed source of support for the women. The ambassadors acknowledged the need to signpost and link participants to other services to help them access further support at the end of the process and potentially enable the group to continue to meet outside of this work. It is a positive outcome that several women from the group now feel able to put themselves forward for the ambassador role.

To maximise impact from similar work in future, the project team could consider the feasibility and suitability of ways the role could help break down barriers between communities, as well as being a conduit between a community and research organisations. Balancing how far the ambassadors are free to determine the scope of a project and how much is pre-determined by impact metrics or outcomes is also important for any future project team to discuss, as well as agreeing an appropriate balance between a structured programme and having the flexibility to adapt what is delivered for the target community. To facilitate successful recruitment a clear job description is needed with details about hours, ways of working, skills and training, to bring transparency about expectations and encourage applications to the role of ambassador. It should also be ensured that the role gives back to the ambassadors through personal development opportunities, training and networking with others in health research.

Overall this has been a successful pilot of the health ambassador role showing that the role is both feasible and rewarding and has potential to deliver tangible impacts on individuals and communities including promoting the voice of people from underserved communities. There is considerable learning from this initial phase of the health ambassador project. A number of recommendations are drawn out in summary below.

Recommendations/suggestions for the future from the qualitative findings

1. Draw up a role description and advert in partnership with the first ambassadors and building on the key skills identified by the ambassadors in this report.
2. Involve the first ambassadors in recruitment process for new people coming into the roles and in providing ongoing mentoring during the project.
3. Codesign the induction and training programme with new ambassadors to ensure this provides a tailored programme for the individuals involved. For example, the following sessions might be useful: resilience; (additional) facilitation training; communication skills; handling conflict; mental health first aid; assertiveness; how to put together a workshop/community event; community engagement; cultural training. This could extend to co-creation of actual training events.
4. Similarly, co-designing the next project with the ambassadors who come on board will help determine the balance needed between a structured project and one with flexibility to build on strengths and interests of the ambassadors and the target community.
5. Plan additional training sessions on health research methods and public health and the health system/sector. Some of this could be delivered via shadowing a trainer or using train the trainer approaches to provide personal development in this area.
6. Set up a training record to support future employability of the ambassadors.
7. People coming into the role of health ambassador without any background in this kind of work might benefit from input around managing their time around other commitments and basic project management skills.
8. Plan the timing of particular training workshops so that these are close to the events where the content will be applied to maximise their usefulness.
9. Encourage regular reflection on the process of becoming a health ambassador and provide time for group reflection and peer support as part of the project to help new ambassadors move into the role. Providing simple guidance and structure for doing this might help those new to reflection and peer support.
10. Widen the public engagement/communication strategy for the project to promote value and impacts of the ambassador role.
11. Support the ambassadors in taking part in wider networking with the local health research community and build in other ways to give back to the ambassadors such as offering opportunities to attend training in the wider PHWE learning and development programme and ARC West training.
12. After workshops/community events, provide onward signposting to other activities and organisation to support communities with key topics such as mental health or other issues that arise in events.
13. Further discussion around the potential for the role to address barriers between communities as well as being a conduit between a community and research organisations could broaden the impact of this work.

Appendix

Interview schedules

First round interview

Their role and reflections on challenges and successes:

1. Can you tell me a bit more about what your role as ambassador has involved?
2. What have you found to be the most enjoyable part of the role?
3. What has been the most challenging part?
4. Looking back, is there anything else you would like to have done as part of the role? Or would have done differently?
5. Is there anything that could have improved your experience of being involved in this project?

Skills, training and support:

6. How useful to you was the training provided? What else would you have found helpful?
7. Thinking about others who might come into the role of ambassador, who may have less experience than you (and specifically without the background in a previous ambassador role), what training and support do you think they might need to be successful?
8. What would you highlight as the top 3 skills or qualities a person needs to be a successful research ambassador?

Impact:

9. At this early stage, do you feel your role has made a difference to the communities you have worked with? In what ways? *Prompt:* Has the role helped to engage with people from underserved communities? Has it helped to involve more people from these communities in research?
10. Do you have any thoughts about how the role could have had even more impact?

Personal development and reflections:

11. What would you highlight as the main things you have learnt from undertaking this role so far?
12. Have you had opportunities to network with health research teams in other organisations as part of this project? Was this valuable? (or if not: would you have liked to do more of this?)
13. What do you think this role could lead to for you? Are you interested in remaining involved in health research?
14. What do you think are the potential benefits of developing ambassador roles in health research?

Second round interview

1. Do you feel your role has made a difference to the communities you have worked with? In what ways?
 - a. Has it helped to engage people from underserved communities?
2. Do you have any thoughts about how the role could have had even more impact in future?

3. Are there any other ideas that you have about the future of the health ambassador work that we didn't cover last time? Or (if staying involved), what you would like to do with the next round of ambassadors?
4. What would you pick out as the single most valuable part of undertaking this role?
5. Anything else you would like to say about your journey on this project?