NHS VOICES OF COVID-19 EVALUATION REPORT

"A great project for our nation, and the individuals who are taking part."
NHS Voices of Covid-19 *project Interviewee*

AUGUST 2022

This report is for the University of Manchester's NHS Voices of Covid-19 Project Team and Engagement and Impact Teams; and may be shared with the NHS Voices of Covid-19 project partners and stakeholders. As per the data use notice, the report "may be made publicly available, or extracts thereof" as required.

Think Impact Ltd

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1.0 Executive Summary

Introduction

This evaluation explored the project processes (including co-production), outputs, and outcomes of the *NHS Voices of Covid-19* project, which is led by a team at the University of Manchester ('Project Team'), in partnership with the British Library ('Project Partner') and other key stakeholders. The Project aimed to create a national collection of personal testimonies in 'real time' during the Covid-19 pandemic, and for this collection to be widely accessible through a digital archive based at the British Library. Key findings, conclusions and recommendations have been made, assessing the successes and challenges of the project's processes, including co-production, and making recommendations for future engaged research work.

This project began in March 2020 and was funded initially by the National Lottery Heritage Fund, as part of the continuation of the *NHS at 70* project until June 2020. Work began in March 2020 to document the pandemic in real time and was continued through funding from the Arts and Humanities Research Council (AHRC); the grant period was originally until September 2022 and now has a no-cost extension until December 2022. Data and evidence was gathered from five core groups: Interviewers, Interviewees, the Project Team, the Project Partner (British Library), and other Partner organisations.

Key findings

- The *NHS at 70* Project was a critical and key enabler of the *NHS Voices of Covid-19* project.
- All the key stakeholder groups were motivated and committed to this Project, due to: an appreciation of the value and importance of gathering 'real time' individual stories and experiences during the pandemic that will also contribute to research; the commitment to enable public access to the testimonial collection; and the opportunity of the findings to be used to shape future practice and policy.
- Stakeholder engagement has been a key success of this project, whereby:
  - Interviewees appreciated the opportunities to have their voices heard, including some providing serial interviews over the course of the pandemic.
  - Interviewers were trained in oral history and their skills and empathetic approach have played a significant role in the successful gathering of testimony.
  - There is a strong collegiate working relationship between the Project Team and the Project Partner, who have overcome many challenges along the way.
  - Strong relationships were also built with the Partner organisations that supported and contributed to the Project in various ways.
- The collaborative and co-productive ways of working were underpinned by a commitment to a set of values that matched these terms of engagement, such as mutual respect, openness and empowerment.
- The Project was also very responsive, which was required in order to capture the impact of this global pandemic on everyday lives in such a changing environment.
- Project challenges include:
  - Social-distancing restrictions that prevented face-to-face engagement and gave rise to conducting telephone interviews, that did not always result in good quality recording material.
  - Institutional procedural and administrative processes impacted on the Project's partners and stakeholders.

- Lack of capacity for Partners (in part, due to pandemic impacts) to get involved in the co-production of resources.
- A variety of outputs have been produced and demonstrable academic and research impact has resulted, with a variety of very positive outcomes for many of the beneficiaries.
- Enabling a diversity of testimonials was a core focus of the project, and this was achieved in many ways; but due to data limitations, it was not possible to ascertain whether full representation of the target populations was achieved.

Conclusions

- To date (August 2022), the Project has successfully achieved its primary aim and has collected more than 1460 testimonies from 559 Interviewees across the four nations of the UK.
- The secondary aim was to work with Stakeholders/Partners (including working in a co-productive way) to draw findings from the testimonies to develop learning resources. There has been clear progress towards this aim, in which: the findings have been summarised into key themes; many resources produced (e.g. policy briefings and film); and events have taken place to share learnings and raise debate, however there is still some work to be done in this area in terms of co-producing resources with Partners, which is planned for the future.

A brief summary of our key recommendations are as follows:

1. Stakeholder engagement and increasing awareness and use of the Archive: Update key Stakeholder groups with the Project's progress to date and plans for the future; and create a stakeholder/communications strategic plan to increase awareness and use of the archive, that could also empower the Stakeholders to get involved in raising awareness and encouraging use.

2. Focus on impact: Create an Impact plan, including short, medium and long-term goals, to release the potentially outstanding impact from the testimonial archive; consider applying for specific Impact funding.

3. Gathering impact evidence: Set-up and maintain on an ongoing basis, a repository of evidence that gathers evidence of research impact; explore the feasibility of tracking impact from the archive's users.

4. Engagement focus: Consider the benefits of describing future engaged Projects in other ways, such as Participatory Research or Community Engagement or Citizen Science/Research, as may be most fitting and appropriate.

5. Empowerment: For future engaged research projects, be explicit to the engaged participants/ partners about the power that they have to shape/ influence the project.

2.0 Introduction

The *NHS Voices of Covid-19* project is led by a research team at the University of Manchester and began in March 2020 with the aim of creating a national collection of personal testimonies, to be archived at the British Library. The aim was to gather these testimonies in 'real time', and for the findings to be accessible to all through a digital archive in order to: understand the significance and effects of the pandemic on the NHS, individuals and communities; facilitate wider awareness and debate of pandemic effects; and for the findings to be used to inform current and future policy and practice. The *NHS Voices of Covid-19* project was funded initially by the National Lottery Heritage Fund (NLHF), as part of the continuation of the *NHS at 70* project until June 2020, and then received dedicated funding from the Arts and Humanities Research Council (AHRC) to fund this Project until late 2022. This dedicated funding included the British Library as an archive partner, in which all the interviews recorded for *NHS at 70* and *NHS Voices of Covid-19* projects would be transferred to the Library to create a national collection of the history of the NHS and Covid-19.

The *NHS Voices of Covid-19* project arose from, and built upon the foundations and infrastructure, of the *NHS at 70* project that was initiated in 2017 and led by the same research team. The *NHS at 70* project gathered testimonies from patients, staff, policymakers and the public about their experiences of health and the place of the NHS in everyday life over its 70 year history (nhs70.org.uk). The *NHS at 70* project had trained ca. 150 volunteer interviewers in oral history and collected ca. 1000+ interview recordings by the start of the pandemic in the UK. The *NHS Voices of Covid-19* project continued to use this model in which the Interviewers were mostly volunteers (external to the University of Manchester) in addition to members of the Project Team.

The *NHS Voices of Covid-19* project also aimed to identify priority themes, as the pandemic evolved, through rapid data analysis of the testimonies collected to date, and to adopt a co-production approach, by working with stakeholders across the health and the voluntary sectors to develop resources (for example, toolkits; briefings, engagement events, slides; podcasts and webinars) that could feed this learning into policy and practice. Another goal was to share the findings and raise debate, though events, activities and resources.

2.1 Project aims and deliverables

Two key aims[2]
• Creation of a national collection of personal testimonies and in-depth reflections that is diverse and representative across individuals, communities and the four nations of the UK and that will be preserved permanently for future generations.
• To work with stakeholders to draw findings from the testimony to support the development of learning resources such as briefings, engagement events, podcasts and webinars that can inform policy and practice in the immediate post-Covid-19 period.

Four anticipated key deliverables[2]
• A collection of 900 oral history interview sessions that speak to experiences and reflections on Covid-19 across region, age, race, gender and class, permanently archived at the British Library for the widest global access.
• Resources for five organisations developed through co-production to enable learning to be rapidly distilled into policy and practice including: briefings, toolkits, podcasts and webinars.

[2] (from the *NHS Voices of Covid-19* UKRI/ AHRC funding application):

• An international workshop on 'Voices of Covid-19: Oral History and National Responses', bringing together academics, health, voluntary sector and heritage communities to reflect and disseminate learning on the potential of humanities research to inform and shape policy and practice around health.
• Ongoing dissemination and interpretation through the BL and NHS@70 websites/social media.

The focus of this evaluation was to explore the *NHS Voices of Covid-19* project's processes and ways of working, including in what ways the Project was co-produced, in addition to an exploration of the Project's outputs, outcomes, successes and challenges that have resulted **to date** (noting that the Project is still live, and the grant period ends in December 2022), from the perspective of different stakeholders.

The consultancy *Think Impact Ltd* was commissioned by the University of Manchester's *NHS Voices of Covid-19* Project Team and Public Engagement and Impact teams to conduct an independent and external evaluation. The evaluation has been supported by Research England's Participatory Research Fund, granted to the University of Manchester.

2.2 *NHS Voices of Covid-19* Evaluation framework

The following provides an overview of the key areas of focus that were agreed by the Evaluation Team and the University of Manchester Team and are articulated in the Evaluation Framework; the anticipated purposes of the evaluation were also discussed and agreed. Key extracts from the Evaluation Framework are as follows:

2.2.1 The five key Evaluation Questions

1. In what ways did the key stakeholders engage in the Project?

2. What were the Project's outputs, [stakeholder] experiences and outcomes ?

3. What was the nature of the relationship/engagement between the research team, project partners and key stakeholders?

4. Were there any differences/ effects in adopting a 'participatory' oral history approach?

5. What are the successes, challenges and lessons learnt [including in regard to co-production] ?

2.2.2 Key anticipated Outcomes to explore

The key anticipated outcomes of the *NHS Covid-19 Voices* project were identified and prioritised (see table 1, below); the evaluation aimed to explore whether these outcomes occurred, or not, and if so why/why not. In order to conduct a robust evaluation, there was also a focus on exploring whether any negative outcomes occurred, in addition to any unanticipated/ unexpected outcomes.

2.2.3 Key Project Stakeholders

The key *NHS Voices of Covid-19* project ('the Project') stakeholders were identified as follows:

- **Participants:** All individuals and organisations that took part/engaged with the Project: this includes the Project Team; Project Partner; Stakeholders and any attendees/contributors that took part in *NHS Voices of Covid-19* events/workshops/webinars etc.

- **Project Partner:** The British Library team, responsible for the testimonial archive.

- **Project Team:** The University of Manchester team of researchers and professional services staff that developed and delivered the *NHS Voices of Covid-19* project.

- **Stakeholders:** Refers to one or more of the three key external stakeholder groups:
  - **Interviewees** that took part in at least one oral history session about Covid-19
  - **Interviewers** were a mixture of members of the Project Team and volunteers from outside the University that conducted the interviews
  - **Partners** were external organisations that were involved in the Project in various ways

- **University of Manchester Team:** The Project Team plus colleagues from the University's public engagement and impact teams, who commissioned this evaluation.

- **Funders:** Project Funders (NLHF & AHRC) and funders of this evaluation (Research England).

2.2.4 Anticipated purposes/use of the evaluation

- To understand the value, or otherwise, of the Project's processes (including co-production) and the outputs and outcomes that resulted
- To contribute to final project reporting (for internal purposes; or externally, e.g. for funders)
- As a case study to disseminate and share with others
- To use the learning to improve future projects
- To encourage engaged research and co-production approaches and share the learning internally at the University of Manchester.

Table 1: Key Anticipated Outcomes identified and prioritised at the start of the Evaluation

Process Outcomes	- Research team, external partners and organisations, volunteer interviewers and interviewees influenced, shaped or directed the project in some way. - External partners and organisations, interviewers and interviewees are aware of project aims and of being part of the co-production process. - There was a diverse range of project stakeholders and partners. - The collection of testimonies is from a diverse range of people and communities. - The process was underpinned by appropriate values and commitments (e.g EDI). - Enabled cross-fertilisation between the different individuals, groups and organisations. - Continuous improvement took place.
Outcomes on the Project Team: University of Manchester	- Experiences and perceptions - Changed attitudes/ values re: value of co-production - Built capacity in co-production/ participatory research - Developed professional and/or personal networks - Academic/research outcomes as a result of co-production - An understanding of the successes, challenges and lessons learnt re: co-production - Potential legacy outcomes.
Outcomes on Stakeholders Project Partners Volunteer Interviewers	- Felt valued - Experiences and perceptions - Gained learning, knowledge and understanding - Gained skills/experience; enriched their practice - Changed attitudes/values - Developed professional and/or personal networks - Became agents for change - Project details, methodologies, findings or learnings shared with others. - Developed resources and activities* (partner organisations only*)

Volunteer Interviewees	- Changed their focus, ways of working, behaviour, practice, policies or services in some way (or plan to)* (partner organisations only*) - Understand the successes, challenges and lessons learnt from their perspectives - Potential legacy outcomes (partner organisations only*)

3.0 Methodology

The key stages of the evaluation were as follows: documentary review & desk research; co-creation of the evaluation framework including an online workshop with the University of Manchester team; development of the evaluation tools and other documentation (such as data privacy/use notice); mining of existing data and evidence gathered by the Project Team; undertaking fieldwork through surveys and interviews; analysis and synthesis of the data; production of the final report, which included two discussions (one interim; one final) with the University of Manchester team to discuss and reflect on the findings, conclusions and recommendations.

The Evaluation Team reviewed, commented and discussed each stage of the evaluation with the University of Manchester team, to ensure that the focus of the work remained in scope.

3.1 Documentary Review

This comprised:

➢ Review of key documents to gather a deeper understanding about the *NHS Voices of Covid-19* project ('the Project') and the *NHS at 70* project, and to inform the Evaluation Framework.
➢ Review of the existing data sources* created by the Project Team that could potentially be used for the purposes of this evaluation.

Table 2: Key documents and data sources reviewed:

NHS at 70 project documentation:	Heritage Lottery Fund application
	Heritage Lottery Fund (second round application)
	Project Plan
	Academic paper: '*Making History Together: The UK's National Health Service and the story of our lives since 1948,*' Contemporary British History
NHS Voices of Covid project documentation:	UKRI Ideas to Address Covid-19 application
	Advisory Board Terms of Reference
	Sample partnership agreement
	'Covid Conversations' monitoring data
	Event data & attendee feedback*
Interviewee data:	Interviewee feedback survey data*
	Participant information sheet
	Post interview data (from the Interviewers)*
	Reflections on being interviewed (quotes)*
Interviewer data:	Interviewer monitoring data*
	Interviewer workshop summaries*
	Interviewer feedback survey data*
	Oral history course information
	Volunteer handbook (for Interviewers)
Interview data:	Sample of rapid analysis of interview content
	Sample of interview summaries
	Sample of topic guides for interviews
	Remote interviews protocol
Other documentation	Advice on remote oral history interviewing during the Covid-19 pandemic [Version 5]

3.2 Framework development

The Evaluation Team developed and facilitated a workshop (March 2022) with the University of Manchester team to co-create the Evaluation Framework. This workshop discussed, confirmed and, where appropriate, prioritised: the aims, objectives and purposes of the evaluation; the key stakeholders; the key anticipated project processes, outputs and outcomes and the key evaluation questions. The Evaluation Framework was then finalised, together with the plan of evaluation activities.

The key stakeholder populations for the evaluation were prioritised and identified as follows:

- The Project Team (University of Manchester Research Team)
- The Project Partner (British Library)
- Partners (comprising of national/local, health, voluntary, patient/practitioner, and NHS-related organisations)
- Interviewees
- Interviewers

The Project also included other participants such as the contributors and attendees at the various events that took place (e.g. online Covid Conversations and *NHS Voices of Covid-19* film premier); and it was agreed that event attendees were **not** a priority for this evaluation.

3.3 Development and Conduct of the Evaluation activities

Three key approaches were selected to explore the Project's outputs, participant experiences, outcomes, successes and challenges:

- **Desk Research** & **Data Mining** of key documentation, and existing data sources that had been previously gathered by the Project Team.

  Desk research of the existing data sources and key documentation enabled a deep understanding of the *NHS Voices of Covid-19* project and informed the Evaluation Framework and Evaluation Tools.

  Some of the richer data sources and documents were also reviewed (such as surveys and feedback sessions conducted by the Project Team) and any key data and evidence that was potentially useful for this evaluation was extracted and summarised and/or coded. Key sources used in this way are as follows:

  - **'Interviewee Survey PT*' [developed & conducted by the *Project Team]:** This ongoing online feedback survey (via Survey Monkey) was completed by the Interviewees to feedback on their interviews for both the *NHS at 70* project and the *NHS Voices of Covid-19* project; the survey data was extracted by the Project Team to ensure that only *NHS Voices of Covid-19* interviews were included i.e. those that took place from March 2020 to March 2022. 138 responses were extracted and the data was provided to the Evaluation Team.
  - **'Interviewee Reflections PT':** A series of quotes extracted from the Interviewee transcripts and collated by the Project Team on their reflections of being interviewed.
  - **'Interviewee and Interviewer Demographics PT':** demographics collected from the near-whole population of *NHS Voices of Covid-19* project Interviewees (n = 508) was provided including: gender; country of origin; location/region of Britain; birth year; sector; how they got involved/ were invited to take part; some demographics were also collected on the Interviewers.

- o **'Interviewer Reflections PT':** Qualitative data and evidence was provided on the Interviewers' reflections, from a variety of different sources: including write ups/ reports of Interviewer feedback sessions; workshops and online surveys.

- **Online Surveys** were selected by the evaluation team in order to collect additional data and evidence from the Interviewee and Interviewer stakeholder groups:

  Given that the focus of this evaluation was much broader than the focus of Interviewee/ Interviewer feedback that had been gathered by the Project Team, the Evaluation Team concluded that additional online surveys were required to gather the full breadth of data and evidence and to enable this evaluation to respond to all five of the research questions for these two key Stakeholder groups. For example, the previous feedback had not explored in what ways, if any, co-production featured as part of the interview processes.

  The Online survey platform used was Jisc Online Surveys (onlinesurveys.co.uk) and a variety of closed and open question types/ formats were included to generate quantitative and qualitative data and evidence, informed by the Evaluation Framework. The survey questions were adapted to be appropriate for the Interviewee and Interviewer stakeholder groups, with commonality between the two where possible/ appropriate:

  - o **Interviewee Survey ET* (*developed/ conducted by the Evaluation Team):** Online Interviewee survey conducted by the Evaluation Team; the survey was open from 23 May to 7 June 2022

  - o **Interviewer Survey ET:** Online Interviewer survey conducted by the Evaluation Team; the survey was open from 23 May to 8 June 2022

  The invitation to take part in the survey was sent to 498 interviewees and 45 interviewers (the latter was from a total of 55, with 10 Interviewers redacted from the survey invitation list, 9 of these were University of Manchester Project Team staff).

- **Semi-structured Interviews** were conducted with key individuals for each of the following stakeholder groups:

  - **Project Team** (University of Manchester Project Team): 1 x individual interview (the PI) and 1 x paired interview (Co-I/ Project Manager and Team Member). Furthermore, evidence was also gathered about the Project from the Project Team during the evaluation update meetings and via email communications.

  - **Project Partner** (British Library): 1 x paired interview of key senior staff

  - **Partners** (external organisations that were engaged in the Project): 3 x individual interviews and 2 x paired interviews.

    From a total of 12 Partners identified by the Project Team, eight Partners were selected for interview to ensure a diversity of organisations in terms of type and size (i.e. NHS, Voluntary, Health; Patient; specific ethnic communities). Of these, seven Partner representatives took

part in an Interview (either individually or paired) and one Interview did not take place due to online IT issues.

A master Topic Guide was created, that was adapted for each Stakeholder group. The interviews were conducted online via Zoom and were recorded (with the appropriate consents achieved) and transcribed using an intelligent verbatim approach.

The relevant administrative procedures were also put in place to gather informed consent from the participants, including the data privacy, protection and privacy notice. As the Project Team and the Project Partner representatives were few in number (and potentially identifiable), they were offered the option to review and approve their quotes, prior to inclusion in the final report.

3.4 Synthesis of findings

The quantitative data and evidence was collated, analysed and summarised and presented in a visual format (e.g. table, bar graph, pie chart or tree map etc). Qualitative data and evidence was coded and then synthesised into themes. Individual quotes have been selected to help illustrate the findings; the quotes below (section 4) are provided as 'edited transcription' i.e. verbatim with some very light editing to improve clarity; insertions in square brackets provide context; redactions where required (e.g. for anonymity); and a longer series of dots (…………….) is where extraneous parts of the quote were redacted.

The findings are presented by stakeholder group in Section 4; Section 5 provides the conclusions in which the key findings are presented across all stakeholder groups and in response to the Key Evaluation Questions and the Project's two key aims and anticipated deliverables, together with additional context and discussion.

The final section (Section 6) provides recommendations which draw upon the findings and conclusions together with the (30 years+) engagement expertise and experiences of the Evaluation Team. A separate technical annex also accompanies this Final Report with examples of the key evaluation tools used (Survey and Topic Guide).

4.0 Findings

The following findings for this section are presented according to each Stakeholder group. The vast majority of the findings presented are from the surveys and interviews conducted by the Evaluation Team (ET). Any additional data and evidence used, such as that extracted from the data sources provided by the Project Team, are labelled as such and use the suffix PT (Project Team).

4.1 Interviewees

Any unattributed quotes in this section are from the Interviewee Survey ET; other quotes are attributed.

4.1.1 Interviewee Findings

The Interviewee Survey ET was sent to 498 interviewees that had taken part in an NHS *Voices of Covid 19* interview, of which 198 responded, giving a response rate of 40%. This is a very good response rate considering that many of the Interviewees had only taken part in one interview.

A small number of Interviewees responded to say they intended to complete the survey but could not take part due to IT issues.

The findings below are presented in percentages, however it should be noted that the survey was self-selected.[3] The findings below are presented by the survey question:

1. **How many interviews about Covid-19 did you take part in?**

Nearly half (48%) of Interviewee respondents took part in one Covid-19 interview, with a significant other (33%) taking part in three or more interviews.

One	48%
Two	13%
Three or more	33%
Unsure/Don't know	7%

Table 3: Number of interviews that interviewees took part in

2. **Approximately when did your interviews take place?**

About the same amount of interviews took place between March – December 2020 and January to December 2022.

March – December 2020	113
January – December 2021	122
January 2022 onwards	50

Table 4: Time period of participation

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[3] Therefore it cannot be guaranteed that the survey respondents sample was fully representative of the whole Interviewee population; although there are similarities when comparing the demographics of the Interviewee population as a whole and the sample of Interviewee survey respondents, in particular, in terms of gender and age.

3. What was your motivation for participating in an interview?

Interviewees were asked to select <u>up to</u> three motivations for participating in an interview, and one of the most common (72%) was their feeling that Covid-19 experiences need to be documented. There was also a strong commitment to contribute to research, where just over 50% of respondents stated this as a motivation. Perhaps more surprisingly is that 43% of Interviewees noted that one of their motivations for taking part was an interest in oral history, stories or lived experiences.

What was your motivation for participating in an interview?

Number of responses

Motivation	Number of responses
Covid-19 experiences need to be documented	143
I have an interest in oral history/stories/lived…	86
To show appreciation for the NHS	40
This is important in shaping the NHS for the future	62
To do something useful during lockdown	20
To gain an understanding of other people's…	7
For a fulfilling experience	10
To contribute to research	104
For professional development	2
For personal development	9
I have an interest through my previous involvement in…	54
Other	8

Figure 1: Motivation for participating

4. What three words best describe your experiences of taking part in the Covid-19 interviews

Interviewees were asked to select up to three words to describe their experiences of taking part in the interview and the majority had very positive experiences. The most common were: Purposeful (52%); Beneficial (44%); Collaborative (42%); Appreciated (42%) and Empowering (32%). 36% of interviewees also stated that they felt emotional and 20% found the interviews challenging.

This data and evidence is complimented by 100% of the Interviewee Survey PT respondents stating that that they had enjoyed taking part in their Interview and 97% would recommend taking part in an *NHS Voices of Covid-19* interview to others.

A brilliant project, well organised and I'm so pleased I was able to take part
(Interviewee Survey PT respondent)

What three words best describe your experiences of taking part in the Covid-19 interviews?

Category	Number of responses
Other	9
Disappointed	0
Appreciated	84
Upsetting	3
Purposeful	104
Emotional	72
Collaborative	84
Daunting	9
Empowering	63
Ineffective	1
Beneficial	89
Challenging	39

Figure 2: Experience of taking part in an interview

When asked to explain their reasoning further for choosing the above experiences, Interviewees provided a variety of explanations:

- **There is a need to document these experiences, as they are important and valuable**

As the main motivation for taking part in the interviews, there was the strong feeling of the need to document experiences of Covid-19, this was further cemented through the explanations given by interviewees:

I felt my story was important for documenting the physical, mental, social and unprecedented situation of a pandemic on one's life, and how this situation manifested itself personally for me in the most unusual way.

It's so important to record what was going on for human knowledge.

It felt as though this was an important contribution to the telling of what really happened to people during the pandemic and how it affected their lives, for future generations to access.

- **Enjoyable, satisfying, empowering, interesting, worthwhile and useful**

Interviewees appreciated the opportunity to be able to have their voices heard, and felt valued in doing so:

> *I found the experience beneficial, empowering and purposeful because I was given the opportunity to share my personal experience as someone who had a first-hand feel of the impact of Covid in Africa and then the UK.*

> *It was the first time I had told my story to anyone outside my immediate family. It was a very interesting and useful experience.*

This corresponds well to the data gathered in the Interviewee Survey PT in which 76% of Interviewees said they were motivated to take part by the opportunity to 'share their NHS experiences and be listened to' and 67% said they felt 'valued'.

- **Useful for reflection or clarity; therapeutic; a safe space**

Many respondents also found the interviews provided them with an opportunity to reflect, and many also gained clarity about their experiences during the pandemic; and that the opportunity to talk about their experiences was therapeutic, or cathartic:

> *Helped me to reflect and move on as well as capturing emotions and thoughts and experiences that would ordinarily be lost.*

> *This was a cathartic experience, I didn't realise how much suppressed emotion I was carrying… this was the first time I had talked through my experience. At one point I was surprised to find myself tearful such was the emotion.*

> *It felt therapeutic to talk about my experiences and opinions. Sometimes I found it difficult finding the right words to describe my thoughts.*

This is complimented by the Interviewee Survey PT findings, in which 30% of Interviewees said they were motivated to take part to 'Make sense of my NHS experience'; and 61% selected 'Making sense of my experiences' as one of their key outcomes of participating in an Interview:

> *If you want an open and honest answer, I think it helps you make sense of a lot of things. I think I'm bombarded with a lot of information and I think it just helps to makes sense. Certainly, in terms of my own mental health and wellbeing just being able to talk about it is how I deal with it. Having an opportunity to vocalise what has been taken for granted on a day-to-day basis.*
> *(Interviewee Survey PT respondent)*

> *Being able to share my grief of losing a colleague.*
> *(Interviewee Survey PT respondent)*

> *Making sense of my Covid 19 experience and being able to talk about the Nightingale, which [although it] ended up [being] a somewhat tainted aspect of the response yet [to*

- **It was emotional**

For those Interviewees who noted that they were emotionally affected whilst undertaking the interviews, this was often as a result of 're-living' their experiences through the interviews:

Interviewees also mentioned that they wanted to contribute to research and to help during the pandemic, and show their appreciation for the NHS.

A small minority of Interviewees (4%) found the experience challenging, highly stressful, and not very useful.

5. **In your own words, what is your understanding of the purpose of the interviews about Covid-19?**

Many Interviewees stated that the purpose was to document history in real time, and this was very closely related to other purposes, such as ensuring that people's experiences of Covid-19 were effectively captured, and that all this information would feed into the future and help future generations. Interviewees also strongly connected their participation in interviews to that of them assisting the NHS.

- **To document history**

As seen above, documenting history was one of the main motivations for Interviewees to take part in the Covid-19 interviews, and they also felt that this was one of the purposes of this project:

*To ensure the impact and lasting legacy of the pandemic is documented,
recognised and considered for future planning.*

*To document the lived experiences of a range of people impacted by covid in order
to have an historical record.*

- **To capture people's experiences of Covid-19**

Related to the need to document history, capturing the real-life experiences of people during a pandemic
was another key purpose for the project, from the Interviewees point of view:

To collect witness accounts of the pandemic experience.

*To provide information of people's experience of Covid-19 to form an
understanding of the impact on individuals, society and the NHS.*

- **To feed into the future, to inform future generations**

Interviewees cited another purpose of the Covid-19 interviews as fulfilling the need to inform the future and
future generations:

*To capture oral testimony from a unique period in time. I would hope that the
interviews could also inform policy, planning and preparedness for future epidemics or
pandemics.*

*To write history as it happens. There has never been a time where history has been
written and recorded as it happens. It means it is not lost or changed due to being
recorded as a later stage. The history of the NHS and people who experienced using the
NHS during this time will be more accurately recorded. It means education, researchers
etc can use it in the future.*

- **To help the NHS**

Interviewees felt a strong connection between participating in interviews related to Covid, and the effects of
the pandemic on the NHS. As a result of taking part, they felt they were helping the NHS:

*To record this momentous event in NHS history and understand the impact across the
whole of the NHS and the staff that work in it.*

*To record what the experiences of a range of people were for the benefit of future
development of the NHS.*

Furthermore, 64% of Interviewees from the PT Interviewee Survey said they were motivated to take part to 'stimulate discussion about the NHS and its history'.

This focus on the NHS may have been influenced by being involved in the previous project, *NHS at 70*, but interestingly, only 12% of the *NHS Voices of Covid-19* respondents that took part in the Interviewee Survey PT said they had been previously involved in the initial project; indicating that many of the Interviewees were newly recruited for this follow-on project.

Interviewees also suggested other purposes behind the Covid-19 interviews; these ranged from the need to learn about Covid-19, the need to undertake research, having an oral record of experiences and capturing history in real time which would then result in an archive collection.

6. **In your own words, what is your understanding of how the interviews will be used by the *NHS Voices of Covid-19* Project Team?**

In this open response question, just over a quarter of Interviewees recognised that the interviews would be stored in an archive collection, and just under a quarter also cited that the interviews will be used for research purposes. Linked to this, they stated that the interviews will enable future learning about how to handle a pandemic. Again, many Interviewees also stated that one of the uses of the interviews is to help the NHS specifically.

- **To keep an archive collection**

Many interviewees articulated that their stories would be kept as a record, or within a database for future use, and some noted that this collection would be based at the British Library:

To be archived in the British Library, should anyone want to use them for any reason in the future.

I understand that the interviews will be combined to form a database of insights into the experience of the nation in a time of crisis and made freely available to everyone.

To create a central record of individual's experiences throughout the Covid pandemic, which can be used for historical research in the future and also to provide a framework to build on in case of another global virus outbreak.

- **For research purposes**

The second most common understanding for the use of the interviews was related to research purposes:

To demonstrate the experience of people during Covid. Provide a research resource for researchers.

As primary research data.

They will be made available to future research. I would be happy for researchers to start examining straight away as part of a university project to see what can be learned.

- **To learn about Covid-19, and how to handle a pandemic**

A significant number of Interviewees mentioned the importance of learning more about Covid-19, and how these interviews would assist that purpose:

To take learning. Share experiences as almost like a time capsule.

Hopefully it'll be used by historians as well as researchers to document not just how the pandemic progressed but how it was perceived to have progressed. I've no doubt that this will be used in many different ways and hopefully this will help us cope better with any future pandemic.

To understand how we can learn lessons on how we cope with a future Pandemic and isolation.

- **To help the NHS, or future healthcare**

Interviewees again linked the use of the interviews to that of assisting the NHS specifically, and the future of healthcare generally:

For research, education and to improve services in the NHS.

Hopefully to improve medical services.

It will give a deeper understanding of the effect of the pandemic on individuals and staff and helps shape services of the NHS in the future.

Interviewees again stated the importance of capturing people's experiences of Covid-19, recording and documenting history in real time, in response to this question, and keeping an oral record, as their understanding for how the interviews will be used.

7. **From your experience as an interviewee, please respond to the following statements:**

The majority of interviewees either strongly agreed or agreed that;

- The content was discussed beforehand (95%)

- They were asked for their feedback on the interview content/focus (69%)
- That they shaped the course of the interview (76%)
- That the interviewer demonstrated understanding or empathy (99%)

From your experience of being an interviewer:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Unsure/Don't know
The content and focus of the interview was discussed with me before it took place	59%	36%	3%	2%	0%	1%
I was asked for my feedback on what I thought the content/focus should be	38%	31%	17%	6%	0%	10%
I felt the interviewer demonstrated understanding/empathy	74%	25%	1%	0%	1%	0%
I shaped the course and content of the interview	37%	39%	19%	4%	0%	2%

Figure 3: How far do you agree/disagree with the following statements:

When asked to explain more about their responses, Interviewees provided the following reflections:

- **The interview was guided, not directed**

Interviewees appreciated the level of openness and flexibility that was provided within the interviews, mentioning that they had the freedom to take the interview in any direction as long as it was within the initial structure:

I believe I did help to shape the content of the interview as I responded to questions in such a way that inevitably prompted other questions, indeed I had to be brought back to the scripted questions a few times as there was so much I wanted to say!!

Interviewer guided me through their agenda but it was pre-agreed and allowed great flexibility.

The interview was structured but grew organically, based on where I led with my responses.

- **Interviewees could expand on what they were saying**

Interviewees felt that they also had the freedom to expand on the points that they were making:

The interviewer provided the outline but [I] was invited to bring important issues when felt relevant and encouraged to expand on certain points.

I was allowed to expand a point or perspective at any time. I did not feel rushed or coerced in any way.

- **It was an open interview/the questions were open-ended**

Open-ended questions were greatly appreciated by interviewees, and some felt that due to this, they were shaping the content of their own interviews:

I think the questions were quite open so there was an opportunity to shape the interview.

There was plenty of scope for me to express my views, questions tended to be open rather than leading.

It was totally open. The interviewer also was able to keep the interview focused.

- **Interviewees could discuss the things they wanted to within the structure of the interview**

Amongst other responses given by Interviewees, some felt that they had entire free reign to discuss the things they wanted to. Some interviewees had an opportunity to discuss the questions before the interview took place:

The interviewer spoke to me beforehand to ask what I wanted to discuss, and asked me when he had completed his questions if there was anything I wanted to include that I hadn't.

We agreed to use a rough template to create a semi-structured interview which assisted me [to] remember new items on a monthly basis, as well as report ongoing issues.

The questions were a good starting point and I was given space by the researcher to shape my responses and take the question where I wanted it to go.

Many Interviewees mentioned that the Interviewer was a good listener and that they had built a good rapport, or that they worked well together.

There were mixed views on whether the Interviewer or Interviewee led the direction of the interview – some interviewees felt that they led the direction whilst others felt that although they could speak freely, the direction was still led by the interviewer.

The openness and flexibility of the interview is also backed up by the documentary review that was conducted by the Evaluation Team in which the Interview Information Sheet (for the Interviewee) included the following:

'The interview is very flexible and you are free to discuss what seem to you to be the most important issues'
(Information Sheet for Interviewees).

8. In your view, what worked particularly well about the interview process?

In response to this question, Interviewees valued the many good qualities that the Interviewers had, ranging from empathy, being good listeners, being interested in what they were saying, and having developed a good rapport with them. Some Interviewees also mentioned that the practical aspects of conducting interviews worked well:

- **The interviewer was interested, well trained and empathetic**

The majority of responses related to the skills of the Interviewers, and how they helped to put the Interviewees at ease, citing how well trained they were, flexible, genuinely interested and empathetic:

The interviewer was brilliant, to do this you need to have confidence in your interviewer and she was easy to work with, patient and never pressuring me so I feel this really helped me to be very open and honest.

It was unhurried and the interviewer was genuinely interested so it was more like a conversation than an interview.

The interviewer's friendliness and relaxed manner. I was a little anxious about the idea of being recorded but soon relaxed and forgot it was being recorded.

The interviewer was empathic and kind, so it was easy to talk. The interviewer enabled me to talk about the wider context of my answers - my beliefs and ideology as well as my observed and lived experience.

- **Feeling at ease and developing a good rapport with the interviewer**

Some Interviewees enjoyed building a good relationship and rapport with their interviewer over a period of time, especially when taking part in multiple interviews:

Immediate rapport and mutual understanding.

I developed a good relationship over the phone with the interviewer which allowed me to speak quite freely and share my opinions.

Having an empathetic, understanding and inclusive interviewer. Having the same interviewer throughout so we could build a rapport and understanding of what worked or didn't.

- **Very organised interview process**

At a practical level, Interviewees mentioned that the organisation of the whole interview process worked well, this included the recruitment, prior information provided, initial screening (initial chat to discuss the process etc), and the arrangement of mutually beneficial times:

The organisation - agreed time; questions beforehand so I could prepare answers; politeness of interviewer.

The whole process was well organised and the information given beforehand was great. Thank you.

It was scheduled at a time that was convenient and lasted long enough to get my opinions but not so long as I was wishing it over.

Amongst other things that Interviewees mentioned as having worked well in the interview process, that has also been covered in previous answers, was that they appreciated the structured nature of the interview with its open-ended questions, they valued the opportunity to tell their story, and having the safe space and time to think were beneficial for them.

This is backed up by the findings from the Interviewee Survey PT, with a 100% agreeing that the Interviewer made them 'feel at ease and listened to' and multiple comments about the many positive attributes of the Interviewers.

[redacted – Interviewer name] was a delight to speak with. I thoroughly enjoyed my time with her. She was kind patient and an avid listener. All questions were clearly answered and she put me at ease during the process. I cannot praise her highly enough.
(Interviewee Survey PT respondent)

9. **In your view, what did not work well about the interview process?**

An overwhelming majority of Interviewees stated that there was nothing that did not work well about the interview process, although some Interviewees did find the phone format somewhat challenging and would have preferred taking part face to face. At the same time they realised this was not possible due to Covid-19 restrictions:

In person would have been great but was understandably not possible.

Others cited practical challenges, for example a couple of Interviewees mentioned that it would have been beneficial to receive the questions beforehand, and a few Interviewees stated that there were technical issues when undertaking the interviews over the phone.

I wish I had asked for the questions before hand. Some were similar and therefore difficult not to repeat the same answers.

Some tricky issues with the recording - my son was able to help as he's a recording engineer.

A few Interviewees also cited issues relating to the content of the interview, that it was not always well structured:

Not very structured - a bit hard to know where it was going.

This was also mentioned by a few of Interviewee Survey PT respondents:

As a researcher myself the interviews could, perhaps, have been stronger if there were some new themes/prompts provided by the project over the period of the Covid. Especially as I was in lockdown for a considerable part of the time. (Interviewee Survey PT respondent)

10. In what way could the interview process be improved?

Again, most Interviewees stated that there was nothing to improve in the interview process, however from the minority that did leave a suggestion, they mentioned practical improvements and the opportunity to see their Interviewer (either via a video call of through a face to face opportunity, when this was permitted).

- **Practical improvements**

A few Interviewees (as above) suggested having access to the interview questions beforehand would have helped them be more prepared for the interview:

Give an idea as to what may be discussed.

- **Face to face preference**

Similar to the challenges mentioned with the interview process above, although Interviewees recognised that meeting face to face was not possible during the pandemic restrictions, they would have enjoyed an

opportunity to do so once restrictions had been lifted or, they would have appreciated the opportunity to undertake a video call for their interview:

I understand the restrictions on face to face meetings, but the final meeting could have been in person, or at least via a virtual platform so that I could see the interviewer.

It would have been good if it could have been in person - a Zoom or other video link might be good in a similar situation.

It's possible that visualisation of interviewer and interviewee such as with FaceTime or Zoom might improve communication.

Which of the following (if any) did you gain from taking part in the interview?

Category	Number of responses
Other	3
I didn't gain much by taking part	11
Empowered: I felt I made a difference	48
Contacts: I met new people/expanded networks	5
Learning: I gained new knowledge/understanding	14
New ways of thinking: I changed my views/perceptions/attitudes	17
Capacity building: I gained new skills	1
Understood: I felt listened to/heard	117
Appreciated: I felt valued for my contribution	143
Satisfaction/fulfillment: I felt I made a contribution	152

Figure 4: Outcomes gained from taking part in the interview

11. Which of the following (if any) did you gain from taking part in the interview?

Of the most common outcomes experienced, more than three quarters of Interviewees (76%) stated that they felt a sense of satisfaction or fulfilment from taking part in the interview process. They also felt appreciated and valued for their contribution (74%), and more than half of Interviewees felt understood, listened to or heard.

I felt I was valued, and the NHS staff were being listened to for the first time.

I felt I was doing something useful and felt valued for taking part, I also learnt a lot about myself during the process.

Large scale projects like this cannot really provide individual satisfaction, but participants need to feel wanted. I did feel that in an abstract way.

It seems a rare opportunity that someone is interested in your perspective as an individual about your experiences of a health crisis - from a personal point of view this felt therapeutic and I certainly felt valued.

- **I felt listened to, I felt like I had a voice:**

I really did feel like I had a voice and I have been given the time to talk and share my experiences, I felt valued. I feel I had lots of experiences that I could share and I felt that these experiences were seen as important, that made such a difference.

I really valued the opportunity to have my thoughts and feelings about the period recorded and listened to. As a working-class woman I often feel that my voice is absent within our documented history so it was nice to be given the opportunity to reach out to working class women of the future.

Gave the 'silent majority' a personal voice. Health care seems to be 'processing' rather than 'caring' at primary care level. Mass personal perspectives can be a powerful tool for health professionals to learn how people truly feel.

A few Interviewee Survey PT respondents also pointed out that as a member of a minority group or specific community, they valued the opportunity to have their voices heard.

Reflecting on how the Covid crisis had affected our service user group and having that recorded was rewarding to know as our cohort are often marginalised and side-lined with negative stereotypes associated with them. It was also good to be able to reflect on the impacts on the Black and other minority groups experiences.
(Interviewee Survey ET Respondent)

It's been a bit of an honour. I'm only a porter, to be asked about my opinion on it is quite something so thanks very much. I think it's a great idea to document people's voices of the pandemic for people to listen to so it's good that we have something to show for the future
(Interviewee Survey PT Respondent)

- **I had the opportunity to reflect and learn:**

'Was able to engage in a process of reflection by describing and exploring my experiences through the interview. I was also able to describe a side to NHS practice which members of the public may have no understanding/awareness of.

Sharing my views and articulating them made me reflect on my own perspectives. The interviews were a very useful sounding board/reflective space.

Amongst other feedback about the outcomes experienced by Interviewees, some mentioned that they wanted to contribute to something important, and offer help in any way that they could, or it gave them a sense of connection.

I have been shielding and it has helped me so much to feel included in life and part of society. It would have been very easy to feel isolated and a bit not needed in society but this really made me feel part of it. It actually got me through the isolation part of shielding and I am very grateful for that thank you.
(Interviewee Survey PT Respondent)

Only a few Interviewees stated that they had not gained anything through the process.

12. Other activities

The majority of Interviewees (74%) informed others about the *NHS Voices of Covid-19 project*, and just under half (48%) encouraged others to take part. While 30% of respondents from the Interviewee Survey PT noted that one of the positive impacts of the Project was 'Sharing stories with my family and friends'.

However most Interviewees did not become Interviewers nor did they get involved in the Project in another way. From the 8% that did get involved in another way, one Interviewee (who was also a Partner) facilitated therapeutic art sessions online for the project, whilst another provided administrative support in the form of providing summaries of the Interviews. A few Interviewees also mentioned that they had previously been involved in the *NHS at 70* project.
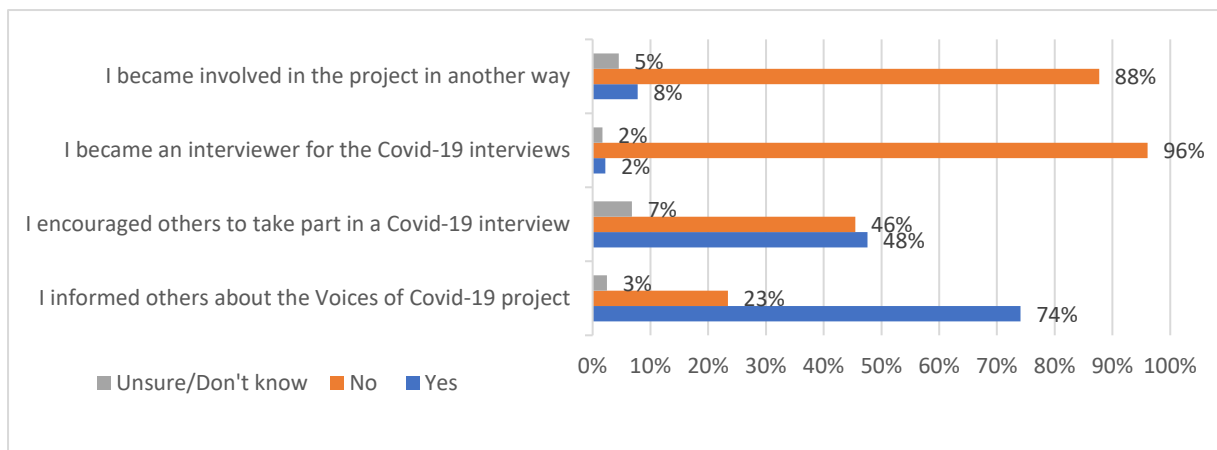
Figure 5: Other ways Interviewees did/did not become involved in the Project

13. Interviewee demographic data – Survey respondents

The majority (69%) of survey respondents were female, and 30% were male; while 1% preferred not to say or preferred to self-describe. The majority of Interviewee respondents were in the older age group categories and only two percent of respondents were between 25-34 years. There were no Interviewee survey respondents under the age of 25 years. More than 82% of respondents identified themselves as having no disability whilst 16% stated that they did and 2% preferred not to say.

Figure 6: Age data of interviewees that responded to this Survey
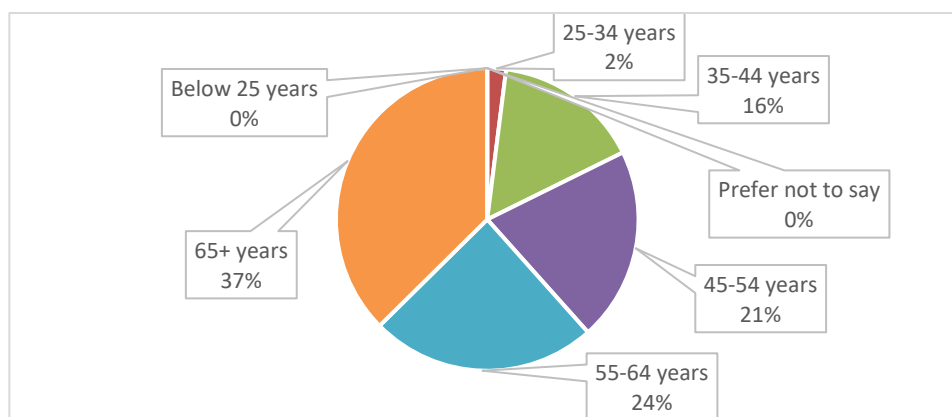
The majority (78%) of interviewee respondents identified as British/English/Welsh/Northern Irish/Scottish with the next biggest categories (5% of the Interviewee survey respondents each) were Indian and Irish; and 4% of Interviewees respondents identified as ' other White background'.

Ethnicity	Number of interviewers
British/English/Welsh/Northern Irish/Scottish	78%
Irish	5%
Indian	5%
Any other White background	4%

Table 5: Ethnicity data of interviewees

Nearly 40% of interviewee respondents were either NHS staff or NHS management staff and 23% were retired NHS staff. Other ways that the Interviewee respondents described themselves were Patient (18%), Educator (5%), Parent (14%), Volunteer and Citizen (14% each). Of those that selected 'other,' many described themselves as academics/researchers, or within a health/medical setting, amongst others. To note: respondents had the option to select more than one category.
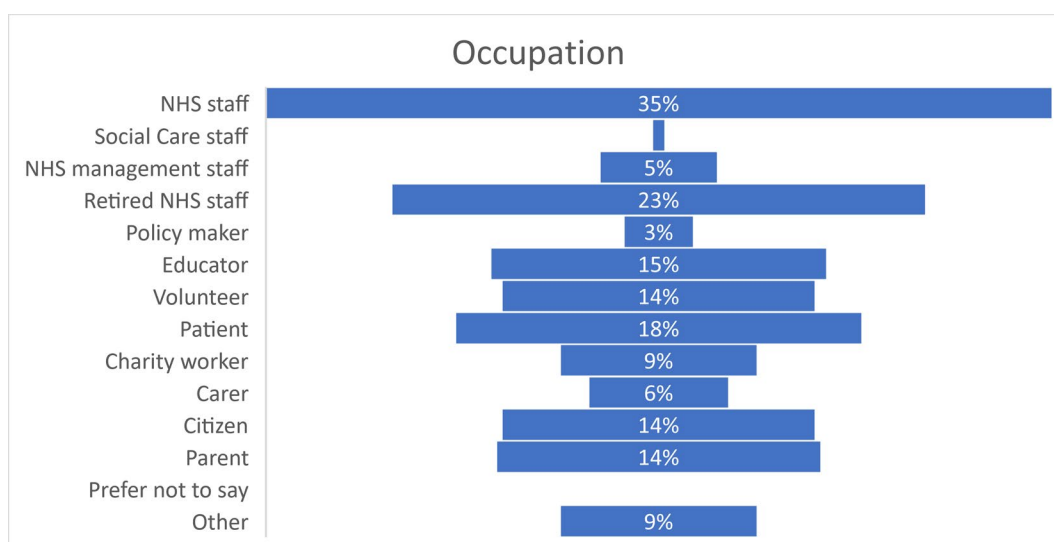
Figure 7: Occupation/ role data of Interviewees that responded to the survey

The following demographics were **not** asked as part of the Interviewee Survey ET but they were included in the **Interviewee Survey PT**:

- Religion: 35% no religion/belief or atheist; 44% Christian; 14% other religion/ belief (including Hindu; Jewish; Muslim; Sikh); 6% prefer not to say.
- Sexual orientation: 93% heterosexual; 4% gay/ lesbian; 1% bisexual/pansexual; 2% prefer not to say.
- Occupation: 67% Professional and 19% Management.

4.1.2 Interviewee demographics

The following provides a synthesis of the demographic data collected by the Project Team for the majority of the population of the Interviewees 508 (/559) that took part in *NHS Voices of Covid-19* project interviews[4] and included data on Interviewee gender; year of birth; their UK region; country of origin; category/ sector; occupation; associated authority bodies; how they found out about the Project and the number of Interviews undertaken:

Interviewee Population Demographics:

- **Gender:** 64% Female; 36% Male; 0% non-binary

- *Table 6:* **Year of Birth** - ranged from 1927 – 2002 (so from ca[5]. 20 to 95 years old):

Age Range[3]	%
65+	32%
55 - 64	24%
45 - 54	19%
35 - 44	16%
25 - 34	7%
< 25	2%

[4] Covid Interviewee demographic Data provided to the Evaluation Team by the Project Team 2
[5] Noting that we do not know the birth month so age is approximate and maybe one year out, depending on when their birthday month is

- **Country of origin:** 67% England; 9% Scotland; 5% Northern Ireland; 4% Wales; 4% India; remaining 11% from 29 other countries (each country with 1% or less) in Europe; Asia; North America; Africa; Australasia.

- *Table 7:* **Region of UK** - in which they are based:

UK Region	%
North West	26%
London	17%
South West	13%
Scotland	8%
South East	8%
North East	7%
Northern Ireland	6%
Wales	6%
Midlands	3%
East of England	2%
Other	3%

- *Table 8: Categorisation* - how the Interviewees categorised themselves in terms of **sector, role or community** to which they identify:

Categorisation	%
NHS/Public Health/Social Care/Science	52%
Public/Community	23%
Patients & high-risk groups	22%
Politics/Policy	4%

- **The Interviewees' occupation was also requested** and there was a very wide variety of roles. For example, the NHS/Public Health/Social Care/Science category included Nurse; GP; Pubic Health Professional; Porter; NHS manager; Surgeon; Chief Medical Officer; ICU; Anaesthetist; Researchers/Academic etc; this also included retirees. Other occupations from the other groups were also diverse and included: Student; Reverend; Police Officer; Potter; Journalist; Teacher.

- And the Interviewees were very varied in the number of interviews they had undertaken, with around half having conducted one interview; about a quarter had conducted two to ten interviews; and the remaining quarter between 11 and 25; although to note, for those that had conducted more than one interview, this number could also include any interviews they conducted as part of the *NHS at 70* project.

4.2 Interviewers

4.2.1 Interviewer Findings

A total of 21 interviewers from 45 completed the survey, giving a response rate of 47%, which is a good response rate, as would be expected from those who have a stake in the project through their engagement and participation. The findings below are given in numbers of respondents and, in some cases, also percentages, to provide consistency with the Interviewee findings – however it should be noted that this is a percentage of <u>a total of 21 respondents</u>.

Number of Interviews conducted	Number of respondents
1 – 4	3
5 – 10	8
11 - 20	3
21+	6
Not sure	1

Table 9: Number of interviews conducted

Interviewers had undertaken different numbers of interviews (Table 9) and had undertaken interviews across the period of the pandemic to date: between March-December 2020 (n=18); January 2021 – December 2021 (n=11) and January 2022 onwards (n=8).

1. **Motivations for taking part as an interviewer**
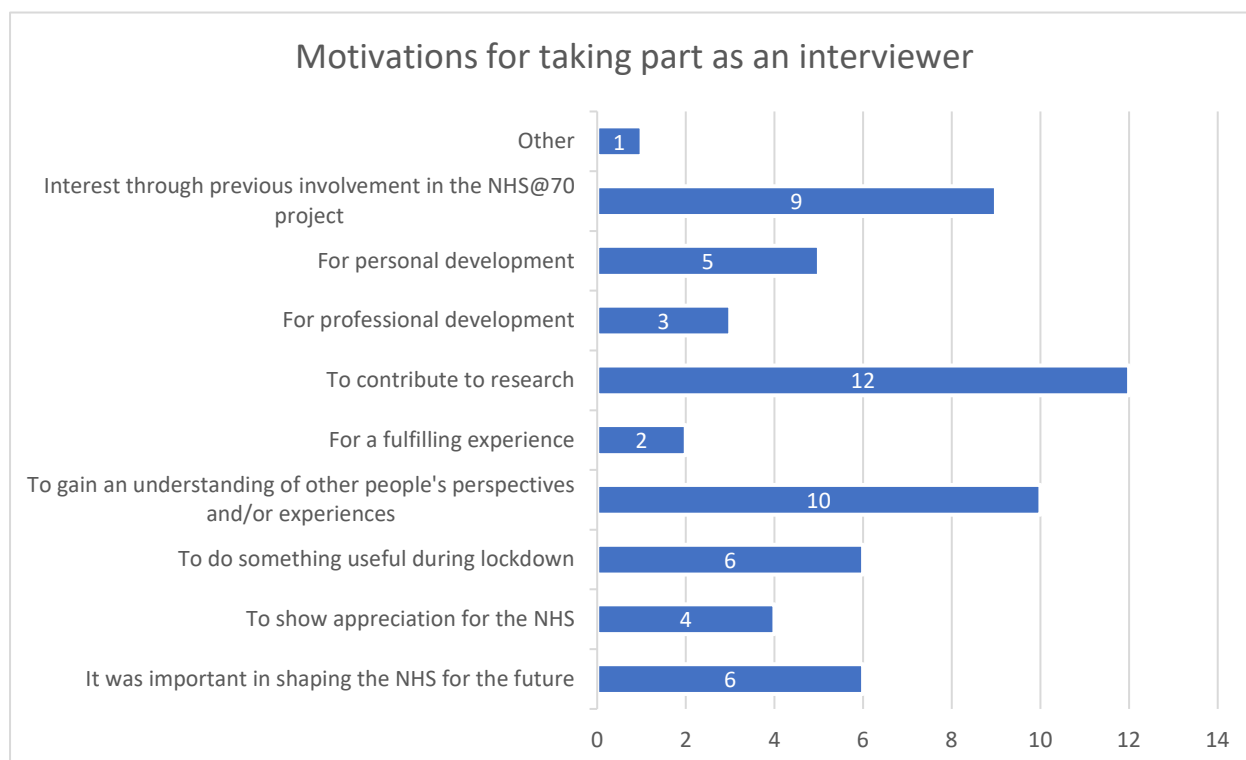
Figure 8: Motivations for taking part as an interviewer

Two of the most common motivations for respondents to take part in the project as Interviewers were that they wanted to contribute to research (57%) and they wanted to gain an understanding of other people's perspectives and/or experiences (48%). Nine interviewers (43%) also took part because they had been involved previously through the *NHS at 70* project.

Other motivations from the survey data included: to show appreciated for the NHS; to shape the NHS for the future, and/or the Interviewers wanted to do something useful during lockdown. This is backed up by Interviewer feedback gathered by the Project Team (Interviewer Reflections PT).

Feel passionately about our NHS and feel that we can never thank the service and staff enough for all that they do for patients. It is a truly wonderful and world class service. I feel that I should therefore give back in anyway I can to the service, in whatever form that may be.
(Interviewer Reflections PT)

As we keep hearing, these are unprecedented times. These interviews are an important part of capturing history and could also be used to understand the discourse surrounding the delivery of care during these times.
(Interviewer Reflections PT)

It's an unprecedented time in my lifetime - in the UK at least as I know other epidemics and pandemics have affected other parts of the world - hopefully what we learn will help with disease preparedness and public health in the future.
(Interviewer Reflections PT)

2. Three words to best describe the experiences of conducting interviews

Interviewers largely had positive experiences when conducting interviews, the most common experiences being described as beneficial (62%), purposeful (52%) and collaborative (43%); with 38% describing their experiences as emotional and 24% as challenging.
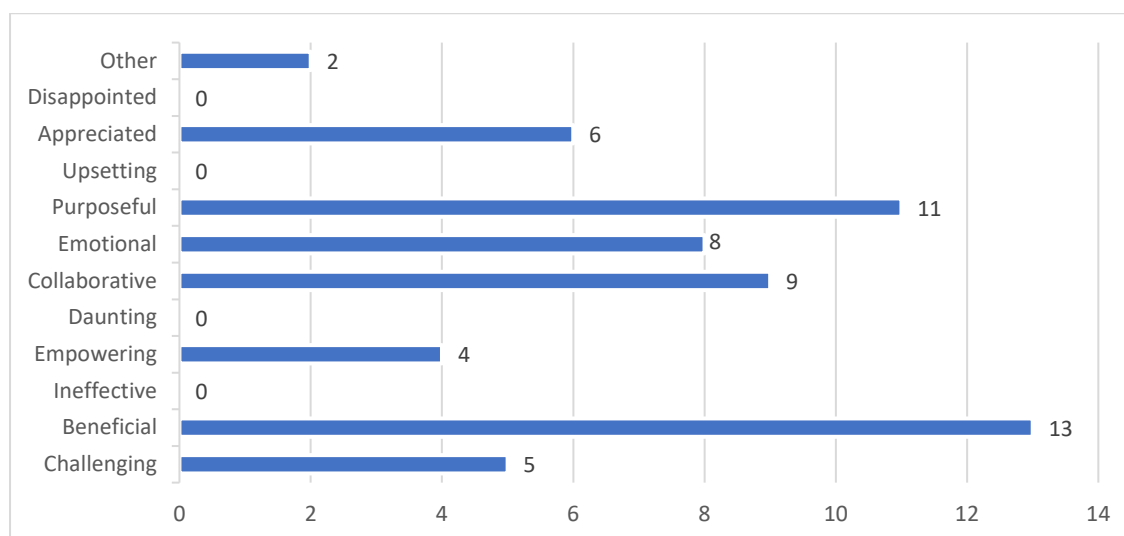
Figure 9: Experiences of conducting interviews

When asked to further explain their experiences, Interviewers stated the reasons below:

- **Emotional:**

I interviewed some amazing people who had been critically ill and at times it was emotional to hear their experiences.

It was very emotional at times listening to their experiences.

I find it difficult not to interject in the interviews with personal/professional comments and experiences. Some of what people are experiencing is heart breaking to hear but it is so necessary to capture this.
(Interviewer Reflections PT)

I feel totally helpless to support her [Interviewee]. I'm humbled when she thanks me for the call.
(Interviewer Reflections PT)

- **The interview benefitted me:**

The repeat interviews enabled me to gain a greater understanding of the changing experiences and emotions of the interviewees and in turn gave me a greater insight to my own feelings.

I loved hearing other people's perspectives from lockdown and felt like I was making an important contribution.

I was appreciating what they were telling me, you know and… inquiring about little things because we have that bit of shared memory, so that that was overall a very nice feeling.
(Interviewer Reflections)

- **The interview benefitted the Interviewee and offered them a voice:**

I enjoyed doing the interviews and felt it was beneficial giving voice to interviewees on the front line who were giving a lot for patients..

People appreciated being heard. Unexpected perspectives & info. NHS frontline very emotional.

Felt privileged to hear people's stories, and to gain an insight into their lives, at what is really a difficult period. Also felt like the interview was potentially helping them too, so I

was being of some use. Also quite important to conduct these interviews as they may be invaluable in the future for behavioural scientists and others.
(Interviewer Reflections PT)

Amongst other explanations of the Interviewer's experiences, were respondents stating that the interviews provided useful information; that it was a different experience undertaking interviews online; and a couple of the Interviewer survey respondents found that the telephone interviews to be 'less interesting' and '[more] challenging' than face to face interviews.

3. The purpose of the interviews

About half of the Interviewers surveyed stated that one of the main purposes of the Covid-19 interviews was to record experiences of the pandemic, whilst about a quarter also mentioned that interviews were carried out for research or to learn about the pandemic, and to record experiences in relation to the NHS.

- **Record experiences about the pandemic:**

To document the lived experiences of the pandemic, leading to better management in the future.

To capture the voices and stories of people living through a global pandemic. This is a moment of history that is being orally curated.

To gain first hand experiences of an extraordinary social event that affected the entire human population.

The willingness of people to tell me their stories blows me away every time, it is such a privilege. I enjoy being able to capture this period in history dynamically so that we are also getting a sense of what is happening over time and not just a snapshot.
(Interviewer Reflections PT)

- **For research purposes, or to learn about the pandemic:**

Contribute to research of experiences and reactions to living through a pandemic.

To capture frontline accounts and personal experiences of this major event as they are happening, while still fresh in people's minds, for future research and interest.

- **To record experiences in relation to the NHS:**

To record the impact of Covid-19 on patients, relatives and healthcare staffs experience of the NHS.

To collect testimonies from people working with and using the NHS at a key moment in history, to hold as a collection for future researchers and interested parties to access and bridge the gap between time and memory.

NHS70 was about capturing people's experiences of the NHS whether as a patient, an employee, a volunteer or a member of the community served by the NHS at any point before and over the life of the NHS. The Covid interviews both focussed on experiences of arguably the greatest challenge faced by the NHS - and it inevitably also involved widening the focus to look at the impact socially, politically and psychologically.

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4. **How the interviews will be used**

Just under half of the Interviewers stated the interviews will be used in an archive collection; a quarter linked the use of the interview material to the NHS, whilst a couple mentioned that they will be used to inform future learning.

- **As an archive collection:**

The archive will be accessible as a legacy for participants and their families. It will be available for use by the public inquiry into Covid, it will be available to historians researching themes in health care.'

To be archived in the British Library to document the NHS's and patients' responses to the pandemic. Hopefully they can be used to inform future services should the same issues arise.

For exhibitions, publications, archive and research.

- **To inform future learning:**

The interviews will be used to teach future students and allow patients and their families to understand their experiences through listening to others.

It will be a shame if they [the Project Team] are disbanded without further work to create a useable repository and more importantly without undertaking some useful analysis to

inform future plans. It is the least that should be done to thank all the interviewees who gave of their time.

- **In relation to the NHS:**

To understand the challenges faced by [NHS] staff and patients during Covid for research purposes.

For future generations, for current & future research, to give a rounded picture from service users & providers of the unique service that is the NHS.

5. Shaping the interview

The majority of respondents strongly agreed or agreed that both Interviewers (86%), and/or the Interviewees (76%) had the opportunity to shape the interview questions or the focus of the interview.
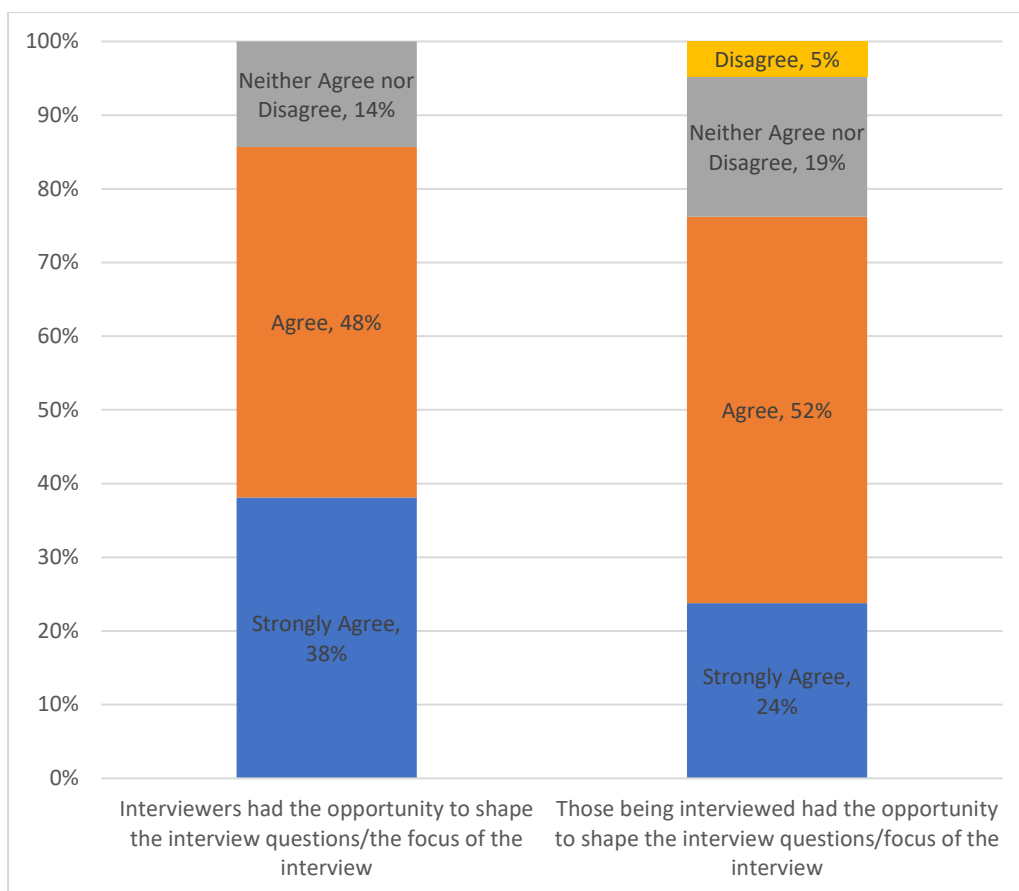
Figure 10: Shaping the interview

The survey respondents provided a variety of responses in terms of ways they themselves and/or the Interviewees were able to shape the interviews further:

- **The interviewer could take the interview in the direction they wanted:**

Interviewers could choose from format questions and use follow-up questions depending on interviewees' answers. Interviewees mostly responded directly to questions asked, though also sometimes supplied personal unanticipated information.

We had lists of questions and topics. Before each interview, I drafted up my own list from the suggestions. During the interview, I responded to the interviewee with questions of my own to follow interesting leads.

The primary structure of the interviews was predetermined, ie interviewer led. However any secondary questions were in response to the answers given.

It was a combination really. There was some suggestions of the kind of questions to be asked but then having said that it was left up to you to build your own interview schedule, which I preferred. Certainly talking to people is you often go off away from the topic guide because it's something they want to say….it was less restricted than that…….. Both of us could go and off and discuss something different or something that maybe would add to the story.
(Evaluation Interview with an individual who also conducted Interviews)

The opportunity for the Interviewers to shape the Interview is also backed up by the documentary review:

'Use this Guide and the information you have about the interviewee to plan the broad overview of the interview and the areas/themes you will cover.'
(Remote Interview Protocol for the Interviewers)

- **The interviewee could take the interview in the direction they wanted to:**

I didn't stick rigidly to the list of questions I had, but let the interviewee tell their story as they wanted.

The unknown response and information could take the interview in other directions.

Interviewees were telling their stories and therefore they naturally shaped the interview. Although there were specified questions in the topic guide, some discussions grew from the original questions and took the interviewee somewhere else which shaped the interview.

- **Both the interviewer and the interviewee could take the interview in the direction they wanted to:**

With very few specific questions, the interviewer and the interviewee could take the interview in the direction they felt most appropriate to them while remaining within the broad parameters of the project.

[The] biographical section allowed interviewees to curate their own life story for the record. Semi-structured questions allowed freedom to the interviewers to explore. I felt the balance between gathering reliable data and leaving interviewees the opportunity to contribute things they felt to be important was about right. Many interesting sections of interview arose during digressions.

- **Interviews too structured**

A few Interviewers mentioned that these interviews were more structured, when compared to the *NHS at 70* project interviews, not challenging enough, and perhaps limited spontaneity:

I felt constrained as the interviews were not meant to be interrogative…..not that I wanted to do a Paxman! But there was not enough challenge sometimes.

While it was possible to shape the interview, my memory is that the interview was more structured than the NHS@70 *interview.*

At times I felt the need to ensure ALL questions were covered got in the way of spontaneity.

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6. **What worked particularly well about the interview process?**

Interviewers mentioned the practical elements of the interview process that worked well, ranging from the support offered by the Project Team, the conversational style of the interview and repeated interviews taking place with the same Interviewee, and the telephone format – although the latter generated mixed views, as was evident when interviewers were asked what *did not* work well.

- **Support offered by the Project Team:**

The regular Zoom meetings with other volunteers [Interviewers] and team members were really useful, to share the emotional burden of interviews with people who really understood.

The questions were great, they made me feel supported as an interviewer and generated really interesting responses - I especially liked having the little preamble script so I felt confident going into the interview.

The time allowed. One to one. Training given. Opportunity for feedback.

- **Conversational interview style, and regular interviewing:**

Conversation style, so flowed well, open ended questions, good focus; people talked openly to me.

It was very flexible, and interviewees could choose how long they spoke for and control what they talked about.

The rapport between us established quickly; this seemed the case in each interview; continuity was essential.

Catching up with the same people repeatedly, establishing a rapport and finding continuities between interviews.
(Interviewer Reflections PT)

- **Telephone format:**

Technology! Saved lot of time, and any travelling was not an option.

Interview by phone worked surprisingly well. Many were very open and comfortable talking at length. However, it could be difficult to assess when they were upset, but this became easier with experience….

Phone option good for convenience - probably got more interview[s done] this way.

7. **What did not work particularly well about the interview process?**

As mentioned above, Interviewers were divided in their preference for telephone interviews, with some seeing the benefits in this approach and others reflecting on the disadvantages; and a few other challenges mentioned as well:

Telephone format, and technology did not work well

Recording was challenging at times because of the technology.

The remote element - it was less personable and engaging.

It was more challenging doing interviews by phone when you couldn't read body language and sometimes interrupted unintentionally.... difficult to communicate empathy & rapport on phone interviews.

The audio recording - done through the phone - was not always of good quality which was disappointing.

- **Other challenges**

There were some periods of uncertainty in the project, and the causes of this were not really shared with volunteers. When we asked for better communication, the team responded well.

I was led to believe that the local coordinator would find some interviewees, but this did not happen.

It could be quite exhausting to do it all in one go but I felt like I had to. This meant I probably rushed some of the later questions and didn't go into as much depth with some responses as I might have otherwise.

8. **In what ways could the interview process be improved?**

A few Interviewers suggested **improving the content of the interviews** in terms of reviewing the questions asked, as these were either too many or too repetitive:

I think the Covid questionnaire had to be set up in some haste as the pandemic occurred and perhaps was not as carefully thought through as the NHS@70 questionnaire. I remember it being quite repetitive which made it less interesting to the interviewee at times.

Perhaps setting it up to be done in batches or reducing the number of questions?

Additionally many interviewers suggested that arranging a face-to-face interview or meeting after Covid restrictions had eased would have been beneficial:

Certainly more effective face to face.

9. Outcomes experienced as a result of being an interviewer:
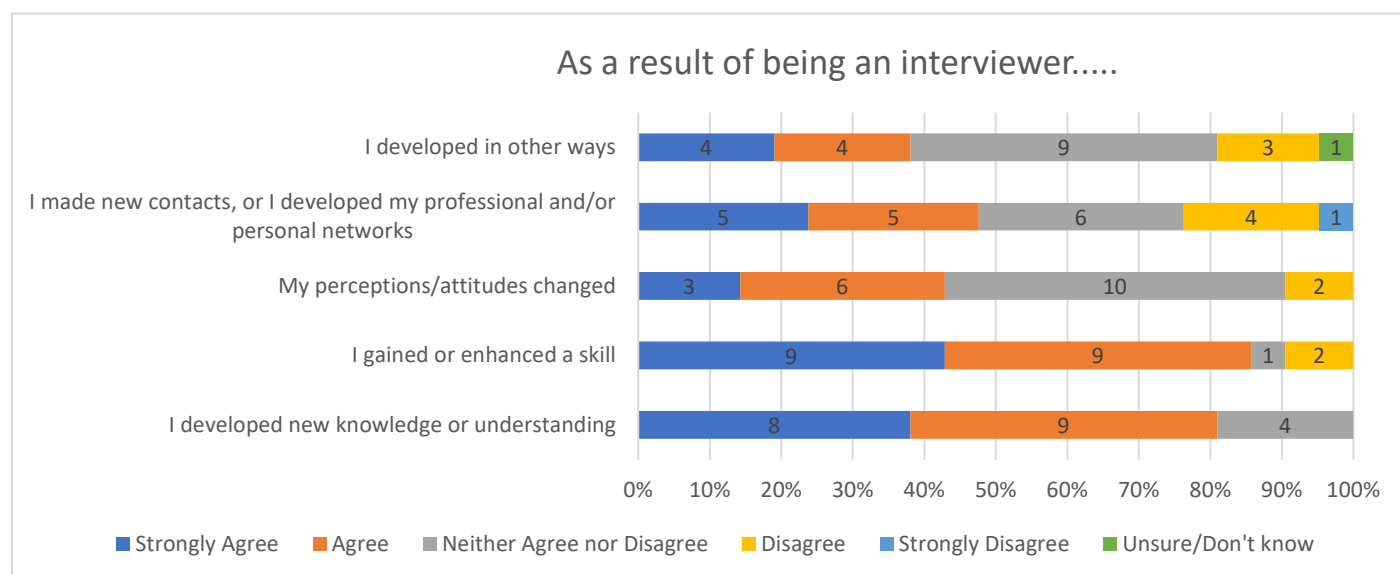
Figure 11: As a result of being an interviewer....

- **I developed new knowledge, understanding and/or skills:**

81% of Interviewers strongly agreed or agreed that they had developed new knowledge or understanding as a result of undertaking interviews. Most stated that they had learnt about other people's experiences as a result of Covid-19:

I learned about the many different perspectives - political, social and personal - of reactions to the pandemic and also how to ask questions in order to gain the fullest response.

I learnt a lot about aspects of the NHS's response and the response of other organisations and of other groups to Covid and its impact. An understanding of how Covid and long Covid impacted on people both negatively and sometimes positively as they challenged themselves, the NHS and wider society.

A similarly high percentage, 86%, strongly agreed or agreed that they had gained or enhanced a skill including the process of undertaking oral history, and developed listening skills: whilst others stated that they gained technological skills.

It was a privilege to learn about oral history and interviewing techniques. The training was worthwhile.

I was talking to people who had expertise or who had health conditions that I knew nothing about so I learned a lot. I think that interviewing people who were under extreme pressure also sharpened up my listening and questioning skills.

Preparation and persuasion improved [re: conducting Interviews]
(Interviewer Reflections PT)

To listen when the interviewee is relating a story and to understand when they're relating the story, and when they're reflecting on it, or when they're not reflecting on it, and maybe…give them space to reflect.
(Interviewer Reflections PT)

I have never used the technical equipment before and was a bit anxious, but confident now.

As far as the doing the telephone interviews where Covid-19 was concerned, that was quite a new challenge using the different technology
(Interviewer Reflections PT)

- **My perceptions/attitudes changed**

48% of Interviewers neither agreed nor disagreed whether their perceptions or attitudes had changed as a result of undertaking interviews, but of those that strongly agreed or agreed (43%), most stated that their changed perceptions were related to the NHS:

I gained a wider view of the pandemic and its effect on people's lives and on the organisation and operations of the NHS. I came to value health far more and how important prevention of disease and ill health is.

I already work in the health service and understand a lot of the issues raised from my own experience, but I found it v humbling how passionate people are about the service, and the life hanging difference one good (or bad) practitioner can make.

- **I made new contacts or I developed my personal/professional networks**

43% of Interviewers strongly agreed or agreed that they had made new contacts or had developed their personal/professional relationships and networks as a result, and some felt more connected:

Friendships with other interviewers and staff members. My bond with my sister, a regular interview, has been strengthened by this experience.

Felt that I developed a growing relationship with my interview[ees] making the final interview quite emotional.

To still have the opportunity to meet new people and to chat has been just incredible and enormous. Thank you.
(Interviewer Reflections PT)

The opportunity to hear how others are coping with lockdown and also having an interaction with someone outside the home.
(Interviewer Reflections PT)

All of the interviews that I have complete[d] remotely have been with people I previously interviewed, so it has been lovely just to be able to have a chat with them again and see how they are doing during this time.
(Interviewer Reflections PT)

- **Other outcomes**

38% of the survey respondents strongly agreed or agreed that they had developed in other ways; and further qualitative reflections as part of the feedback gathered by the Project Team demonstrate other outcomes, including: fulfilment; sense-making and therapeutic effects.

During the process of interviewing others I became aware that I was also assessing my own values..

I felt more confident in talking to sixth formers aspiring to be medical students about life as a whole in NHS.

Feel part of something worthwhile and doing things which are fulfilling.
(Interviewer Reflections PT)

You have that feeling of being able to rise above all that was going on with the pandemic and make more sense of it.
(Interviewer Reflections PT)

It was almost like therapy and it…kind of helped me cope
(Interviewer Reflections PT)

Being part of that moment in time and making that contribution and doing my bit is a really strong sense of satisfaction
(Interviewer Reflections PT)

10. Other activities and contributions
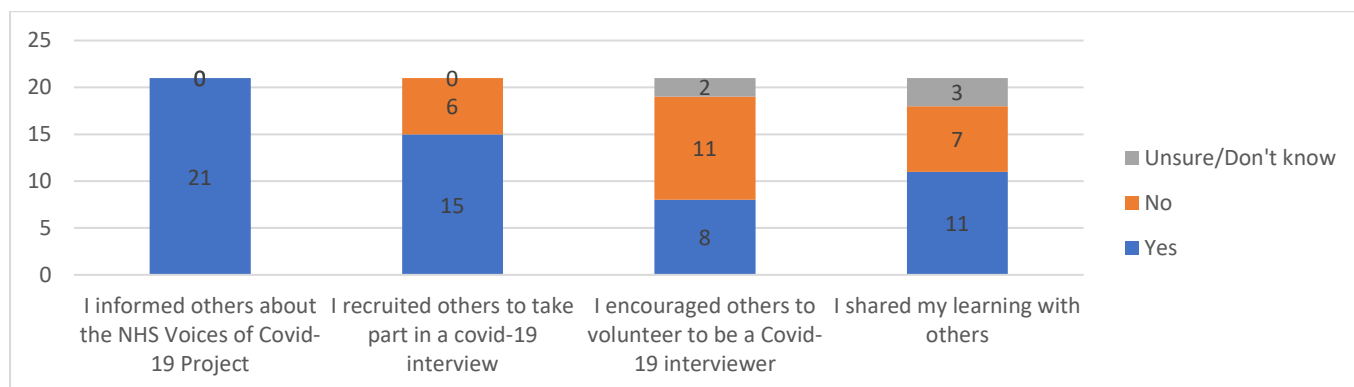
Figure 12: Other activities & contributions

All of the Interviewers stated that they had informed others about the *NHS Voices of Covid-19* project and just under three-quarters had recruited others to take part in an interview. Less than a third stated that they had encouraged others to be an Interviewer, and about half shared their learning with others.

11. Further involvement in the NHS Voices of Covid-19 project
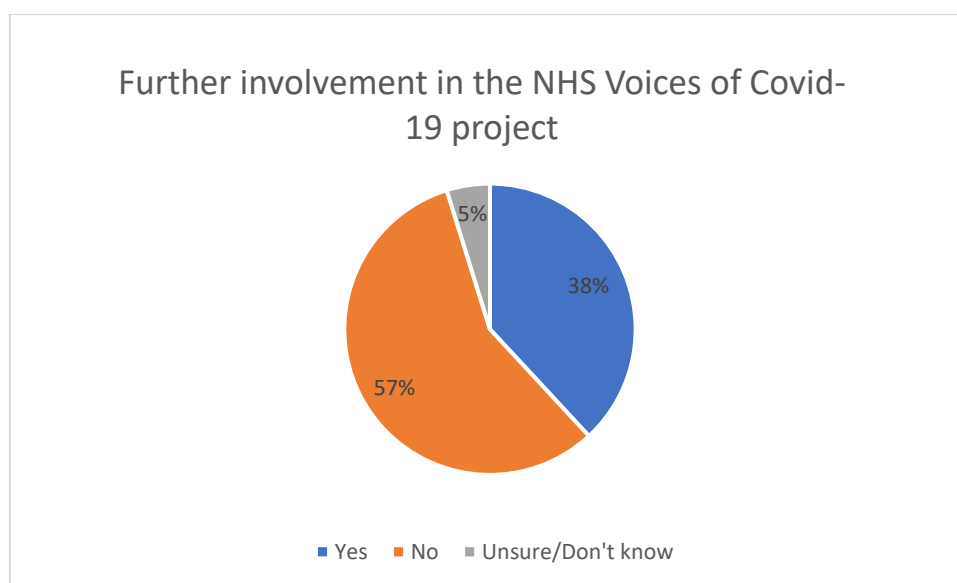
Figure 13: Further involvement in the project

38% of Interview respondents were involved in the project in another way; either as interviewers for the original *NHS at 70* project, as recruiters, as summarisers (which involved summarising the content of the interviews for responses to policy briefings, for example), or as a member of the Advisory Board.

12. Engagement with the project

There were high levels of engagement in most aspects of the Project, where more than three-quarters of the Interviewers surveyed strongly agreeing or agreeing that they were kept informed about the project (88%), they were consulted about the project (88%), they collaborated on the project (88%) and they were inspired

by the project (75%). All the respondents also strongly agreed or agreed that they were involved in the project.

In terms of feeling empowered, over half (58%) strongly agreed or agreed that they could shape the project, and over a third (38%) felt that they could make decisions about the project. This latter level of engagement also generated the highest level of disagreement with over a third of respondents (38%) stating that they did not feel empowered to make decisions about the Project as a whole.
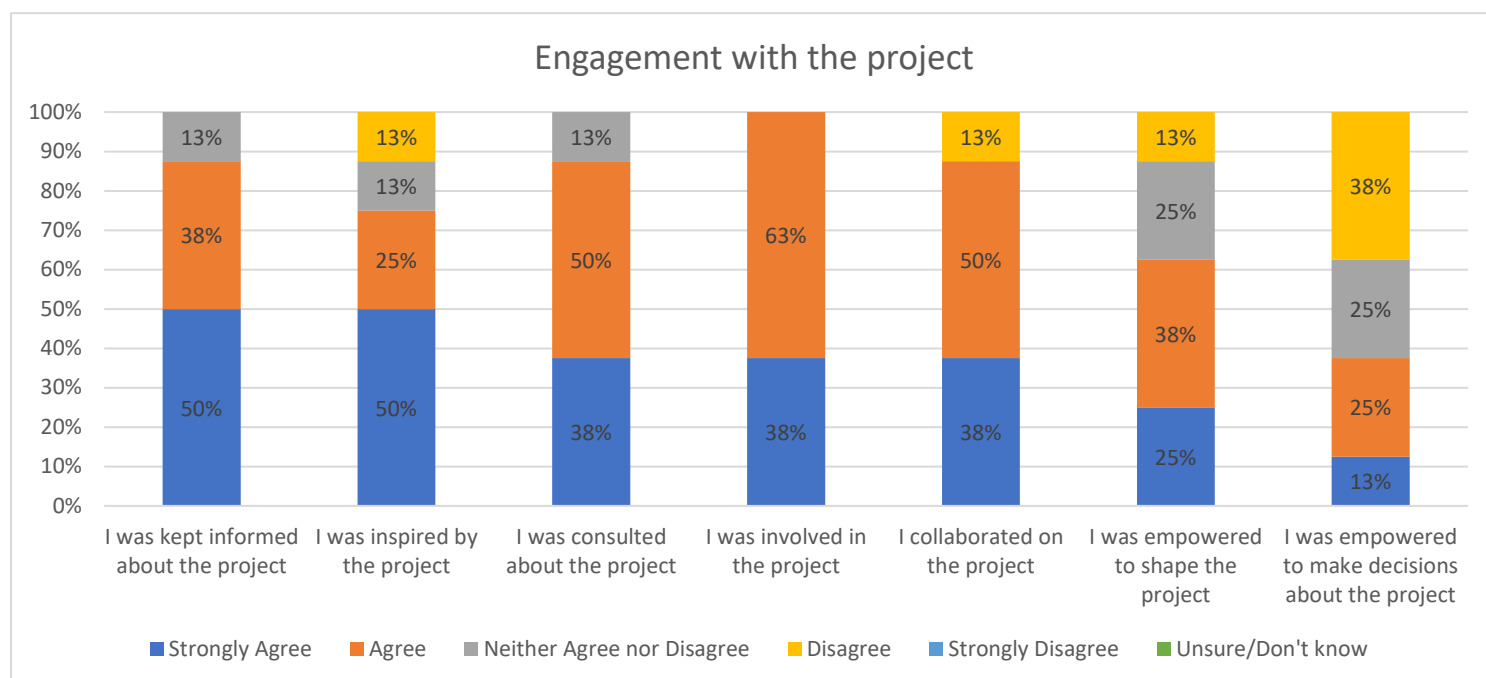
Figure 14: Engagement with the Project

These survey results are backed up by evidence gathered from the documentary review, which demonstrates that a number of sessions were organised by the Project Team to support and consult the Interviewers. During these sessions, the Interviewers were regularly asked to provide their views, feedback and input, including their views on the key themes that have emerged from their interviews; topics that should be highlighted for the archive and any gaps identified, including potential target groups to recruit future interviewees from.

13. Interviewer demographic data of those that responded to the survey

Just under two thirds of the Interviewers (62% were female, and a third were male (33%) and one identified as non-binary. The majority of Interviewers (71%) were above 55 years of age, with only one or two in each of the younger (<54) age groups. Two interviewers (10%) identified themselves as having a disability whilst 19 did not.

Age	Number of interviewers
65+ years	8
55-64 years	7
45-54 years	2
35-44 years	2
25-44 years	1
Below 25 years	1

Table 10: Age data of Interviewers that responded to the survey

The majority of Interviewers (n=16) identified as British/English/Welsh/Northern Irish/Scottish, followed by three people identifying as 'any other white background'; one interviewer identified as Indian and one from a mixed/multiple ethnic background.

Ethnicity	Number of interviewers
British/English/Welsh/Northern Irish/Scottish	16
Any other White background	3
Any other mixed/multiple ethnic background	1
Indian	1

Table 11: Ethnicity data of Interviewers that responded to the survey

In terms of roles and how they described themselves, just under half identified (43%) as 'Volunteers' (which was the term used to describe the Interviewers in the *NHS Voices of Covid 19* project); as current or retired NHS staff (38%), citizens (24%) and educators (19%); as patients (10%), parents (10%), and one each (5%) for: charity worker; retired researcher, student and campaigner (under 'Other). For this question, Interviewers could select more than one role that they identified with.
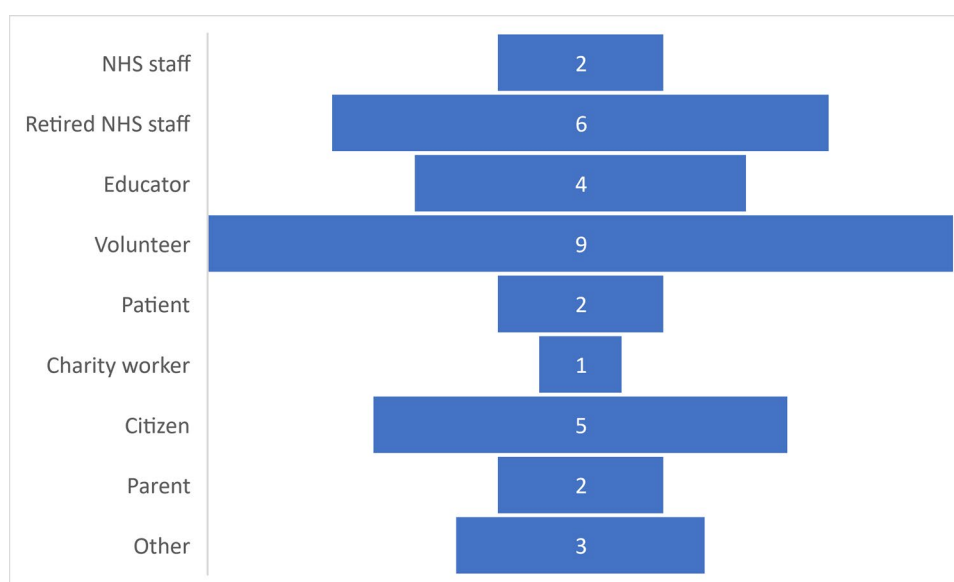
Figure 15: Profession/role of interviewers that responded to the survey

4.2.1 Interviewer demographics

The following provides a summary of the demographic data collected by the Project Team for the population

of the 55 Interviewers; this includes both those that volunteers and members of the Project team that took part in *NHS Voices of Covid-19* project interviews[6] and included data on Interviewee gender; year of birth; address; region during lockdown; whether they had been involved in the *NHS at 70* project; how they got involved; and involvement levels; some of these categories only had partial data sets.

A summary of Interviewer demographics were as follows: ranged from ca. 25 to 72 years old (at the time of writing this report); 75% Female and 25% Male; and about half had been involved as an *NHS at 70* Interviewer and the other half had been recruited specifically for the *NHS Voices of Covid-19* project. In terms of region, most Interviewers were based in England, from across the different regions.

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[6] Covid_Interviewer_Data provided to the Evaluation Team by the Project Team

4.3 Interviewee & Interviewer – oral history reflections

One final theme that emerged from the findings of the Interviewee Surveys (ET & PT); the Interviewer Survey ET and the Interviewer Reflections PT, was one that re-enforces the importance of conducting oral history sessions in real time. This evidence comes from their reflections on collecting oral histories, or that which demonstrated that experiences are forgotten as time passes as in some cases, they could not provide responses to the prompts as it was too long ago.

It struck me how quickly priorities change and if these aren't captured at the time they are so easily forgotten. The situation was changing so rapidly week on week which made it such a useful experience to reflect and try to express verbally how it felt at the time, as in hindsight I would have described things differently…. so a valuable resource I think.
(Interviewee Survey ET respondent)

It is quite a while ago now, so my memory of it is incomplete.
(Interviewee Survey PT respondent)

Easy to forget what was important from the previous month so good to have regular conversations to document the here and now.
(Interviewee Survey PT respondent)

I know I will have forgotten in a few weeks or months, how it felt at the height of a second wave.
(Interviewee Survey PT respondent)

Recollections are often very different from what happens in real time.
(Interviewer Reflections PT respondent)

I see the importance of recording people's memories of the NHS as it is rapidly changing, and the earlier experiences may be lost.
(Interviewer Reflections PT respondent)

They [interviewees] always start off by saying "Well nothing much has happened since the last time I spoke to you". And then speak to you for an hour and a half the things would have completely different from the last time we spoke.
(Interviewer Reflections PT respondent)

4.4 Project Team and Project Partner - Interview Findings

4.4.1 Involvement, roles and motivations

The Project Partner – British Library

The Project Partner (the British Library) had exploratory discussions regarding the archiving of the testimony collection for the *NHS at 70* project, however, they did not become actively involved at that time as there was no financial resource available. Although there was a lot of interest in it, in part due to the Library's remit to gather testimonies about British life from all four nations and from different perspectives.

> *We were always interested in the wider NHS at 70 project because our collecting remit is to gather as much personal oral history testimony about British life as possible from all four nations and from as many different perspectives as possible.*
> *(Project Partner)*

When funding was granted for the *NHS Voices of Covid-19* project, this provided the essential resources for both organisations to start formally working together in partnership, to build the archive for both projects.

> *We didn't [initially] have a formal role in archiving, which we would have been happy to discuss….. but [this] would have required resource and [it was] the AHRC rapid response call [that] permitted us to put the resource in place to archive………both the NLHF funded NHS at 70 Project and the Covid-19 interviews*
> *(Project Partner)*

The British Library were a named Co-I for the *NHS Voices of Covid-19* project and, once funding was received by the AHRC, became the formal Project Partner with responsibility for leading the development and delivery of the testimonial archive. The British Library will also be hosting a website/ web-resource, which will be launched in September, featuring extracts of the oral histories from the archive.

> *We are the long-term archive repository for the oral history audio interviews. All of the metadata that we've used to build the catalogue [of] entries to permit people to understand what we have and also any transcripts and other material that's created.*
> *(Project Partner)*

At that time, the British Library had also started to think about a collecting a wide range of Covid-related sources and content. Hence in terms of motivations to get involved in the *NHS Voices of Covid-19* project, it matched extremely well with the organisation's aims. The *NHS Voices of Covid-19* project therefore became a central part of a much bigger programme of collection at the British Library to document the pandemic for future generations.

Motivations from the perspectives of the Project Team to initiate the *NHS Voices of Covid-19* project, was the perceived critical need to respond to this unprecedented global crisis and to gather oral histories that were happening in the moment and to include diverse voices.

Oral history is a way to give people a voice. Under the umbrella of health, which is everybody essentially, we gave them a voice.
(Project Team)

If this is going to be of genuine historical value, it has to be diverse, it has to be representative, it has to have some sort of reflection of the fact that there are going to be different views…..capturing different experiences, different lives, different communities.
(Project Team)

It is clear from the Project Team interviews that the *NHS Voices of Covid-19* project started as a serendipitous and 'natural' extension of the latter end of their *NHS at 70* project, that was still running when the pandemic struck. The *NHS at 70* project started in 2017 to collect personal testimonies on experiences of and connections to the NHS and hence the 'infrastructure' for the *NHS Voices of Covid-19* was already in place including: a community of volunteer Interviewers and Interviewees and external Partner organisations, in addition to the oral history policies, processes and resources. This not only allowed the 'tail end' of the *NHS at 70* project to focus on experiences of Covid-19 at the start of the pandemic, but enabled a 'ready-made' platform to launch the *NHS Voices of Covid-19* project in quick time.

So NHS Voices of Covid…. it was embedded from the beginning because we were working with our [NHS at 70] existing stakeholders…. who we [then] scoped out the potential of doing Covid interviews with.
(Project Team)

The Project Team also perceived the importance of public and partner engagement and involvement in the shaping and delivery of the *NHS Voices of Covid 19* project to be imperative, as it had been with the *NHS at 70* project.

You can't create something that is about the NHS that is holistic without involving and giving some of the kind of agency and giving up some of the kind of power structure, I guess, to other people to make it rounded.
(Project Team)

I can't even see how you could even begin to do it any other way, really. It's just a very natural way forward. So if you wish to sort of engage with the community, then they've got to get on board. And for them to get on board, it has to be relevant to them. They

have to buy into it, they have to believe into it.
(Project Team)

4.4.2 Project Processes & Terms of Engagement

The Project Team's aims for the *NHS Voices of Covid-19* project was for a co-productive approach to be embedded from the start and for this way of working to underpin their engagement with the different stakeholder groups, albeit it, in different ways. For example, for the volunteer Interviewers, the Project Team noted that they have the opportunity to take part in weekly drop-in sessions to feedback on their interview experiences; provide input to the wider Project; have access to support and advice; and on one occasion they ran their own sessions and fed-back the findings to the Project Team.

For one of those sessions, volunteers [Interviewers] themselves worked together to do the session, which, again, was just fabulous, to see how they just as a group, working on their own could feed back and give us new things to think about and things. I guess that was another high point.
(Project Team)

The Project Team noted that co-production was apparent in a more subtle way with the Interviewees, in particular with those that undertook a series of interviews who developed a deeper ongoing engagement with the Project. The Project Team perceived that co-production took place by enabling the Interviewees to shape their own interviews; by conducting a survey with the Interviewees for their reflections; and by encouraging feedback through the informal conversations that took place after the 'formal' part of interview was completed, such as the themes that Interviewees thought were important and should be captured.

So it would be things like what did they [Interviewees] think was important? Then those sorts of pre- and post-interview conversations, so, 'What should we be capturing?' 'Is there anything else we should be doing?' 'How do you think we should be going with this?' I felt that was a really nice sort of way of checking that we were being responsive [and whether we] were we asking the right questions and all of that sort of thing.
(Project Team)

Furthermore, it was noted that all the Project's key stakeholders have been or will be acknowledged for their input:

Every interview in the catalogue, there's not just the interviewee name, there's the interviewer name…. so it's like every interview is directly acknowledged to the person who actually did that interview. Then the partners are acknowledged on the website.
(Project Team)

The Project Team also felt that co-production values such as collaboration, inclusivity, quality and respect were embedded (implicitly or explicitly) in key documentation for the Interviewers, such as the Volunteers Handbook. While the work with Partners was also values-based but these were perhaps less explicit, as there was less documentation for this Stakeholder group.

> *You connect to that particular person or network because there is some shared value or belief or whatever. That's like the binding thing but it's probably never actually explicitly articulated.*
> *(Project Team)*

> *So if you're doing co-production, participatory or whatever, those relationships, how you set them up, how you behave, how you communicate, that's absolutely pivot[al]. If you're going to be on the same page and work together and come together in that space, then having that connection is the foundation for that. For example, you might have a great connection but it might not produce anything….but I would rather have a set of great connections and nothing from it and do it [build the relationship] in a decent, fair way.'*
> *(Project Team)*

On a practical day to day level, the Project Team stated that the term co-production was not overtly used, instead terms such as *'collaboration, co-creation or participation'* were used, when required. Additionally, there was no 'one size fits all' approach, with the terms of engagement and partnership ways of working varying between stakeholder groups, particular individuals and/or organisations.

> *It's like we see it as a participatory relationship but it will probably look quite different according to who that person or community is and what we're trying to work on together.*
> *(Project Team)*

The Project Partner (the British Library) were initially (in their interview) less inclined to describe their terms of engagement with the Project and the Project Team as co-production:

> *We probably only looked at the bits that were about the legacy and the archive and the outcome rather than the sort of active co-production.*
> *(Project Partner)*

However, after being prompted with a definition of co-production[7] provided during the interview, the Project Partner stated that they were/are working in this way. Furthermore, the Project Partner also noted that decision-making throughout the project between both teams was mutually co-operative, where each

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[7] A way of working with partners, service providers and users, to work together to reach a collective outcome. The approach is built on the principle that key stakeholders/ service providers/ users are best placed to help design activities and resources.

team was responsible for its own parts of the Project; but could also offer opinions and viewpoints in each other's work.

> *The collective outcome in our case was the creation and the preservation of the archive, and we've done that. So if that's your definition of co-production, then I suppose we've co-produced the archive haven't we?*
> *(Project Partner)*

> *If it's about archival practice, then that relies on us and I think Stephanie would take our lead in terms of opening, when we had decisions about if the collection's going to be closed for a period of time, then our say was really taken. If it's to do with how we're going to move forward, the type of equipment was used, all of that kind of stuff, we could give an opinion, but that wasn't on us to do.*
> *(Project Partner)*

4.4.3 Diversity

Another key goal was diversity, in terms of involving a diverse range of people in the Project and that it would be open to all and 'everyone and anyone' could take part, with the resulting archive also being accessible to all.

> *We didn't pick interviewers. They volunteered, so basically, anybody who wanted to work with us, we worked with. It was very much an open house.*
> *(Project Team)*

The Project Team felt that by enabling and encouraging '*anyone'* to take part in the Project as an Interviewer or Interviewee and working with Partners and their networks, this increased the Project's reach and diversity of the Interviewees. For example, both Partners and Interviewers had their own contacts and networks that they approached to be interviewed.

> *Because, well, their neighbour would probably not want to talk to me because, 'Oh, she's from the university'.*
> *(Project Team)*

As the number of interviewees and interviewers snowballed, the Project Team agreed to target four key groups: NHS; public health staff; policy communities; science communities and patients. The Team also undertook a mapping exercise to identify those communities that they were not reaching, and produced a 'longlist' of interviewees per category/area and then agreed a shortlist, taking into account geography, ethnicity and gender etc. Once completed, they also approached Interviewers to ask if they had contact with anyone from those communities in which there was a gap (for example, funeral directors).

> *As a team, we did a lot of mapping in terms of, 'Where are the gaps? How do we find people? Let's go and ask this, that and the other,' and then also saying to our volunteers, 'These are our gaps, anybody know anybody?*
> *(Project Team)*

In terms of demographics, the Project Team noted that they felt that the archive of Interviewee testimonies is diverse but perhaps not fully representative of the NHS population.

> *Ethnic diversity in the NHS population is higher than average, so we are – I think our ethnic diversity is higher than average but I don't think we're quite as high as the NHS, so we've done reasonably well but….. we're probably not fully representative.*
> *(Project Team)*

They also emphasized that a key feature of this Project is that it will leave a legacy, and will benefit many others in the future, although exactly who is unknown at this time.

> *It's kind of like the underpinning archive of it is bigger and it's bigger than just the people involved. It's for others……..We don't know who we're making it for yet do we? It's for the future. It's a very valid sort of description of a collaborative [project].*
> *(Project Team)*

4.4.4 Project Team and Project Partner experiences, outputs and outcomes

Experiences

The terms used by the Project Partner to describe their experiences of the *NHS Voices of Covid-19* project, are as follows: *Scale, Complexity, Raw Emotions, Reach* and *Unique.* In terms of scale, the sheer number of testimonies gathered will make this *NHS Voices of Covid-19,* together with the *NHS at 70* project*,* the third largest that the Library has ever worked with. It was a complex project, and as such had a number of challenges, and was emotional due to the testimonials' focus of pandemic experiences. The successful community engagement ensured widespread reach, and it was a unique project in terms of collecting of personal testimonies in real time and during a likely once-in-a-generation occurrence.

For the Project Team, their experiences were described as**:** *Exhilarating, Humbling, Exhausting (x2), Overwhelming, Privileged, Meaningful (x2)* and *Life-sustaining.* When explaining their responses, the Team reflected upon it being a large scale and complex project. Furthermore, that they felt the weight of responsibility to capture this once-in-a-lifetime evidence base, whilst also building close working relationships with the volunteer Interviewers and Interviewees and learning about their real-life struggles.

> *It's just been an absolute rollercoaster of a ride…..there's been no downtime you know, because we're in the moment…..you have to capture it. I felt a real responsibility to capture as much as possible because I thought we're never going to get this again. I know*

there's talk about people say that, oh well, we can go back and record it after the event, which is absolutely true and that's absolutely valid. But I know that people retrospectively, they edit their experience, they kind of create a narrative that certainly isn't as raw and as immediate as when you're in the moment.
(Project Team)

Positive outcomes

As a result of being involved in this Project, the Project Partner has changed some their team's ways of working, as this large dataset has enabled them to re-evaluate their systems. Furthermore, this Project has demonstrated to the Library that intra-cross-departmental working and successful community engagement to create a testimonial archive is possible and will leave a legacy for their organisation and in future ways of working.

The bulk of material we were receiving [was] when we were in the middle of some new cataloguing challenges within the Library's Sound and Moving Image catalogue. I think this project has been a really useful, large data set to help us evaluate and create new ways of working practices. It's not this particular subject matter, it's just it was a very good project of its size to help us think about our new systems and how we are managing data.
(Project Partner)

The British Library, like a lot of similar big institutions, is not always good at working across departments and across specialist areas. And I think we've shown with the Covid collection that it is possible to do that. In other words, different specialisms, different curatorial colleagues can work together on a particular topic and bring about good working and good outputs from that. So I think one of the long-term benefits I would hope the Library would take forward from this is that it is possible to work across departments and it is possible to have different models of curation because we showed that it was successful in this case.
(Project Partner)

Some new networks and connections have also been made for the Project Partner, in which they have engaged others in the work of the British Library in terms of oral history collections, and there has been new learning and knowledge gained.

It has put us in touch with quite a few people who otherwise we wouldn't perhaps have engaged with.
(Project Partner)

It helped kick-start conversations with the wider scientific community about science data that's been collected through Covid. So I think this has been a way of bringing the idea of oral history and personal testimony to new audiences who might not have thought about it before as a collecting mechanism. So I think that's very useful. And I think the Library

collaborating with Manchester to take in this big collection has also shone a light on our wider oral history collections and our collections about the health service so that's incredibly valuable and we'll use it in the future.
(Project Partner)

Every new collection that we bring into the Library enhances certainly, my increased learning and knowledge. And then, by extension, I'm hoping that we will be gathering stuff that academics and researchers and public of the future will gain from. So I mean certainly it's leading to increased learning and knowledge in terms of building the collection for the Library. There's no question about that.
(Project Partner)

Furthermore, one member of Library staff was awarded an MBE for their long career in libraries, archives and oral history - and this Project formed a part of that career. Another staff member learnt how to persevere when working on a large complex grant-funded project and in dealing with bureaucratisation within organisations. They also learnt from the Project Team on working with volunteers and how to undertake policy work concurrently.

It's been interesting to see how the NHS team at Manchester have worked with their volunteers and also been working on policy work concurrent to the interview collection work and that's been quite interesting to see how they've managed both of those projects at the same time. Whereas I think more traditionally we've worked on interview collection phases and then dissemination phases, and they've been working alongside those in parallel, I think
(Project Partner)

There have been research outcomes for the Project Team, who have published research outputs about this Project and the *NHS at 70* project. The Team also submitted evidence to charity and government enquiries, taken from the testimonies of pandemic lived experiences. The Team also felt that the primary beneficiaries of the Project at present were those that had been involved in it - the Interviewers, Interviewees and Project Partners, including specific groups, such as the Prisoners community that took part.

The work that we've done at [redacted] Prison. I think it's definitely made a difference to those interviewees [the prisoners] who've felt that they've had their voices heard for the first time in decades. I think it's made a difference.
(Project Team)

The Project Team also experienced a shared sense of purpose through the pandemic, which allowed them to have structure and focus throughout the pandemic.

Well, it kept us all working, you know and I do think actually sort of like on the whole, I'm kind of grateful that I did have that structure throughout. I don't think I would have fared

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Negative outcomes

Negative outcomes faced by the Project Partner were the frustrations felt due to the lengthy and complex procedural and administrative processes at the University and the audio for some of the testimonies being of a poorer quality than would be hoped for.

For the Project Team, who were very immersed in this Project, this resulted in raised anxiety levels, from hearing about all the health conditions and the tragic effects of Covid, and other negative outcomes included emotional burn-out.

I think because we've all been working through covid ON covid, we've perhaps lived it more intensely than actually if you are living through the pandemic.
(Project Team)

4.4.5 Project Successes, Challenges and Lessons Learnt

Successes

From the Project Team and Project Partner's perspective, they had a collegiate and strong working relationship. The regular communication between the two teams was deemed beneficial in order that both could be updated on latest Project developments, and to deal with queries and challenges, as they arose. Both teams noted that having administrative support as part of the Project was key for facilitating good partnership working (such as organising the Project update meetings) and for the wider Project.

We've been structured very well as a team and a wider team between the two institutions. And I think…. there's been a series of project administrators that have worked…. who've helped set up all of those meetings. And I think that has been crucial to help keep us on track and make sure those meetings take place. So I think that's been a very good part of how we've worked together.
(Project Partner)

We built in a project administrator as part of the research funding….and that project administrator is still an essential role, and that wasn't built into the initial pre-covid structures [i.e. the NHS at 70 project]. And that itself has actually made a difference to the way that we've been able to work as well.
(Project Team)

Indeed it was the strength of the relationship between the two teams that enabled them to overcome the some of the challenges faced (see next section), which might not have happened with another partnership.

As testament to this, the Project Partner would be open and willing to continue partnership working if additional opportunities arose, and implementing the lessons learnt from this Project.

I think that's why we've managed to make this a success. I think with other partners I might not have [had] that long term relationship…….. and we could [have] really come a cropper.
(Project Partner)

I am very open to any future collecting as long as it aligns with our collection aims and as long as it can cover the resources that we need to expend to look after it.
(Project Partner)

The Project Team emphasised that the partnerships and relationships that have developed were a particular success of this Project. They also noted that there was also a somewhat ironic challenge they were faced with, in that some Partners and *potential* Partners and *potential* Interviewees, that would have enriched or diversified the Project, could not get [more] involved, due to the impacts of the pandemic significantly reducing their capacity to take part.

I guess it's something about sort of going out, making relationships and taking chances and sort of like there's been numerous occasions where……we've gone out, into a new town and knocked on a door or gone to an event, and that event in itself didn't bear any fruit and so you could argue the next time it's not worth going to…… but actually, just by going to one of these things, by meeting somebody else, that [has] led to another relationship and [they became] a kind of key stakeholder that we've worked with and continued to work with.
(Project Team)

[The] difficult thing was knowing that we could do amazing things with NHS trusts if the staff had had the time to work with us. That – I think that really felt like a missed opportunity because we could do it, they wanted to do it, but actually, they weren't able to do it.
(Project Team)

The Project Team also saw their work with the volunteer Interviewers as a key area of success, that involved creating a strategy for this work and delivering on that strategy. Interestingly, working with these groups has also been a key challenge, as their aim to work in a co-productive way meant enabling a level of freedom and agency for the Interviewers that had both pros and cons.

And I guess we talk about working with volunteers. Like it's just something that we do but actually we had to – we started with nothing [at the start of the NHS at 70 project], so you know it wasn't like we had existing volunteers. James and I had to develop a strategy for recruitment, training, organisation, process administration, continue training, support

> *and all of that. But that was the [key success], yes.*
> *(Project Team)*

> *Working with volunteers…… I say it's the best thing, but it has also been the most challenging by a million miles, because you are sharing agency……. You might want to interview someone, you might, in your head, have in your head what that interview would look like but ultimately you ask a volunteer if they'd like to do that interview and they do it. It's up to them what kind of comes back to the archive.*
> *(Project Team)*

Challenges

A key challenge for the Project Partner was that the *NHS Voices of Covid-19* project was, in many ways, a continuation of the *NHS at 70* project, which they were unable to be part of initially. As the British Library noted, many of the processes were already embedded by the time they had formally joined the *NHS Voices of Covid-19* as the Project Partner. This presented them with a number of challenges in terms of the quality of the recordings (from telephone interviews), transfer and cataloguing of the oral testimony for archiving.

> *A lot of the practices, as I always said, from the first project, which has carried over into the second project and I think we would have wanted them to be different, should we say, from the outset. So we're effectively coming in halfway through the project and lots of decisions having been made which impacted on us, which normally we wouldn't have been happy about.*
> *(Project Partner)*

> *They've done a lot of work, but there was some fine details there that have actually created quite a lot of work for them and for us.'*
> *(Project Partner)*

Pandemic restrictions prevented face-to-face interviews taking place, and as a result, telephone interviews were selected by the Project Team as the *"only viable method at that point" (Project Team)* for the following reasons: practical/ feasibility considerations, especially given that interviews were also conducted by a large team of volunteer interviewers; ethical considerations; and that it did not require specialist equipment.

> *I shared the method we had developed using telephones connected to our existing Zoom recorders and the ethical/practical considerations that informed our decision to proceed in this way. [Redacted – name] also shared the BL guidance document which included telephone interviewing as a method of remote interviewing.*
> *(Project Team).*

The Project Team and the Project Partner were both fully aware that telephone interview recordings could be lower in quality, and this is also stated in the *NHS Voices of Covid-19* UKRI grant application form; but the

intent was to return to face-to-face interviewing when the circumstances allowed - at the time of writing the UKRI application, this was expected to be in autumn 2020.

The key weakness of telephone methods is it relies on the quality of the telephone line and some parts of the UK have much better quality than others.
(Project Team)

'Didn't produce as good an audio quality as we would have wanted.'
(Project Partner)

However, the opportunity to return to face-to-face did not occur due to the evolution and continuation of the pandemic and so the interviewing, and therefore recording of those oral histories, continued to be via the telephone. Samples of the interviews were gathered part-way into the Project that demonstrated that the "*quality we were getting [was] from excellent to poor*" (Project Team, email reflections/ communications) and as such, some amendments were made:

We did adapt our method to specifically take on board advice from [the Project Partner] about enhancing sound quality by integrating additional microphones…although this incurred new costs and required more technical expertise on the part of interviewers.
(Project Team, email reflections/ communications*)*

Another challenge was working to each other's organisational processes including: the requirement to create a formal contract rather than a 'deposit agreement[8]' (the latter was deemed to have been simpler and easier); difficulties in accessing funds and lack of flexibility.

It was as felt that the more formal agreement was required….. but it's taken 14 months and we still haven't signed it.
(Project Partner)

I think there's a severe understaffing there [University of Manchester], which has meant there has been significant delays in the Library receiving the funds we need…..14 months for us to get the funds in place to pay our member of staff. So we've been covering that.
(Project Partner)

And so working with another massive organisation who has their own institutional kind of ways of doing, ways of working and I guess that has been…..when I say 'challenging' ….I don't mean with the actual people [the Project Team].
(Project Partner)

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[8] Which describes the collection, what access there will be for the collection, who owns the rights in it, and that's signed by both parties

> *We have a great relationship with the people [Project Partner], but in terms of thinking…you know…..how to think outside the box, how to think creatively…… but then you can't because there was often was a box we had to put it in.*
> *(Project Team)*

The Project Team also felt that their own institution's bureaucracy has been a hindrance for the Project, in particular with the volunteer Interviewee and Interviewer communities**.** They noted that participatory projects such as this, which try to build a strong engagement with communities, can be held back when trying to meet the needs of those communities, such a paying daily expenses, and which the University is not set up to do in a simple, quick and easy manner.

> *I just wanted to give (a Volunteer) a fiver because she got on the bus to do something, you know? So we ended up paying them out of our own pockets and claiming them back and I know it's like a stupid thing, but if you are going to work in a co-productive manner, you have to have the systems in the organisation to be flexible enough to respond to the needs of working with people.*
> *(Project Team)*

> *You've also got to have, I suppose, the support structure [behind] you to do that [co-production]. And if you're beholden to another support structure, then it's like a bigger thing that's taken out of your hands and that can feel a little bit disempowering sometimes.*
> *(Project Team)*

4.4.6 Next steps

Both organisations stated that they are fully aware of the importance of not only collecting these Covid narratives and testimonies, but of ensuring they are publicly accessible, and noted that the priority going forwards is the completion and launch of the online archive, with an aim that some of the testimonies will be available from the autumn. Furthermore, that this is when the longer-term outcomes of the work will be realised as others start to use this archive.

> *I'm looking forward to people starting to use this huge body of material that we amassed in the British Library and starting to do something with it. Because with the best will in the world you can collect huge amount of material, but if people don't come and use it, access it, draw conclusions from it, use it in research, encourage the use of the material to bring about policy change, to learn from the mistakes that we made during the pandemic….*
> *(Project Partner)*

> *For me, it'd be really tragic for that to then sit, as wonderful as it is to have a permanent home, it would be a tragedy for it to sit on a digital shelf, if you like. So for me, the dream would be to take the archive out and use it within communities and new stakeholders to find new ways to use it, to utilise it, to benefit people, policy and just the general public at*

large, really.
(Project Team)

We do understand that it's valuable, but I don't think we can even begin to understand just how valuable it will be until we are further down the line.
(Project Team)

4.5 Partners - Interview Findings

4.5.1 About the Partners, motivations & involvement

About the Partners

This section focuses on the external organisations that contributed to and engaged with the Project in various ways (the 'Partners'). There were 12 Partners that engaged with the Project and other intended partner organisations that did not engage for various reasons, for example, capacity issues. These 12 Partner organisations were diverse in a number of ways: from a big NHS trust; to larger charities that support patients with a particular condition or prisoners to smaller charities or membership organisations that support NHS staff or those within a particular ethnic community.

There was typically one individual from each Partner that was the key contact, and engaged and contributed to the Project, although very occasionally other staff within the Partner organisations were involved in supporting the Project in some way. From the interviews conducted, there was certainly a sense that it was these key individuals who were first and foremost interested and motivated to take part, and 'brought their organisation along with them' . Rather than the engagement happening at the organisational level and then that organisation sending a representative.

There was a great deal of variety in terms of the different roles that Partners had and activities that they took part in, ranging from providing advice/insight via their role as an Advisory Board member, to taking a more active role in supporting, developing or delivering activity.

The motivations, outputs, experiences and outcomes of the Project Partner [the British Library] is discussed in the previous section and is not included in this section.

Motivations & Involvement

All the Partners typically reported at least two of the following four key motivations/ reasons for participating in the *NHS Voices of Covid-19* project:

- The opportunity to contribute to history by gathering people's experiences of an extraordinary situation, and the opportunity to learn from it.

I was very passionate about not allowing the experiences to get lost in the midst of time. So for me it wasn't just about this generation. It was also about generations to come and to learn from what we've all been through because it is such a strange and peculiar period of time and I wanted to do my part to contribute having that history in place.

I wanted it to be noted in history about what people had been through because some of it is incredibly traumatic and it was like battle-like conditions that they worked in and I know that some of [those] things weren't reported in the media and I also know that the Government has their own agenda with some of these things, and again with the NHS.

This was a very, very unusual and difficult and at times traumatic situation for me and my organisation. The way that Covid was affecting black and ethnic minority staff, as well as public, was extremely unexpected so I thought this project was able to capture the real stories of what was happening there and in a way I'm pleased that this is all on record for future generations to see and hear and hopefully next time – hopefully there is no pandemic like this – but if there was that people can learn lessons from this.

- The Project complimented the work of their own organisations and/or they recognised the benefits to their organisations and/or the benefits to/for their members:

So that was very important for us……my organisation was closely involved in some of the aspects of handling the terrible situation that the pandemic brought.

I thought, well this sounds like something that we should be involved in as an organisation, to allow patients and relatives to actually talk about the difficulties they've been facing.

So we quickly came to a consensus decision that it was an opportunity to capture stories and to focus more on stories and less on data……because we're really good in the [organisation's name - redacted] at doing surveys and collecting loads of data, that sits there and doesn't really do anything.

So the [organisation name redacted] was aware of the project but it was more about the members of the network wanting to do something and Stephanie was someone that I'd spoken to before, so it was an opportunity.

- The Partners also recognised the need for people to talk, to share their stories and have their voices heard, and the value and benefits that brings:

To give people that sense that their pain has a purpose. I think that's something I've learnt also from working with survivors, that one of the things they say is, 'Oh, don't let my story be in vain.' I think we all want that so that's one of the things we've done.

I always do feel a big responsibility for the people that we work with to make sure that their voices are heard.

So, I was really passionate about as much as possible honouring those stories of the people that work in the NHS and frontline so that they had their moment too.

> *I think there is a tangible benefit to people who are living with a long-term condition – whatever that might be – telling their stories and people can value that.*

- Some Partners also participated in the project because of its aim to capture diverse voices and they wanted to ensure that particular communities were heard:

> *I think what was important for me is to show that the pandemic specifically affected people as humans, way beyond their beliefs, their religion, it affected everyone. The [redacted] community especially was hard-hit, the death toll was one of the highest in the UK's percentage to the amount of the members of the community.*

> *In past times it would have been a select few people that would contribute and the perspective would be vastly different. So I also liked the [project] because the experience of a nurse is going to be vastly different to perhaps that of a consultant or of a politician. So, I think it was very important for everybody to have that space within the project to have a voice because that's key.*

About half the Partners interviewed also reflected that they had participated because they were a good fit for what was required, having strong networks and connections with some of the communities of interest and or previous experience/ interest gathering people's stories.

> *Well my organisation was involved from the beginning of the pandemic into seeing how our members can support the NHS, so there are over 65,000 doctors [redacted] working in the NHS and so we had close links with what was happening on the ground so my contribution was to bring in the experience of our doctors and members into what actually was happening on the ground.*

> *I'm very used to getting people's stories.*

> *I love and I have a real passion about working with research history, science and art and seeing how art can help facilitate and collect information history research. So that's something I'm very passionate about. So this project was a natural for me.*

A number of the Partners also noted that their previous involvement with the *NHS at 70* project and/or previous connection with the Project Team staff was either a motivation and/or their route to getting involved in the *NHS Voices of Covid 19* project; and one partner got involved through invitation by another partner:

> *It was because I'd been involved in a previous role with Stephanie doing something around the NHS at 70 project.*

I have that pre-existing relationship with Stephanie and I'd worked with the team previously so I had confidence it would be a positive piece of work. I'd seen benefits to people affected by [redacted] in relatively small numbers but still [redacted] survivors had contributed to the previous NHS at 70 so I knew that there was a real benefit to people in terms of being interviewed in that way.

James….. I worked with him in the past and I saw his name and I think I reached out to one of them to say, 'Is there any work available, are you recording the [redacted] community?' That's how we got involved.

Actually [redacted – other Partner's name] got me involved in the project.

4.5.2 Partners understanding of the Project's purpose

All of the Partners recollected, without prompting, that one of the key aims of the *NHS Voices of Covid-19* project[9] was to record the history of the Covid-19 pandemic in 'real time' through personal testimonies of people from different perspectives.

I think Voices of Covid was an opportunity for people to explore experiences of Covid in the pandemic but in a kind of broader sense of narrative history. Looking at staff, patients….families. Anyone who'd got experiences but that history perspective as well.

So for posterity, capturing what actually happened during the Covid pandemic.

My understanding was that it was about recording everybody's experiences of Covid, from layman to NHS workers to……all different types of people, so that there would be a very good cross-section and the team are very passionate about highlighting the fact that it was all sorts of people to contribute to the pool of data, which I thought was really important.

Two Partners also noted that the aim was to learn from these stories; but no Partners mentioned that the key output would be an online collection that would be accessible to all, until prompted[10]; and at that point all the Partners confirmed that yes, they had been fully aware that a national database was to be created.

A number of partners also noted that the Project was related to the *NHS at 70 project*, although there was sometimes a lack of clarity about these two projects and whether they were the same project, followed on from one another, or different and if so, how they connected.

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[9] The NHS Voices of Covid-19 project began in March 2020 with the aim of creating a national collection, to be preserved at the British Library, to document and understand the impact and legacy of the pandemic through personal testimonies.' [NHS Voices of Covid 19 project documentation].

[10] Interviewees were initially asked to provide their understanding of the aims of the project without prompting; and then the aims of the Project, as had been articulated in the NHS Voices of Covid-19 proposal, was provided in the 'Chat'.

It started off being about the 70th birthday but obviously then with Covid happening, it naturally and understandably shifted to ensure that people's experiences of living through Covid were captured as well.

NHS at 70, there was a clarity about this is a social history, a history project that talked about the whole of the NHS for 70 years. Whereas it morphed into Covid. So I'm not sure how the oral history bit of it – whether it was more about Covid and less about the oral history.

From my perspective, the key aims were ensuring we capture the experiences of a diverse group of people to reflect on the NHS, 'warts and all', so I think it was a really honest account from people who had been involved in or connected to the NHS, making sure that we captured really rich, interesting stories from a diverse group of people who often wouldn't be heard from when it comes to reflecting or evaluating something like the NHS but the focus of it being around the fact that the NHS was 70 years old and ensuring that some of these fascinating experiences of people who worked in the NHS or being treated by the NHS were captured for future generations basically.

One Partner was clear that the *NHS at 70* project and the *NHS Voices of Covid-19* were connected but were also two projects in their own right, and also articulated the differences between them, with the former being retrospective with very clear outcome/ outputs and the latter being evolving and the outcomes are less clear and will be realised in the longer term:

Well it had a clear outcome [NHS @ 70]. We had a big conference coming up to celebrate it, we had all these lovely films, we chatted to people [redacted]………… So it had the same difficulties, but I guess the outputs from it were closer [i.e. the NHS at 70 project] and we saw them [rather] than the outputs we saw from this one.

NHS Voices of Covid 70 in 70 years' time that's going to be extraordinary obviously right now it's hard, isn't it, for it to be extraordinary?

One Partner noted that there was also an aim to capture the voices from black and ethnic minorities communities:

It also aimed to capture the voices of black and ethnic minority staff members and I think patients as well because this pandemic affected very differentially the ethnic minority groups in the country and I think it was an amazing endeavour by this group to capture those for, as [redacted] said, for generations to come.

The Partners were overall less aware or less certain with regards to their awareness to the secondary aim of the Project - to work in a co productive way[11] and to work with Partners to co-produce resources in response to the findings. This was split between having at least some awareness that this was the case; being unsure/ could not remember or they had no awareness:

Yes, I was aware of this aim [that this project should be co-productive] and I was especially pleased that one of the partners was [the] British Library.

Yes, I believe I was [aware of this aim]. The kick off meeting for the advisory group and certainly previously my experience of working with Stephanie has always been that was, in a way that her work has tried to be delivered so I'm pretty confident that I was.

In the midst of time and I do remember yeah that sort of talk and I always remember thinking I wonder how you're going to do that? But I'd be interested to see!

With the development resources we did have conversations about that. I just can't remember there being a specific conversation around that was the aim of the project.

I knew about developing new ways of understanding and responding and the power of personal story. I have to be honest with you I don't particularly remember about co-producing resources post-Covid.

I don't think I was really aware.

4.5.3 Partners engagement with the Project

Partner activities and contributions to the project

All of the Partner organisations interviewed took part in raising awareness about the *NHS Voices of Covid 19 Project* to their communities; and encouraging individuals to get involved and share their stories. There were two key ways that this was achieved:

- Reaching out to their communities via various communications channels. For example, announcements at community events, providing information on their website and via social media, such as Twitter:

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[11] The project will work with stakeholders across health and the voluntary sector and using co-production methods, we will identify priority themes to help users/partners develop new ways of understanding and responding to Covid-19 Through the power of personal stories and co-produce resources for post-Covid-19 policy and practice responses. [taken from the NHS Voices of Covid 19 project documentation]

> *We had a programme in the community called [redacted] and it was broadcasted every Sunday during lockdown….where we spoke about the project and the importance of recording the [redacted]-side of stories.*

> *It was about promoting awareness through my networks to people of the opportunity to be part of the library of stories so it was kind of tapping my networks really to make sure that people affected by [redacted] or working in the field of [redacted] were aware of the opportunities and I know that a number of people did get involved and they did share their stories with the researchers.*

- Specific and targeted communications. For example, creating a specific contact database, active recruitment of individuals they were in contact with and encouraging other organisations/Trusts to get involved:

> *We all made a spreadsheet up and we said who do we think might have a really interesting story and would want to get involved? [Lets] ping them all!*

> *I also was involved in actively recruiting patients and relatives talk about their experience and that was quite an interesting process.*

> *So we put it out to the [redacted] Network, and we probably got about 15 Trusts interested in being involved in the project.*

Many of the Partners also had a role as an Advisory Board member and/or were interviewed as part of the Project.

> *I brought my knowledge of the voluntary sector into the Advisory Board and was able to share thoughts and suggestions on other organisations or charities that might be relevant to reach out to and shed some thoughts for consideration about how this kind of work could be valuable in the voluntary sector.*

> *So, myself and another colleague were interviewed and were asked about our own experiences, and we shared our own stories, some of the stories of the people that work with us, and I think I did two interviews, and they were very powerful, very powerful conversations.*

Other activities that a few of the Partners were involved with are as follows:

- Two Partners developed and facilitated online webinars or interactive online workshops, and another took part in a webinar as a speaker:

I facilitated art sessions where we sent out packages so we had advertising for the project, leaflets from NHS Covid stories, and I sent those… we'd send out art packages to people and then doing the sessions we explain about the project. But also it was about them creating a piece of art reflecting on their Covid story. So I used the slogan on social media saying, 'What's your Covid story? Everyone has a story.

I think it was only one or two [webinars]. It wasn't a lot, and it was basically the volunteers were there who did the interviews and I just talked about basic things to look out and how to do self-care and so on and so forth and how you can maybe get other resources if you needed to after because some of the interviews they do are really quite – they are quite distressing.

- One partner representative was trained as *NHS Voices of Covid 19* volunteer Interviewer:

So, for me it wasn't a big jump to do the training and do the interviews and I am just naturally a very nosy person anyway. So, I like to hear people's stories.

One of the aims of the project was to conduct Rapid Data Analysis (RDA) of the interviews, to identify key themes and co-produce resources with the Partners. No partners raised this as an activity they were involved in, but when prompted, some Partners were aware of these plans but could not recall seeing any summaries of the findings, or did not have the capacity to get involved or ideas or what to do:

[Probe: Were you aware of plans to conduct rapid analysis, identify key themes and co-produce resources?]:

I did a little bit through the Advisory Group…but maybe not as dynamically as you've just described.

I can't say that I did.

I didn't take part, no nothing like that. I knew that was going on and Stephanie [said] there's some money if you want to do something and I'm like….because I love money and I love finding money right……. but I couldn't really think what we'd do

Nature of engagement

The Partner representatives were asked to best describe the nature of their/ their organisation's engagement with the project to date using the following prompts:

- o Informed about the Project
- o Involved - taken part in the Project
- o Consulted - asked for views/provided input to the Project
- o Collaborated - worked in partnership with the Project/ Project Team
- o Empowered - contributed to Project decision-making

Terms of Engagement: Partner Perspectives

		Involved	Collaborated
		Empowered	
Consulted	Informed		
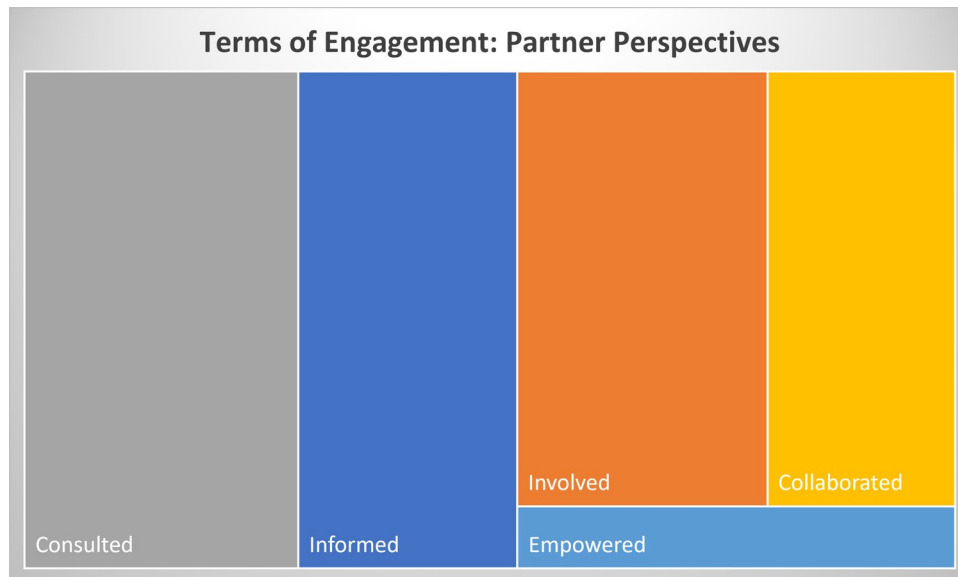
The Partners noted that in terms of the nature of their engagement with the Project they had all been Informed; Involved and/or Consulted.

I would say I was informed about the project, and I said I was consulted about the project. I didn't collaborate on it. I didn't do the empowering bit…no. Yeah so informed and consulted………..So my role was to connect in with our team we did then connect to people to be invited to talk yeah, that's really what I saw my role as I was a connector yeah nothing more than that.

Being involved in actually doing recordings …………………. and then being consulted……………being asked for my views on different aspects of the project as well.

Consulted. Asked for views. We provided input. Asked for views because we suggested some people for them to interview.

This was probably down to my [limited] capacity and ability to get more involved in the project beyond ways that I've mentioned already – so I think I was absolutely informed, definitely involved and consulted.

About half of the Partners also selected Collaborated and one felt they had been Empowered. Furthermore, other responses from the Partners demonstrate that all of them felt they worked in a very collaborative way

[see sub-section *Co-production & Collaboration* below] and a few more also quote being 'empowered' as being an <u>outcome</u> of their participation [see *Outcomes* section].

Probably collaboration maybe and involvement. I was given the space, definitely given the space…… with the insight I had into the community. I think it is really important and whichever organisation I work with which have the understanding that you need someone with…..I think cultural sensitivity and cultural understanding….

Collaborated. Because Stephanie had asked me to be part of, and I've forgotten what it's called, but the Advisory Board, if that's the right word? So I feel like I've collaborated in some of those decisions that were made.

All those meetings [Advisory Board] were very open, frank and everyone was able I think to not just participate but voice their views and I think Stephanie chaired all those meetings extremely well and she did take our views in consideration so I did feel that whatever contribution I had to make was also accepted.

Partners also noted it was a mostly informal way of working, although some mentioned there might have been partnership agreements or Memorandums of Understanding but could no longer recollect. The majority of the Partners interviewed were doing so as part of their existing roles, through their organisation, although one of the Partners was freelance and both volunteered for the project and had some paid time as well:

It was more informal. Stephanie might correct me and say we had a contract [laughs].

What between us and the university?.......Yeah totally informal, totally.

There was some paperwork but mainly it was informal.

I think we had some aims of the project, I'm not sure it was a formal memorandum of understanding…… I don't know….. I'd have to go back to it. There was definitely a proposal from Stephanie around what we could do for the amount of money that we could invest.

I don't think it was, I'm wracking my brains to remember if we had any sort of formal agreement. I thought there was a terms of references in terms of what it meant to be a member of the Advisory Board when I started with the project but beyond that, I don't believe that we ever signed an MOU or anything more formal than that.

In terms of who engaged, the Partner key contacts were typically the key people involved in the Project and taking part in the activities; other staff/ trustees in their organisations were either aware of their involvement/ the project and/or actively took part in the decision of the organisation to get involved and support the project and in one case the person doing the work (encouraging interviewers/ interviewees to

participate from their networks) was a team member of the key Partner contact.

The Partners mostly engaged directly with the main Project Team, although there were some interactions between Partners and in one case, a close collaboration between two Partners.

Co-production & Collaboration

The Partners noted that the terminology of 'co-production' was rarely used, and were unsure or did not feel they knew enough (and therefore did not have the confidence) to say whether the Project was conducted in a co-productive way or that they had engaged in a fully co-productive way:

> *I'm not sure that collecting stories is necessarily [co-production] , I'd say it's the start of co-production…. it's a listening isn't it? The co-production is about empowering people and giving them responsibility to do something….. you know the purpose of power is to give it away, right?……And I'm not sure that happened….*

> *I think there's been some really impressive things I'm aware of taking place such as the work with the British Library. I think probably my challenge is feeling not quite close enough to it to be able to say that – and I'm probably overthinking it a little bit here – in terms of my confidence to say that was genuinely co-produced.*

> *I don't particularly remember about co-producing resources post-covid. However, to be fair it was so busy at that time… it could have been right there, and I wouldn't have remembered it.*

However all the Partners noted that it was a very collaborative way of working, had very positive things to say about the ways of working and relationship with the Project Team and some Partners noted that aspects/ parts of the project were or may have been co-produced, for example, the webinars; oral history process and the Advisory Board:

> *I certainly felt that the webinars were very collaborative and I think [there] were elements of co-production within the delivery of those that I was part of…. but probably that's about all I can say I think in terms of knowing that there was co-production.*

> *I don't think there was labels [i.e. co-producer/ co-production] but I definitely was made to feel more part of the team.*

> *I was given the space to make the decisions on the way I'm working, as long as it worked together and the outcome was the same. There was no imposing of 'this is how we [the Project Team] want it'.*

> *I probably would use the term collaborative working or something like that but it's the same sort of thing [as co-production].*

> *That's the success of the team, because they are open to different ideas.*

4.5.4 Partner Experiences and Outcomes - positive

Experiential Outcomes

All of the interviewees reported having very positive experiences as Partners in the Project, and common terms used that summed up their experiences of being part of it include: *"Engaging"; "Enjoyable"; "Inspirational";* and *"Interesting"*:

It was an enjoyable project to be part of…

This is like an amazing thing to be part of.

Just that it's a fabulous project.

Other experiential outcomes for a number of the Partner representatives were even richer, resulting in deeper reflection or change including being enriched, empowered and/or restored (as was therapeutic) as a result of taking part in the Project.

I feel enriched from the experience.

Empowering because it's about having a voice and when you have a voice, and you can have a platform you feel like you can affect longer term change and that would be my hope from this project is that either or in the future this will help to create positive change within the field of mental health [or] wellbeing.

Also the therapeutic need of people to talk and it was quite powerful to hear back from people how the sessions helped them cope with the pandemic. But it probably a bit of a coping mechanism for myself, looking back.

It was really useful to me on a personal level as well as on a professional level because I suddenly sort of went, wow, this has been a real journey! So it was very, very therapeutic in that sense, to have the space to reflect on that and really acknowledge [it].

Learning, networks and skills

About half the Partners increased their knowledge and learning via other Advisory Board members and

through hearing people's stories and about the oral history process:

Increased learning and knowledge definitely... I've learnt a lot because there were different professionals coming on the different advisory sessions.

So it was the learning from that about the level of dedication from the NHS.

Definitely increased learning and knowledge about taking an oral history.

Nearly all the Partners reported gaining new networks and connections and a few mentioned that they enhanced their skills:

Definitely gained new networks and connections but I also – I run the Twitter account for [redacted - organisational name] and what I've discovered is some of the people that I've interviewed have stayed on the [redacted - organisational name] contact list for us. We have followed them back and I have been able to increase my knowledge of what's happening to them.

Yeah new networks new connections…. I think if you work with different groups, collaborate with different organisations that's always a good thing isn't it? So I think that definitely came from it.

It has definitely broadened my network.

Changed perceptions and values

Another outcome mentioned by about half the partners was that it had changed their perceptions about the value of oral history and hearing people's stories:

Well because I think you saw the importance of it of actually listening to people and what affect it had.

I'm realising now more than when I was involved the importance of recording the stories, because I think what's really fascinating to watch now is how fast people are moving on.

I think it just highlighted to me the importance and the uniqueness of recorded history whilst it's happening.

For one partner, their participation in the project has resulted in demonstrable longer-lasting impact in two ways: through taking part in the project, and hearing people's Covid stories, it motivated them to take action, which has resulted in the set-up of a rehabilitation programme for ICU patients and has secured funding. Furthermore, by building a relationship with one of the other Partners, this Partner has now got involved in another study about bereavement:

- **Setting up rehabilitation classes**

  Produced in me a desire to go out there and do stuff.

  Listening to the stories that were said to me. ….well, you know, we can shout about this as a charity or we can actually do something actively and then about, after I'd done a few interviews, I got contacted by a guy who had had Covid. Has got some spare cash and said, I'd like to start a rehabilitation programme for ICU patients, not just COVID patients…………So we met up……….and it happened……..and hopefully it will take off.

- **Bereavement study**

  Being in contact with [the other Partner], I've actually got involved in another study around bereavement, that is another very neglected area – it wouldn't have come about [otherwise].

Perceived outcomes on others

A number of the Partners also reflected on their perceptions of the benefits and outcomes for others.

  So she [attendee at one of the sessions]….used the letter 'C' for Covid and Cancer and she created this massive board with all her story and she said once she did it, it gave her the strength to tell her husband that she needs to share the story with others……I felt this was a very powerful example of how the project has really touched people and made a difference.

  I think what was very powerful is people felt they're not alone. I think the element of loneliness was lifted. But also there was a sharing of stories and I felt that was really supportive for people. For me, if one person went to bed one night feeling less lonely and feeling their voice was heard, that was powerful.

4.5.5 Project Partner Challenges and Negative Outcomes

About half of the Partners reported one of the following negative or challenging experiences through being part of the Project. These can be grouped into three main themes: *"Frustrated"* through knowing the importance of capturing peoples' stories at the time of a pandemic, but then because of the pandemic, people did not have the time to take part as Interviewees or Interviewers; or frustration with lack of access to recording equipment; *"Distressing"* by hearing about the very difficult experiences; and one partner felt *"Befuddled"* by the Project at times and their role:

Frustration

Along the way we tried different ways of trying to engage with the people who were interested but none of it really worked because of the time pressures.

Got frustrated because I kept on saying oh poke people again see if they will do it. So I think there's always that sort of thing where you have to sort of balance the [what] you thought [you would do] about signing up for this project.

Recording was a struggle because I started initially on Zoom and really the sound quality wasn't very good. I'd tried phoning in and that didn't work. So in the end I did the recordings over WhatsApp, and I found my own way of sorting it out.

Distress

Well, being aware that patients or relatives are really struggling and that could be financially or psychologically or even physically…. and me not having many avenues to explore, to actually help them with that process. In fact it's that having no control over the situation that is the distressing bit.

And obviously the stories that we were hearing and being part of were quite distressing in nature.

Sometimes I felt like I'm bringing… because some people had horrific stories, and sometimes I felt that all the pain is coming into my house and there was nowhere to go out. When you work, when I go to a space, I come home and I leave it quite literally outside. So that was a bit of a challenge as well.

It was also acknowledged that hearing distressing stories was an understandable part of this project and that there was support for Interviewers in this regard:

They were running regular meetings allowing for interviewers to join if they wanted to have a chat about particular things but also, I was able to tap into the other trustees that were involved in the project. So, we could support each other.

Befuddled

I wasn't always really sure what I was doing at the meetings or for the project and was….befuddled…. but I enjoyed it.

This Partner also found the co-production aspect challenging due to being unsure what they could contribute and/or having the resources to carry this out:

So I guess maybe they're thinking like that sort of thing [co-production] but that always takes resource and bodies to do it and I think it was all very much like they wanted us to come up with what we'd do but you know I'm busy Lesley. I need to be told what to do sometimes and I'll do it.

And another Partner representative moved organisations – and found it much more difficult to get the new organisation involved:

I promoted and tried to stimulate more involvement from people living with [redacted] via our networks but the timing wasn't quite right for us organisationally for other people to be able to pick that up and run with it.

4.5.6 What could be improved – Partner perspectives

Nearly all the Partners stated that increased and improved communications from the Project Team was the key area that could be improved, including more feedback and updates on progress; a few Partners would have preferred more face-to-face interactions, when possible, and one Partner noted that for co-production, it needed to have a clearer mechanism/ process.

More feedback/ communications/ updates

I found it really difficult to get anything back from the team that substantiated what had happened.

I think it felt at times like the advisory board, there wasn't much happening between those boards at time – for me, in terms of keeping progress with the research – so I suppose just maybe something to update on progress in between the board meetings

would have probably added to my sense of progress in terms of how things were going and kept that connection going.

It's just that feedback loop to the people who were involved and feedback about how it's going…..what people learnt. Just closing that feedback link, I think.

To let people know when they could then have a look at or view other people's research.

More face-to-face interaction

We work with some organisations that I know have changed and they've moved to like an account manager model, so they say 'I'm your account manager' and we're like oh that's nice so they come and see us [redacted] and sit with us and join the team, they're literally like part of the team for a day a week or a day a month that makes things a lot easier ….and that's how you make things happen.

I believe that physical face to face interactions are much more productive as compared to the one which is virtual, as this one for example.

Put in a co-production process

You've got to have a mechanism built in [for co-production] otherwise it's listening.

4.5.7 Next steps & aspirations – Partners

In terms of next steps, some partners were unaware of the future plans and any next steps (either involving themselves or what happens next with the Project) and others mentioned that there were plans in place:

So we're going to do something around the film that Stephanie created recently and share that with [redacted – network name] and then put forward this suggestion around doing this work around themes and digital stories based on the collective.

We've already starting to look at different projects with Stephanie and the team. They have been some of the best people I've encountered in the last couple of years. So, yes, I'd like to work with them again. So yes, we're definitely looking at that.

We are looking at a joint resource between [redacted – organisational name] and the project to highlight the aspect of mental wellbeing in the NHS frontlines and healthcare workers. We are also potentially looking at a project to do research in a slightly different area, so that we can further improve services and affect policy in the longer term.

I don't think there's anything definitely going ahead or that I know.

I'm not aware of any plans for any future project[s].

In terms of aspirations for the project, nearly all the Partners had some concerns that the database would 'just' be an archive, and felt very strongly that they wanted to see much more action in terms of: sharing the database to ensure it is accessed and fully utilised; sharing the finding themes so that actions can be taken to make a difference and sharing the stories, such as online narratives and covid vignettes or the likes of an exhibition; and to not wait until the database is fully uploaded and complete to start then sharing.

Just that it's a fabulous project. I would hate for it to sit in virtual, dusty archives and as the odd person listened to it. I'm really keen to do something with it that will help us understand what it means to people to share their experiences.

At the minute I feel it's a bit more oh we'll wait until the whole database is built but there's definitely lots of ways to start before that big database is released to start sharing and socialising the idea and raising awareness that this database is coming as well.

How can we as [NHS] understand some of the themes that come from the collection of stories, and can we do something around theming that and then creating [resources]?

I think it's important to show people how they were involved and how the involvement makes a difference.

There could be a way of using some of those powerful sound bites or snippets from interviews to promote the work more.

One partner also held strong views that the research should continue to gather experiences and reflections of those, now that we are coming 'out the other side':

Personally I feel like continuing this project, I want to hear back from people to see are you socialising again, how are the effects, there's loads of divorces, people lost partners, lost family members, have to rebuild their lives, are they going out again, all these types of things, what has changed, priorities in life? I know my perspective on life has changed dramatically since Covid. I'm sure I'm not the only one.

5.0 Conclusions

The following section concludes on the synthesised findings in response to:

> ➢ the five key evaluation questions agreed and articulated at the start of the evaluation
> ➢ the two key aims of *NHS Voices of Covid-19* grant funding proposal and the 4 key deliverables

5.1 Conclusions in response to the Evaluation Questions:

- **EQ1 (Evaluation Question 1):** *In what ways did the key stakeholders engage in the project?*

It is estimated that at least 1200 participants have engaged with the *NHS Voices of Covid 19* project to date, with the depth and ways of engagement varying widely, even within Participant groups. Engagement levels and ways of engaging can be divided into four broad categories:

Engaged: Interviewees that took part in 1-3 interviews; Event attendees[12] & speakers Interviewers that conducted < 5 interviews.

Actively engaged: Interviewees that took part in at least 4 interviews; Interviewers that conducted at least 10 interviews; Partners that were Advisory Board members and shared their insight, expertise and networks/ contacts with the Project e.g. sharing communications about the project and encouraging participation.

Deep engagement: Serial Interviewees that undertook many interviews over the pandemic: Interviewers that conducted 20+ interviews, and typically took part in other activities e.g. attending Interviewer group sessions to share feedback/ insight and support one another. Partners that undertook additional activities including: active recruitment of interviewees/ interviewers; were Interviewees/ Interviewers themselves; developed and delivered activities.

Deepest engagement: The Project Team, who led and coordinated the project and conducted multiple Interviews, and the Project Partner (British Library), responsible for development and creation of the archive had the deepest level of engagement.
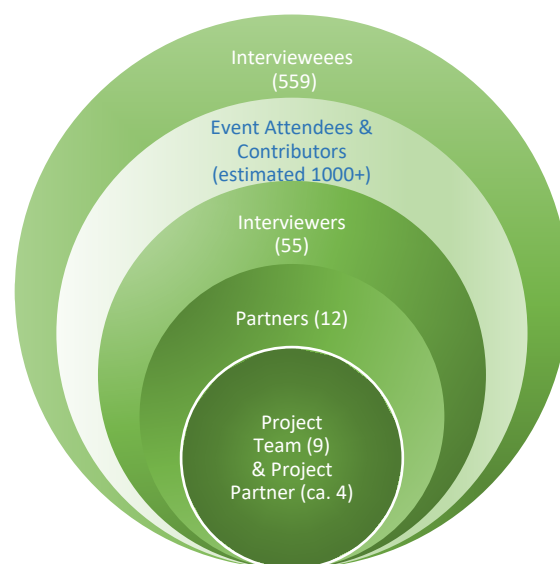

Figure 16: Participant Engagement Heatmap

Darker hue demonstrates the depth of project engagement with the project; variations in hue represents the wide range of engagement levels within each group. Participants could also belong to two or more participant groups. e.g An individual could be a Partner; Interviewer & Interviewee.

In terms of motivations, all three Stakeholders groups (Interviewees; Interviewers and Partners); the Project Team and the Project Partner participated in the Project because they recognised the importance and value of: documenting the diversity of Covid-19 experiences in real time; of an oral history approach; of contributing to research and history; the opportunity to learn from the findings over time and enabling people to have their voices heard. A noteworthy proportion from all Stakeholder groups participated due to

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[12] An estimate of the number of attendees of the *NHS Voices of Covid-19* project events and webinars etc was provided by the Project Team

their previous involvement with the *NHS at 70* project and/or because they wanted to support the NHS in various ways (e.g show appreciation; shape the NHS for the future).

Another key motivation specifically for the Project Team, Project Partner and most of the Partners was that leading/contributing to this Project enabled these groups to progress towards their wider organisational/ team objectives.

A key enabler for the Project Team, Project Partner and some of the Partners, that was also that was also a motivator, was that they had the capability, networks and resources required for the Project – it was a 'great fit'. The *NHS at 70 Project* as a critical and instrumental enabler for the *NHS Voices of Covid 19* project, cannot be underestimated and provided an almost seamless route into setting up this follow-on project. The *NHS Voices of Covid-19* project would simply not have been able to get off the ground without the *NHS at 70* project's infrastructure that was already in place or would have been much slower to start and gain momentum and missed the vital stages of the early parts of the pandemic.

The Project Partner and all three Stakeholder groups were all involved in the early stages of the Project's inception, and the Interviewee, Interviewer and Partner groups continued to grow as Project progressed and additional recruitment took place.

Achieving diversity was a key project aim, and this was achieved in many ways. For example, the project partners include organisations that were representative of the voluntary and health sectors, and minority community organisations that were representing doctors of south Asian origin, the Jewish community, and prisoners. Furthermore, in terms of demographics of the Interviewees, there is good to very good evidence that these populations included people from many walks of life and that there was diversity with regards to: female/male genders; across older age groups (35 years+); their country of origin; from across the regions of the UK; across the different sectors/ communities (NHS/ Health/ Research; Public; Patients and Policy) and had a diversity of occupations/ roles within those groups. There are some indicators of diversity from a disability; ethnicity; religion and sexual orientation perspective, provided by the demographics of the Survey PT respondents.

However, it is not possible to conclude as to whether the pool of Interviewees was fully representative, as this would require the baseline data for the target populations/ communities/ sectors for comparison. From the data that *was* available, there were 2 females for every male (and no non-binary); the vast majority identified as British (but this did not breakdown into ethnicity in terms of white/ black and minority ethnic - BME); and only a relatively small proportion were from younger age groups. About 8 in 10 identified as Professional/Skilled/Management (AB socio-economic groups), which is perhaps to be expected, given the focus on NHS staff.

- EQ2: *What are the Project's outputs, experiences and outcomes?*

Key Project Outputs

The following table provides a summary of the key outputs that have been produced or co-produced, from the data and evidence gathered; many more key enabling resources were created as a result of this Project, such as Topic Guides; Volunteer Handbook; but these are not included here:

Table 12: Key Outputs produced to date

Key Outputs produced to date
ca.1460[13] oral history interview recordings/ transcripts from sessions that took place since March 2020 and across the course of the pandemic, with 559[13] different interviewees.
A community of 55 Interviewers (including 9 Project Team members and 4 Volunteers)
Archive Progress: The complete collection of 2213 interviews (1200+ interviewees) including the *NHS Voices of Covid-19 project AND the NHS at70* project have been transferred and deposited at the British Library; only ca. 20 remain to be archived (i.e. entries catalogued and audio files uploaded) with archiving due for completion by the end of the grant funded period. The British Library web resource (featuring Covid stories) is under development, with the initial launch expected by the end of September 2022.
Advisory Board with a diverse set of members; 3 online Advisory Board meetings took place.
Over 100 sessions[13] (30+ took place March-July 2020; 70+ took place August 2020-Jan 2022).for and with the volunteer Interviewers including training; discussions on the oral history process; sharing feedback and input; to provide support; one session was self-organised and run by the Interviewers themselves.
Two online sessions run by a Partner to support Interviewers in their well-being and dealing with difficult/emotional content.
Interactive online art workshops took place with members of the Jewish Community to share their Covid-19 stories; various artworks created: https://www.nhs70.org.uk/story/exploring-covid-19-through-art-jewish-community-manchester
Ca. 1400[13] x oral history summaries created by freelancers.
At least four Rapid Data Summaries created (often created to inform a policy briefing, to be submitted as evidence) on: Bereavement; Exhaustion & Burn Out; Redeployment and Intensive Care Units. A variety of other summaries were created to gather evidence from the Interviewers on key themes that have arisen from the Interviews (e.g. workshop feedback, Interviewer surveys) to support and contribute to the Rapid Data Analysis and the identification of key themes.
NHS Voices of Covid-19 website https://www.nhs70.org.uk including Covid vignettes.
Four key pieces of policy evidence[14] submitted, based on analysis of the testimonies inc: 2020: submitted emerging research to the British Academy in response to their call for evidence on 'Covid-19 and Society: Shaping the Covid decade'; submitted evidence to the Health Foundation's call for evidence submissions for their Covid-19 Impact Enquiry Exploring the pandemic's implications for health and health inequalities. 2021: Project PI, Professor Stephanie Snow gave evidence to the All Party Parliamentary Group on Coronavirus; evidence cited in Report on NHS Backlogs and Waiting Lists by Public Accounts Committee, March 2022.
A series seven free, public, online events led by the *NHS Voices of Covid-19* team with guest speakers called Covid Conversations took place between October 2020 and November 2021. Estimate 1000+ attendees.
1 x 14 minute film produced - *Covid Voices; a moment in time*; 1 film premier event took place in March 2022 [estimated 100 attendees; 1 event focused on health inequalities took place in March 2022 (45 attendees)
3 x research outputs – academic paper, edited volume chapter, 1 chapter co-written with volunteers
Additional funding received from Research England Participatory Research fund which funded this evaluation and an additional £7.5k towards the film.

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[13] Number provided by the Project Team
[14] https://www.nhs70.org.uk/story/research-policy-and-impact-covid-19

Experiential outcomes

The Project Team and the Project Partner had positive experiences to share, including the strength of their working relationship, which enabled them to overcome the many challenges of this large scale, complex project that was taking place during a global pandemic.

Overall, the experiences of the Interviewee, Interviewer and Partner groups was very positive, frequently responding that it was beneficial to have taken part in the Project for a whole variety of reasons. The three Stakeholder groups had a number of shared experiences including enjoyable, inspiring, interesting and emotional.

Stakeholders could also find their involvement challenging and at times distressing, although it was acknowledged that this is an expected experiential outcome of the Project, given its focus and content. Only a very small minority found their participation to be, on balance, overall negative.

Other outcomes

Participation for the vast majority of the Interviewees, and all of the Interviewers, Partners and the Project Team and Project Partner resulted in benefits. The beneficiaries were the individuals themselves, and/or in the case of the Partners, the Project Partner and the Project Team, this could also be for their organisations. The key positive outcomes that resulted are as follows:

Fulfilment

Involvement brought many of the Stakeholders a sense of meaning and purpose, due to the importance, value and perceived uniqueness of the Project and/or a feeling of being useful and helpful by: contributing to research; supporting the NHS; enabling others to have a voice.

Valued

Another key benefit that was highlighted was the opportunity for Interviewees to be listened to and have their voices heard (and just as importantly, to *feel* that they had been listed to and heard) and that their experiences, which may have been very difficult and challenging, were counting towards something, and were 'not in vain'. The Interviewers and the Partners also felt valued for their contributions and appreciated.

Sensemaking, Reflection & Clarity

Many Stakeholders, in particular the Interviewees and Interviewers, found their involvement and the time and opportunity to reflect on theirs and others' experiences was therapeutic and enabled them to make sense of their situation or of the situation as a whole. This not only provided clarity and understanding but in a number of cases, was considered cathartic and resulted in a restorative effect to that individual.

Empowerment

About a third of the Interviewees reported feeling empowered, as did a number of the Interviewers and Partners, and felt they had made a difference.

Learning

In terms of learning outcomes, this varied markedly between stakeholder groups. The Project Team, majority of Interviewers and some Partners learnt something new, such as: other people's experiences; new perspectives; about the NHS and/or various Covid impacts. The majority of Interviewers also enhanced or

gained a skill, in particular with regard to oral history/ interviewing. Few of the Interviewees noted that they had specifically learnt something new, perhaps unsurprising as they were sharing their own stories.

Networks/ contacts

The Project Team, Project Partners, nearly all the Partners and about half of the Interviewers gained new networks and connections through taking part in the Projects, through meeting others involved in the project. Interviewers and Interviewees also built good to very strong relationships, in particular for the serial Interviews.

Other key outcomes were specific to a particular group:

- o The Project Partner built capacity and achieved instrumental outcomes, in terms of gaining learning and understanding and new ways of working in dealing with very large data sets.
- o Academic outcomes have resulted for the Project Team including a published paper; an Award for Research Impact[15]; opportunities to provide policy evidence; in addition to continued employment for members of the Project Team[16].
- o And for one Partner, participation in this Project has resulted in the planning, development and funding of another project and involvement in another project.

- EQ3: What was the nature of the relationship/engagement between the Project Team, Project Partner and three key stakeholder groups?
- EQ4: Was a 'participatory' oral history approach adopted; what difference did this make?

This evaluation used an Engagement Framework (see Fig 24) to discuss, explore and describe the various ways that the Stakeholders, the Project Partner and the Project Team engaged with one another and with the Project.

Engagement Framework
Informed: *Project information; guidance; communications and updates*
Consulted: *Insight, views and feedback sought*
Involved: *Involved in Project activities*
Collaborate: *Work in partnership to develop/ deliver the Project*
Empowered: *Involved in decision making/ leadership/shaping the Project*

Figure 17: Engagement Framework, inspired by the Spectrum of Participation [17], created by the International Association for Public Participation.

The three Stakeholder groups (Interviewees, Interviewers & Partners) and the Project Partner were all: Informed about the Project; Consulted about the Project and Involved in the Project in various ways:

All the Stakeholder groups demonstrated very strong awareness of the primary aim of the Project (recording Covid 19 experiences/ creating an testimonial archive/ to increase understanding/ learning etc); were provided with information, guidance, support and resources to undertake their roles; and the Stakeholders

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15 Social Responsibility 2021 'Making a Difference' Award from the Univ.
16 *NHS at 70* project had team of 8; everyone's contract would have ended apart from the PI without additional funding; also enabled additional funding for 2 additional members of staff.
17 https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf

had fairly regular opportunities to engage with the Project Team and or with one another via meetings and other opportunities to feedback and discuss the Project, demonstrating these groups, on the whole, had been very well Informed.

The three Stakeholder groups were also Consulted, and were asked for their input, feedback and views throughtout the course of the Project, in various ways, depending on their Stakeholder group and role in the Project; and were also Involved, with all three groups being actively invovled in supporting, contributing to or delivering particular aspects of the Project.

The three Stakeholder groups, Project Partner and the Project Team all described their engagement as a very Collaborative way of working, and this was the preferred way to describe their terms of engagement rather than as co-production. Examples of collaborative working either with the Project Team or the collaboration between the Interviewer and Interviewee include: Stakeholder feedback/input was not only sought, but listened to and taken on board and (where appropriate) acted upon; Stakeholder groups clearly influenced and shaped key parts of the Project (such as the content of the oral history sessions; recruitment of Interviewees) in various ways; or they took the lead for the development and delivery of particular aspects or activities, with the support or guidance of the Project Team.

As opposed to most of the Partner's terms of engagement, the Project Partner (British Library) were a named Co-I on the grant application and this was a formal partnership, in which they worked in a collegiate and collaborative way with the Project Team, each with their own clearly defined roles and responsibilities and leadership/ decision making for their 'side' of the Project.

Other key characteristics that provided strong evidence of a collaborative ethos, was the nature of the engagement and the values that were evidently (implicitly or explicitly) underpinning the Project. As this collaborative way of engaged research/ partnership working is also a very much value-based and principle-based endeavour, i.e. it's not just the 'what happened' in terms of project processes, it's the 'how' and the 'why'. Evidence for this includes:

- o The Project, Project Team or Project Processes (such as the Oral History approach) was described by Stakeholders as 'Open' e.g. open and flexible way that interviews were conducted; the Project Team's openness to ideas and active listening etc;

- o A key Stakeholder outcome was feeling valued and appreciated;

- o The Interviewee group overwhelmingly described their Interviewer as demonstrating understanding and empathy.

- o Recognition of Interviewees, and others, through the offer of inclusion of their names alongside their contributions in the archive; or Partners acknowledged on the website.

The Stakeholders were less likely to describe being empowered in terms of how they would describe the Project's processes, but interestingly empowerment does feature as an outcome in the quantitiative and qualitative findings for the three key Stakeholder groups (Partners, Interviewers and Interviewees). This indicates that the Stakeholders were unaware that they had been expressly/explicitly been 'given' the power to shape plans and activities by the Project Team, but felt they were still able to 'take power', none the less due to how the Project was run and nature of the Project Team, and hence empowerment was percevied as an outcome *rather* than part of the process.

All-in-all, the evidence demonstrates that this Project was very collaborative and also had clear elements of co-production for key aspects of the Project, irrespective of whether it was described as thus. For example: there is very strong evidence that the Stakeholders directly influenced and shaped the Project in various

ways; that the Project Team responded to Stakeholder feedback and made changes as a result; and empowerment was identified as an outcome and the evident values that underpinned the Project.

Furthermore, in terms of hierarchies, the Project Team were those with the most overall power and influence; with the Project Partner having leadership over the development of the archive (although were unable to shape the Oral History approach and recordings as this was already in place once their formal partnership began); followed next by the Interviewers and Partners having the power to shape and influence key aspects of the Project; and then the Interviewees. There is, therefore, strong evidence that the Project was equitable, in terms of the stakeholder engagement.

Interestingly, when the Project Team discussed the co-productive aspects of the Project, as part of this evaluation, they often referred to the way that the oral histories were conducted and empowerment of the Interviewers and Interviewees, rather than the 'original' co-production aim and key deliverable to co-produce resources with the Partners, in response to the themes that emerged from findings. These key resources have not yet been co-produced as yet and the evidence demonstrates that this is for the following reasons:

- o The time and energy was (naturally) focused around the immediate need to recruit and train volunteers in oral history, recruit interviewees, create guidance documentation, complete ethics processes etc which would have restricted the amount and type of co-production that can realistically take place in the earlier stages of the Project.

- o The limited capacity of the Partners and/or lack of understanding that resource co-production was a key aim of the Project and an expectation of their partnership

- o Possibly also that it was too early for Partners, at that time, to think about how the findings could be used to co-produce a resource that would also be useful for their organisations/ communities or other service providers.

Several of the Partners have noted that discussions have already taken place with the Project Team in regard to potential co-produced resources that could be developed.

Furthermore, there is strong evidence that this Project, is perhaps better described and perceived as a Participatory Research project or as a Citizen Science[18] project, rather than a Co-production project. As active participation and involvement of people and Partners external to the University have been central to achieving the Project's aims and objectives; and volunteers have been critical in the shaping, conduct, collection and analysis of the research data. Co-production perhaps requires even more power and agency to be explicitly handed to Stakeholders in the design and delivery of the Project as a whole, rather than specific aspects. Furthermore, as this Project was a follow on from the *NHS at 70* project which had all the relevant infrastructure already set up, and had to be set-up in quick time, there was limited scope to for full stakeholder engagement and co-production of the higher-level objectives or deliverables.

Last but not least, one of this Project's core aims is to leave a lasting legacy for future generations, for future research and to feed into future policy interventions and there is great potential for longer term impacts for many years. Furthermore, to note that a key concern that was clearly evident in all the Stakeholder groups was that the archive would not be used to it's full potential. Equally, a key aspiration is that the archive will be used by many and result in raising awareness of pandemic impacts, lessons learnt and improvements in future policy and practice.

[18] Noting that Citizen Science is a catch-all term for all research disciplines including arts and humanities research that involves citizens in the collection, analysis and/or understanding of research data and evidence.

- *EQ5. What are the successes and challenges?[19]*

The following provides a summary of the Project's key successes, challenges and lessons learnt:

Key Successes

- o 550+ Interviewees took part in 1400+ Oral History sessions (the original target was 900) throughout the course of the pandemic, including a number of longitudinal series of interviews; an outstanding achievement in such challenging circumstances.
- o A community of 50+ dedicated, well-trained, skilled and empathetic Interviewers, many of whom were volunteers, that had/ developed excellent Oral History skills; that were very well supported and provided with freedom and agency to recruit interviewees, shape the interviews and input to the wider Project; and fostered very good to excellent relationships with the Interviewees.
- o The interview conditions and 'environment' created resulted in the Interviewees feeling well-informed, at ease; in a safe and trusted place in which they could be open and shape the direction of the Interview. This finding should give further confidence to the robustness and quality of the testimonial archive - as in the stories were open; honest unrushed and true reflections of the experiences shared.
- o Furthermore, there is evidence from all the key Stakeholder groups that further justifies the importance and focus on gathering pandemic stories in real time; with reflections that they would indeed have forgotten what experiences were truly like, once time had passed.
- o The strong partnership between the Project Team and the Project Partner that demonstrated resilience and overcome many challenges and barriers.
- o The involvement of 12 engaged Partner organisations that supported and contributed to the Project in various ways in which good to strong relationships that were built.
- o Clear, demonstrable academic and research impact, with many beneficiaries[20]
- o The very collaborative ways of working and terms of engagement, in which co-production also took place, and was underpinned by appropriate values.

Key Challenges

- o Reduced capacity (due to the pandemic impacts) for NHS staff and other potential interviewees, and some Partner organisations (or potential Partners) to take part or get more involved in the Project.
- o Restrictions that prevented face-to-face engagement (due to pandemic circumstances) gave rise to conducting telephone interviews that did not always result in good quality recording material, in addition to some recording technology issues.
- o Some Interveiwers/ees would have preferred face-to-face (when possible) or an online meeting format for more 'connection'; a few Partners would also have preferred more face-to-face interactions (when that would have been possible) for meetings etc.
- o The co-produced resources for five Partner organisations (identified as a key deliverable), in response to the testimonial findings and key themes, have not been completed as yet but plans are in place.

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[19] Lessons learnt are provided in Section 7
[20] This Project may also have resulted in some policy impacts from the policy outputs created, but exploring this was not within the scope of this evaluation.

- Lengthy and complex procedural and administrative processes of the grant host's institution led to challenges for the Project Partner; and in running a participatory project for the Project Team (e.g. reimbursing Volunteers).

5.2 Conclusions in response to the two Project aims:

To note that the *NHS Voices of Covid-19* project is ongoing, with the grant funding period coming to an end in December 2022, and plans for continuing this Project after that date. Hence this report is a summative evaluation <u>to date</u>, with many more outputs and outcomes expected to come. Also to note that this is a legacy project in which there is potential for a great many outcomes and impacts, once the archive is launched and testimonials are accessed and researched, that can be used to increase further understanding of the pandemic's impacts and to inform future policy and practice.

- Primary aim: To create a national collection of personal testimonies and in-depth reflections that is diverse and representative across individuals, communities and the four nations of the UK and that will be preserved permanently for future generations.

This aim has been largely achieved, with 1400+ personal testimonies from 550+ individuals from across the four nations of the UK and this community are diverse in many ways, although whether this community are <u>representative</u> of the target communities could not be confirmed from this evaluation.

The archive should be completed by the end of September and is expected to be accessible from January 2023, and the *NHS Voices of Covid-19* website, which also shares some Covid-19 stories, has been up and running since March 2020.

- Secondary aim: To work with stakeholders to draw findings from the testimony to support the development of learning resources such as briefings, engagement events, podcasts and webinars that can inform policy and practice in the immediate post-Covid-19 period.

This Project has summarised the oral history findings into a number of key themes, in a variety of ways, which have in turn been utilised to develop and deliver: policy briefings; online events and debates, webinars; a film and other outputs.

As part of this aim, one of the key anticipated deliverables was to co-produce resources with 5 Partner organisations to inform current and future policy and practice. These deliverables have not yet been produced yet, but discussions are underway and plans are in place to drive these forwards.

6.0 Lessons Learnt & Recommendations

This section comprises:

Lessons Learnt: that were gathered and builds upon the reflections of the evaluation participants: the Project Team; Project Partner; Partners; Interviewers & Interviewees, that can be used for future projects.

Recommendations: are drawn from and builds upon the findings, lessons learnt and conclusions made, in addition to drawing upon the insight of the evaluation team, who have many years expertise and experience in the development and delivery of engaged research and research impact.

6.1 Lessons Learnt

- Increased **clarity** and **communications** about future projects' co-production aims and anticipated co-produced outputs at the start of the project, with the anticipated co-producers, could bring benefits.

- Future projects may benefit from a more systematic strategy and plan to define what is 'meant by' **diversity** (eg the key demographics or otherwise) and to capture that diversity to help identify the target groups and to understand whether diversity has been achieved within those key target groups. This could include a de-deduped and consistent collection of key demographic data from all the Stakeholders (so participants are not double-counted if they belong to more than one Stakeholder group), that also use categories such as White British; Black British; Black African; Mixed White/ Asian (this list is not comprehensive) to ensure ethnic diversity is clearer.

- Furthermore if a truly **representative** sample is also required, this may require an even more robust sampling methodology that involves the collection of baseline demographic data from the target populations and adopting a recruitment process, such as: setting quotas of participants with particular demographics and characteristics. This could however, ironically perhaps, reduce a participatory project's approach to: openness; accessibility; inclusion and freedom (for example: freedom for others to recruit Interviewees) and prevent the Project evolving and being responsive. For future projects, this could be discussed at the start of the project as to which was the most important i.e. representation or openness/flexibility and diversity. And indeed to explore, if true population representation is even required for any testimonial collections as a whole, when, in theory, samples of the collection could be taken to ensure representation for specific research purposes (as long as oral history participants demographics, or otherwise, are provided).

- Exploring ways that **University processes and procedures** can be more flexible for partnership working and participatory/ engaged research projects**.**

- Investing time in **training volunteers/research contributors**, supporting and keeping them engaged with the Project can pay large dividends, and should be continued for future projects of a similar nature. The careful, considerate and inclusive approach in the *NHS Voices of Covid-19* project led to a core group of committed, engaged and skilled volunteers who felt empowered to shape parts of the project.

- In addition to the continuation of the many successful partnership/ collaborative working practices adopted in the *NHS Voices of Covid-19* project, future projects could consider building in more regular feedback and project progress updates.

6.2 Recommendations

1. **Stakeholder engagement and increasing awareness and use of the Archive:** Provide all three Stakeholder groups with a summary of the Project's progress to date and plans for the future; including a timeline of when the testimonial archive will be launched. Create a strategic stakeholder engagement/ communications plan to increase wide awareness and use of the archive (targeting key groups), that can also encourage the Stakeholders to get involved in these communications (for example: provision of an *NHS Voices of Covid-19* Archive communications toolkit). If resources allow, consider development and delivery of a face-to-face event for the launch of the archive, to engage all the key Stakeholder groups and key target archive user groups.

2. **Focus on impact:** Create an Impact plan, that includes short, medium and long-term goals, and prioritise those, to further enable the potentially outstanding impact that can be realised from the testimonial archive. There are also research impact funding sources that can be applied for (specifically for impact; rather than research) such as from Research Council Impact Acceleration Accounts (IAA); QR funding and HEIF (Higher Education & Innovation Funding) and others. Furthermore, once the first co-produced resource has been created with a Partner, share this widely with other Partners to inspire them with ways in which the testimonials can be used to support their organisation's aims and objective and increase understanding of what these co-produced resources could 'look like'.

3. **Gathering impact evidence:** Set-up and maintain an ongoing repository of evidence (including this evaluation report) that demonstrates research impact from this project; including following up (at the time) to secure impact evidence (such as quotes from a policy makers that have utilised the evidence). This impact repository could have many benefits and uses including: understanding of ongoing impact; to share learning on impact; for future funding applications; to apply for Impact awards; for institutional returns that required demonstration of research excellence and impact (e.g. Research Excellence Framework; Knowledge Exchange Concordat and Knowledge Exchange Framework and HEIF returns). Furthermore, if feasible, explore the possibility of developing the archive in a way that analytics can be drawn down on its use; and by whom and what impact has been realised by others; or explore other ways to do this.

4. **Engagement focus:** Consider the 'best' overall descriptor to describe future engaged research projects (e.g. Co-production; Participatory Research; Community Engagement or Citizen Science etc). This can help provide clarity and understanding on the Project's focus and outcomes and to articulate the terms of engagement with stakeholders. Furthermore, adopting different engaged research formats can open up further funding avenues. For example, Community Engagement and Citizen Science are a current focal point for UKRI's public engagement team (and other funders), for which there is specific funding available.

5. **Empowerment & Outcomes Focused:** For future engaged research projects (whether they are co-production; participatory research; community engagement or Citizen Science etc):

- o articulate and then be explicit to the engaged participants about the 'power' that they have to shape/ influence the project.
- o create a Logic Model (or Theory of Change) that clearly identifies the anticipated outcomes and outputs; together with a Project Management approach to build in resources/ timelines for both the research to take place and releasing the research impact.

7.0 Acknowledgements