

Vocal Strategy 2022 – 2027

Our approach to bringing people and health research together for everyone's benefit.

Introduction

Vocal's vision is to bring people and health research together for everyone's benefit. Health research shapes the diagnosis, care, and treatment available today and in the future. By bringing together patients, carers, artists, researchers, scientists, health professionals and others to share their views, expertise, and experience, we develop and deliver innovative services and creative award-winning programmes, that improve research and lead to better diagnosis, treatments, and care. Ultimately, we want to improve the health and lives of people through relevant and inclusive research that includes the voices of everyone, equitably.

Based in Greater Manchester, Vocal works locally, nationally, and internationally to make a real difference to the future of health and research. We are a not-for-profit organisation, hosted by Manchester University NHS Foundation Trust in partnership with The University of Manchester. We pioneer a joined-up approach across GM NIHR infrastructure, ensuring a collaborative community of practice, economies of scale, and tailored approaches.

Our strategy for the next 5 years is applicable to all our partners and areas of work, in order to create a unified and impactful approach to working in partnership in health research. We are proud to work with a diversity of people and organisations, including, as a priority, the National Institute for Health Research (NIHR) Manchester Biomedical Research Centre (BRC) and NIHR Clinical Research Facility (CRF). You can see how our strategy is applied to our key BRC and CRF partnerships [here](#).

Our strategy has been co-created in partnership with Vocal's Black, Asian, Minority Ethnic Research Advisory Group (BRAG), and through a series of workshop discussions, with:

- 60 public and community partners.
- 11 young people, including members of Vocal's Voice Up Group.
- 35 researchers and research staff.
- An online consultation receiving 102 visits.

We've drawn on the learning from our work since 2017, which has:

- Integrated public, patient and community voices into health research priorities, design, and delivery – through creative and equitable practices of working together.

- Developed and implemented a strong focus on equality, diversity, and inclusion – by establishing close work relationships with minoritised people and groups, and as allies to amplify their voices in research.
- Increased capacity and confidence amongst researchers, research staff and public partners – through training, learning initiatives and peer support.
- Stimulated innovation and generated evidence about the value and impact of working together in research, inclusively – for example, the NIHR has highlighted aspects of our work as good practice.
- Raised awareness of health research and having a say in health research – including through our large-scale engagement campaigns.
- Influenced strategy and governance of large-scale programmes of research, and as part of research institutions.

We build on the Vocal vision and values that have previously (in 2019) been co-created with over 300 people – researchers, staff, communities, patients, and carers – including a majority of public partners from areas of GM with the highest levels of deprivation indicators:

- Everyone Matters
- Working Together
- Driving Excellence
- Innovating

Guidance provided by the NIHR, the [UK Standards for Public Involvement](#) and the [NIHR Race Equality Framework](#) for Public Involvement has also informed this strategy.

Our Strategy

1. Everyone Matters

Our collective aim is to work together inclusively so that health research can address health and social inequalities, ultimately providing the best evidence to inform better health and social care.

We adopt a social justice approach: partnership working in research should be equitable – in other words, fair, respect human rights and seek to shift existing power dynamics and hierarchies of knowledge to produce inclusive research.

Our focus is on equity: empowering people who might be minoritised or excluded by research. We acknowledge the health inequalities that exist in society, but simple acknowledgement has not helped to reduce this inequality. Achieving equity in research requires positive action.

Our priority is to promote and demonstrate inclusion in working together in research. We [already work with a wide variety of people](#) in research and we'll continue to

monitor and report on the demographics of who we're working with, to inform our strategic focus and approach. By collecting data in this way, we'll identify groups of people who remain excluded by research, and we'll prioritise their involvement through additional and targeted efforts.

Our approach acknowledges that everyone has their own unique experiences of discrimination and oppression, and we must consider everything and anything that can marginalise people, including age, gender identity, ethnicity, class, sexual orientation, physical ability, and geographical location.

Our focus on race equity is maintained through being guided by our BRAG partners.

What will be different in 5 years?

We can demonstrate that our work is inclusive across different protected characteristics and geographies and that the research we support addresses inequalities in its priorities, design, recruitment, and dissemination.



2. Working Together

2.1. Researching Together

[Working together is the bedrock of all that we do.](#)

Our ultimate ambition is that all home-grown GM and Northwest research is developed in partnership with people and communities, and its outcomes are invested back into the population through better health and social care.

We create and nurture a variety of working relationships and ways of working together towards common goals. Over the next 5 years, our Research Advisory Groups and Networks will grow in size and diversity.

We avoid working in separate silos. We collaborate and share learning across the vibrant and rich research, health and social care, community, civic and cultural heritage and assets in GM and the Northwest, as well as with national and international partners.

Our work centres on developing and flourishing communities of practice – that is, groups of people, including researchers, public contributors, and creative practitioners - who share a common concern and goal to create inclusive research.

As they are currently, all our public and community partners will continue to be valued for their time and expertise when working with us. This includes prompt (within a maximum of 2 months) payment and rates in line with NIHR guidance.

What will be different in 5 years?

We'll have strong relationships, founded in trust, with diverse communities around GM. We'll have further developed methods for working together for meaningful involvement in research and innovation. Tangible examples will demonstrate how working together has enhanced health research and its impact.

Everyone we work with can articulate how they've worked together in research and the potential benefit that this will bring to health and social care. As a result of working together, people feel valued, important, and included (across all our partnerships). In 5 years, we'll have worked with a greater number of people and organisations, in meaningful ways.

2.2. Governing Research Together

Shared decision-making is integrated at strategic, executive and governance functions of health research, as well as operational project and programme level.

We commit to facilitating shared decision-making in health research to enhance flexible, purposeful, and appropriate involvement, through non-tokenistic co-leadership which values varied expertise.

In these forums, professional and public contributors can confidently articulate their expertise and how it adds value to research.

We promote greater accountability, relevant research, and mutual trust through inclusion of a diversity of expertise, reciprocal respect and effective partnership working in research strategy, governance, and executive roles.

There is no expectation of “representativeness” in governing together: a breadth of voices is important, and everyone brings their own relevant experience, context, and background.

What will be different in 5 years?

People feel that decision-making in health research at all levels is transparent and have evidence of a range of accessible examples of collaborative decision-making.

3. Innovating

3.1. Innovating engagement & active involvement in research

Our imaginative engagement campaigns inspire and interest, building relationships between people and research. We focus on the assets of the people we’re aiming to reach and take proactive steps to connect with them, where they are.

We co-create accessible, clear, and relevant engagement campaigns and communications about research and how to have a say in research. Our approach to engagement is grounded in evidence about what works and what doesn't.

Our communications to professional audiences raise awareness of the value, principles, and practice of actively involving people in health research.

Our methods for working together will include a variety of innovative virtual and face-to-face approaches, which will be developed and defined with researchers and public contributors from the start.

We’ll support public contributors to move from being ‘engaged with’ to ‘actively involved in’ research; and from being actively involved, to further engaging others about research and having a say in research. In this way, we ‘close the loop’ between engagement and involvement and operate within a cycle of continuous improvement. This builds on our approach from 2017-2022 (see [“Innovating public engagement and patient involvement through strategic collaboration and practice”](#), 2019).

What will be different in 5 years?

As a result of relevant and effective engagement, people feel valued, included, and informed (“yes, that’s for me!”). How we work together in health research is increasingly recognised.

3.2. Innovating recruitment to research

We consider that effective recruitment to research studies cannot be considered in isolation and is dependent on a complexity of personal, systems-based, and contextual factors.

We offer our expertise to teams wanting to work collaboratively to help develop more inclusive recruitment practices, for example by analysing existing research processes and suggesting areas for development.

We aim to better understand the effect that working together in research can have on recruitment to research studies.

What will be different in 5 years?

We can better articulate the difference that working together makes to recruitment to research studies, and research partners feel more confident in inclusive recruitment practice.



4. Driving Excellence

4.1. Sharing our learning

We confidently demonstrate the difference that working together can make to research and to everyone involved.

We develop and apply robust ways to understand the changes that working together makes to research and to people's lives. We understand that these changes can occur in multiple and interlinked ways, for example:

- In relation to individual targeted research projects and studies.
- Across broad and large-scale programmes of research.
- As part of research culture and environments.
- At a personal level amongst researchers and research staff.
- At a personal level amongst public contributors including changes in confidence, agency, and skills.

Our [Evaluation Strategy](#) is rigorously applied across our portfolio.

We show leadership in applying methods to assess change, and sharing our learnings, contributing to the evidence-base and legacy for future collaborative relationships in health research.

At a project and programme level, we'll feedback on the difference that working together made to everyone involved.

We seek to understand and evidence the change(s) that working together in research makes. We've heard that the term 'impact' is often understood in a variety of ways (across all our partners), and we'll ensure clarity in our approach and language related to the impact of working together.

What will be different in 5 years?

Everyone associated with Vocal can articulate, and point to evidence showing, the differences that working together in research has made or can make.

4.2. Supporting excellent people

We support all our partners to work together effectively, through comprehensive, personalised, and co-created learning and development activities, online and in person.

We'll build on our strong foundations of working in clinical (hospital-based) research and develop a further focus on equipping people with the skills, knowledge, and networks to work together across all health research. We retain a focus on early phase, translational and non-clinical health research, that is: research that starts in the laboratory or relies on data and/or non-clinical settings.

Our strong focus on inclusion will be integrated into our training offer (for professional and public audiences).

Dedicated Vocal staff will work with researchers and public contributors, developing and maintaining relationships, communities of practice and effective ways of working together.

What will be different in 5 years?

Everyone we work with will have received training and/or support to work effectively together in research. People will feel more confident in their skills and agency to work together.

Work with us!

If you'd like to work with us, we'll discuss how to apply this strategy to our specific collaborative context. Together, we'll co-develop objectives and deliverables related to our strategy and your need, for a successful partnership.

We'll report progress against our strategy in our Annual Impact Report.

And finally...

We're excited to build on our strong foundations developed since 2017-2022, to push the boundaries, achievements, and practice of working together in health research over the next 5 years. Only through working together can we achieve better health improvements, for all.