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# **Lessons learnt: Conducting participatory research with older people**

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# Participatory Research Key Points



- Can be based on a continuum from consumerism to empowerment (Walker, 2007).

‘Most participatory research focuses on ‘knowledge for action’ [and emphasises]...a ‘bottom-up’ approach with a focus on locally defined priorities and local perspectives (Cornwall and Jewkes, 1995:1667)

- Fundamental within the participatory ‘process’ is the development of non-hierarchical empowering relations.
- Bottom-up approach does not compromise integrity of the academic researcher.



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# **An Account of a Participatory Project and the Lessons Learnt**

## Overall Aim



Using a participatory research method:

To identify ways of improving the delivery of social services to older people in a Dublin suburb and make practical and feasible recommendations on how these changes could be achieved.



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## **Who participated?**

- Community Group circa 10 members (approximately 8 meetings)
- 26 volunteers aged 60 and over (17 meetings)

## **Research Method**

- Compilation of a survey instrument developed in collaboration with the volunteers which was administered to 205 local community dwelling persons aged 60 years and over by the volunteers.
- Seven focus groups (33 people) with service providers and family members, neighbours or volunteers who delivered informal social care and support to older people in the community.

# Assessing Progress & Process



- ⑥ Non-hierarchical reflexive group meetings which sought to discuss volunteers' continued and changing impressions of the process.
- ⑥ Group discussion on project facilitated by community group member mid-way through project.
- ⑥ Research diary
- ⑥ One-to-one interviews (using time-line charts) with 5 volunteers at conclusions of the project.

# Motives for Involvement



- ⑥ Altruistic desire to help. Perceived the research as being of immediate practical value to them & their neighbours.
- ⑥ Personal benefits – acquire information on entitlements and age-specific services and improve services in the area
- ⑥ Social reasons and possibility of forming new friendships

# Devising the Questionnaire



Questionnaire compiled with the volunteers over 6 sessions.

33 questions

- ⑥ Background Information
- ⑥ Health care and practical services
- ⑥ Entitlements and benefits
- ⑥ Transport Services
- ⑥ Security
- ⑥ Help received from families and friends
- ⑥ Clubs and organisations



## Devising the Questionnaire (continued)



- ⑥ Enjoyable experience.
- ⑥ Informal process. Volunteers intimated that they felt comfortable discussing ideas.
- ⑥ Noticeable opening up of group by 3<sup>rd</sup> or 4<sup>th</sup> meeting.
- ⑥ Discordance between the volunteers' and research committees' opinions on number and length of questions.

# Data Gathering



Questionnaires collected in two stages:

1. Distributed to friends, neighbours and acquaintances
2. Distributed to persons identified by local service providers and the clergy (many housebound and as such sampling strategy targeted)

164 women and 41 men completed the questionnaire

- 16.6% - 60 – 69 years
- 46.3% - 70 -79 years
- 37.1 % 80+ years

# Data Gathering



- Most believed it was 'exciting' and 'different'

*'It's an attitude more than training you'd want, how you approach people, really I would say, open, chat to them and let them talk to you.'*

- Many wanted to only approach people they were already acquainted with.
- All the volunteers thought it was important to exercise discretion and were pleased that people could self-complete the questionnaire (n=160).
- Most enjoyed the social contact – with some spending over an hour talking with survey respondents.

## Data Gathering (continued)



- ⑥ Many potential survey respondents refused to answer the questionnaire.
- ⑥ Volunteers believed the motives for refusal included, suspicion, scepticism, secrecy, sensitivity about issues relating to social participation and health deficits or some believing they were too young and questionnaire not of relevance of them.
- ⑥ Led to extension of fieldwork by 6 weeks.

## Focus Groups



7 focus groups conducted with 33 local voluntary and statutory providers including:

- GPs
- Public Health Nurse
- Community Psychiatric Nurse
- Home Carer Assistants
- Informal Caregivers
- Religious Members of the Community
- Meals on Wheel Service Providers
- Order of Malta
- Crosscare - Carers Association

# Data Analysis



- ⑥ Six meeting with community group on write-up and analysis.
- ⑥ Community group commented on layout, content and structure of the draft report.
- ⑥ On production of final complete draft of report meeting held with the volunteers who provided final comments on the recommendations and content of the report



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## Data Analysis



Subsequent meeting with volunteers suggested:

- ⑥ Many believed they had contributed enough time already to the project:  
*'The like of us feel now, what we have done, the next crowd is coming in and should be doing more work, we did the ground work, and we'll see what comes out of it now'.*
- ⑥ It may have proved unwieldy to have been more involved in analysis:  
*'If you have five or six people talking about how to do it you'll never get it done, the thing is one person goes off and does it, and the others make the comments on it, if you had them all in a room, you'd never get it done, 'cause people feel they must make their contribution even though they'd be saying the same thing'.*
- ⑥ Some would have liked the meetings to continue in order to maintain friendships between the volunteers.



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## Final Stages & Outcomes



- ⑥ Launch of report in Feb '08 by Minister of Health
- ⑥ Sense of pride and belief that the research belonged to the community.
- ⑥ Commitment fostered among group to continue to do additional work in the area.
- ⑥ Desire to take action and implement the recommendations
- ⑥ Roll out of new community initiatives:
  - Creation of a visitation team
  - Roll-out of Friendly call service
  - Age ActionCare and Repair Services
  - Book club
  - Preliminary talks on the establishment of a community day care centre





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# Lessons Learnt



Pros	Cons
<p>Rewarding experience for volunteers and researchers</p> <p>Local knowledge required to develop questionnaire on activities and services</p> <p>Fostered community networks and pool of volunteers willing to work together to improve services in their area (Ongoing)</p> <p>Hard-to reach survey respondents identified.</p> <p>Community initiatives have been introduced as an outcome of the project</p>	<p>Power dynamics – Committee self – selected group</p> <p>Time and flexibility</p> <p>Extra administrative work</p> <p>Researchers Rights</p>



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# Lessons Learnt



<b>Pre-development Phase</b>	Time and flexibility Requisite skills
<b>Initiation</b>	Understanding of partnership process and power dynamics
<b>Project</b>	Systematic Evaluation from outset
<b>Completion</b>	How process influenced outcomes (knowledge for action)



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## Useful References



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