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Impact in Participatory Health Research

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1. Introduction

1.1 What is participatory health research?

Participatory health research (PHR) is a research paradigm (a set of underlying assumptions about the world and how it should be studied) with the primary underlying assumption that participation on the part of those whose lives or work are the subject of the study fundamentally affects all aspects of the research (ICPHR 2013, p. 5). This recognises the value of each person’s contribution in the co-creation of knowledge in a way that is practical, collaborative and empowering. The co-construction of knowledge through PHR advances a body of community research aligned with the needs, potentials and interests of those involved in health/public health and who are committed to addressing health inequalities. Grounded both in established methods and new and innovative approaches to data generation in social research, PHR is driven by social justice and knowledge democracy. The people engaged as active research partners may be patients or users of services, members of health-related interest groups or other communities of identity or place, health care or related practitioners, managers and policy-makers. The way people are engaged in the study is a process of shared critical enquiry. This is an end in itself and is the hallmark of PHR.

In PHR health is understood in its broadest sense and includes well-being and human flourishing. PHR may, therefore, cover a broad range of issues and topics, ranging from the spread of disease in populations to conditions for creating sustainable livelihoods in local neighbourhoods. It is informed by a rich variety of participatory research traditions from different countries and time periods. All of these traditions have their basis in broad social movements striving for a more democratic and inclusive society. Whilst there is a great diversity among these approaches in terms of nomenclature, terminology, intention, theory, process, and outcome (Wallerstein, Duran, Oetzel, Minkler, 2018; Cook et al 2017; Ismail 2009; Rocha & Aquiar 2003) unifying features include being “a means for achieving positive transformation in society” (ICPHR 2013). A common goal of participatory health research is to foster a collective process of active co-labouring and co-learning. The change that emerges is socially/collaboratively/relationally constructed, built through joint decision-making and research processes that enable people to link their theories, understandings and actions. Impact can occur at any point during the co-construction of knowledge.

1.2 Positioning impact in PHR

In many parts of the world, governments and research councils now expect applied research to go beyond being predominantly a tool for knowledge collection and for it to be more directly connected to a change process; to make a difference to communities; to have an impact. This movement is, however, accompanied by the dominance of specific ways of capturing and documenting that impact. Health sciences, including public health, are strongly influenced by the values and assumptions of evidence-based medicine and the associated ontological and epistemological underpinnings. In particular, quantitative measurement and other normative practices drawn from the natural sciences have come
to form an accepted and expected standard for conceptualising impact. This historical leaning towards certain forms of evidence has produced, as Holmes et al (2006) demonstrate, a normative expectation that acts as an exclusionary process in the contemporary scientific arena. Within PHR broad definitions of impact extend beyond reductionist frameworks towards a more expansive, comprehensive and inclusive approach for recognising and capturing the intended (and unintended) consequences of research.

1.3 Defining Impact in PHR

In this Position Paper we articulate a notion of impact that reflects the core values and nature of PHR, situating the discussion of what can be recognised as impact within the values and principles of the approach and recognising the different forms of impact such approaches foster.

**Impact is recognised as the many forms of change that occur with, within and for those who are engaging in the research as well as those changes that occur across the wider complex socio-ecological system or set of systems in which PHR is taking place. It occurs throughout the research process and continues after it is completed.**

The impact of PHR is the effect on individuals, groups of people, communities of practice, institutions and organisations as well as the relationships and the quality of the research process itself. This is a very practical form of impact and is an integral and essential part of the research endeavour. It is, however, grounded in differing social-political and cultural contexts and features deeply-rooted complex interactions, visible and invisible processes and unpredictable pathways to often unpredictable impact, over varying timescales. There is considerable argument over whether such changes are always readily recognised, articulated and accepted in the wider academic sphere (Cook et al: 2017; Jagosh et al: 2012; Cargo & Mercer: 2008).

1.4 Locating impact in PHR

Impact emerges from the process of researching together and the interactions amongst those involved. As Wadsworth (1998: 7) states, “there is not participation followed by research and then hopefully action. Instead there are countless tiny cycles of participatory reflection on action, learning about action and then new informed action which is in turn the subject of further reflection. Change does not happen at “the end”—it happens throughout.” Impact does not happen in distinct silos; it is co-dependent on other changes taking place in the wider ecosystem for the research and thus may occur across multiple domains: interpersonal, organisational, environmental, policy change. This overlapping and interweaving of process and action creates opportunities for impact to occur at any point on the research journey. Given its diversity in time and space it may be less consistently realised/recognised than impact generated from forms of research that deliberately produce outcomes at the end of a process. Of concern to us as participatory researchers is to locate and articulate the broad range of impacts facilitated through the PHR process.
As PHR is inherently relational (ICPHR Position Paper 1, 2013; Springett et al. 2011) some impacts of PHR are expected to be relational, resulting in changes in social relationships (e.g., reductions in power hierarchies), as well as critical understandings of what constitutes knowledge and how it is created. Partly due to this inherent relational nature of PHR, impact ripples out and takes place in different subsystems and levels as the process matures. Those affected include the people directly involved in the research, the local community or organisations in which the research is embedded, new and existing networks or relationships developed through the research, social and economic systems; policy systems and power structures, as well as the original health issues the research was designed to understand and address (Tricket and Beehler 2017).

1.5 Scale and impact

There is a tendency, particularly among academic researchers and research bodies/councils, to attribute higher value to larger scales of impact i.e., to ‘national’ over ‘local’, ‘wide reach’ over ‘deep’, ‘institutional’ over ‘personal’ and to legitimise certain social changes/impacts above others. In PHR impacts are recognised as important across macro and micro scales. This includes individual learning or attitudinal change as well as wider policy change in institutions and organisations. PHR considers personal change to be equal to, and a necessary attribute of, other forms of change. Change at one scale does not happen in isolation. Impacts are intrinsically linked and co-dependent. Without personal change (which includes change in those with lived experience, those whose work is affected by the research or those whose positions within organisations put them in a position that enables them to facilitate change) wider change is less likely to occur and less likely to occur in a meaningful way.

Some of the key impacts most often described in literature on participatory research are improved confidence, skill-development and self-esteem for people who are less experienced in engaging in research or making/having their voices heard. These personal impacts occur through the processes of co-developing the research approach, thinking and reflecting together and the experience of having influence and agency during the research. Such personal change is recognised for its intrinsic value as social empowerment. Although difficult to evaluate, social empowerment is defined by Wallerstein (1992) as people’s ability to act through collective participation by strengthening their organisational capacities, challenging power inequities and achieving outcomes on many reciprocal levels in different domains. She goes on to say how empowerment has also been demonstrated to be an important promoter of health.

Increased confidence, skills, and self-esteem can, however, increase the capacity for the research process to effect change more broadly. Honouring and respecting all knowledges can be transformative and profound for those who are involved. It can create a personal and collective imperative to go on to use that knowledge, to take action and have an impact in the immediate sphere and in other contexts beyond the intended reach of the original research.
The integration of personal meaning into its social context builds bridges for a broad range of research impact. When people from local communities are able to discuss, with confidence, the findings of their research with agencies such as local social service or health care providers, their voices act as a powerful catalyst for change. Building confidence is an impact, and it, in turn, creates change. Working together in PHR (collaborating) brings fresh perspectives to individuals, local groups and organisations; it has an impact on what can be seen and understood.

2. Journeying to impact: The drivers

Impact through PHR is embedded in a dialogical process of critical reflection in and on action. It is generated through collaborative exploration of community needs and issues. Whilst impact can be the end product of a research endeavour, in PHR impact is also realised over time, and within the project, as those involved reflect on actions taken and, evaluate them together. Finding out together, learning together, results in acting together. In this way the transformation of knowledge becomes inherent in the process of doing PHR. Thus learning together both produces impact and is an impact in itself.

In PHR the distinctions between process and outcome, as well as between theory, empirical research, and social action are blurred (Wadsworth 1998). They are “...interwoven together, produced in the same times and spaces, and by the same collaborators” (Pain et al, 2015, p5). Impact is not merely an outcome of PHR, it is inseparable from the ongoing cycles of “theory and action directed at the structures to be transformed” (Freire, 1970, p.126). A key challenge is identifying the mechanisms and pathways critical for countering health inequalities through PHR.

Below is a photograph of a mapping process undertaken to help us (members of the ICPHR) better understand the journeys taken to potential impacts in PHR and the drivers for that journey. It was produced in a workshop in Bielefeld, Germany (2015) where we gathered to initiate our discussions and deliberations on PHR and impact. Talking and drawing together acted as a communicative space, a process that revealed how members of the ICPHR understood the journey to impact and where the drivers for impact might be located. As in ‘real life’, the drawing presents a complex web of non-linear, ‘messy’ routes to impact connected to histories, values and activities and demonstrates the intermingled nature of PHR in action.
The drawing started from the theme of a river, winding its way from its source gathering new elements as it moves forward. The river is the thin black line on the drawing. The kidney shaped marks on the river are islands created by its movement on the way. Islands are spaces for resting, gathering thoughts, making sense of the knowledge generated and acting in that space, before moving on again. Connecting to and acting upon the activity of the river are the elements that support the development of democratic knowledge for change. Driven by the key values of PHR, a series of activities unfold in an iterative, broadly cyclical process that moves along wavy lines of co-constructed knowledge. These activities, or drivers for the journey to impact, although not linear in form, grow from the building of relationships.

2.1. Building relationships: facilitating communicative spaces

Creating change through PHR requires building relationships for, and through, a space where groups of people actively share concerns and passions about a topic: an ‘open communicative space’. In such spaces thoughts, ideas, issues or problems are opened up for discussion. People learn to experience their interaction as fostering the expression of diverse views rather than hiding away understandings that appear to contradict common consensus. The contributions made by those in a research grouping, regardless of the means through which that contribution is tabled, have to be given equal weight for discussion, thought and critique. A key trajectory to impact in PHR is, therefore, the facilitation of a space for this relationally based critical dialogue. It is a space where the heart and mind are not dichotomised but allowed to work together to drive change with, rather than despite, the involvement of people with diverse perspectives.

2.2 Challenging histories: perceptions of knowing

PHR is predicated on a belief in the capacity of people to build knowledge and transform their own lives and the spaces in which they live and work. This is the route to creating purposeful and meaningful impact. Perceptions of value and worth affect how people feel able to speak and speak out within groups. This holds the potential to silence or enable voices to be heard and affects the type of changes that can be made. Hierarchies for knowing have to be challenged as, without such challenge, change will be framed by the understandings of dominant knowledge holders. The nature of impact is as dependent on the previous history of relationships as it is contingent upon research context. Part of building relationships is, therefore, to enable a shared deconstruction of traditional understandings of expert knowledge and to allow ways of seeing to emerge that have historically been hidden. This requires openness, receptivity, sensibility and critical reflection upon the histories, limitations and blind spots of oneself and one’s own discourse.

2.3 Co-constructing knowledge: co-labouring and critical reflexivity

Listening to and using diverse knowledges from the multi-perspectives of those involved challenges us to consider the way we make sense of the world and what actions are
needed to improve situations. Destabilising and disrupting personal and collective ways of thinking affords space for participatory learning. Without new insights, new actions are likely to be shaped by understandings that fit within existing frameworks for thinking and acting. The status quo is likely to be maintained. Shifts in perception and knowledge are vital trajectories to meaningful impact.

In PHR the co-construction of knowledge through the shared, deliberative process of critical reflexivity is a key driver for producing new knowledge for action. When people become involved in co-labouring, they create spaces for understanding different ways to and for action. We use the term co-labouring to describe this activity, an activity that involves engaging in “…toil, distress, trouble: exertions of the faculties of the body or mind … an activity which is at times likely to be uncomfortable” (Sumara and Luce-Kapler, 1997:393). It is uncomfortable because it is where ‘mutually incompatible alternatives’ (Feyerabend 1975) are debated and wrestled with. Here people let go of some of their long-held beliefs and understanding to make room for new meanings. The purpose of this interruption in thinking is to “…enable and allow new directions to emerge; to enable diversity and multiplicity to work together to challenge the given, to recognise the nearly known and to support the creation of trustworthy, transformational knowing” (Cook, 2009:289). The combination of perceiving, knowing, critiquing and learning from multiple perspectives enables people to articulate notions of theory or practice that they may not have been able to recognise if their own perceptions had not been seen through the eyes of others; had not been critiqued through the ideas of others. The act of engaging in communicative discourse provides spaces for making tacit knowledge explicit to, and with, others. The unexpected nature of what can be known when ideas are revealed and tested in this way shapes new knowledge for change. Thus the process of PHR is a driver for impact. It fosters “conscientization” (or critical consciousness built on action) (Freire, 1970) and cycles of action/reflection/action. Making what is known tangible lays down a pathway for change. What is tangible is seen and can be acted upon.

2.4 Time and space: slow burn

At the start of a PHR project it is important that people have time and space to work together to really understand what might be the most relevant question(s) for them to research. It may well be that the group will come back to their initial question(s) several times as a process of learning about researching together, reframing the questions they wish to address in line with their developing knowledge and confidence. This strengthens the research focus and the way in which new knowledge is developed. Time for this work creates a driver for impact that addresses the real issues that affect the lives and work of those involved.

The deliberatively collaborative nature of PHR is ‘slow burn’. It builds impact at different times during the process. For critical reflexivity to happen, time and space must be built into a research plan; for talking together, thinking, re-thinking and changing our minds. Making time to return to issues in the light of new knowledge, to create multiple loops in a research process, shapes a recursive process where new strands of knowledge and learning can be unearthed and critiqued. New knowing through an iterative co-labouring
process creates the built-in transformational potential that externally devised and delivered, single-loop (as opposed to recursive) methods, positioned to collect rather than generate data, do not possess (Abma et al 2019:115). This is a key vehicle for the realisation of meaningful impact for communities.

2.5 Teamwork and partnership

Teamwork can lead to better coordination, synergy, and accountability, enhancing the impact and likelihood of success. Being part of meaningful teams can boost morale, improve overall sense of happiness, and result in more social capital. Local people's time spent on a project, and their unique skills and contributions, maximise the effectiveness of local resources. Their energies become focused on making the change happen. The passion for change can emerge quite strongly, moving people to act when previously they have not seen how or why they should do so (see Lather, 1986). The local knowledge created does not then need ‘translating’ or ‘mobilising’ into impact, the research process becomes a journey to impact in itself.

The process of forming community partnerships for engaging in PHR can give broader reach to impact. Building important relationships and partnerships among diverse groups of people with complementary knowledge, skills, competencies (and control over resources) helps people connect beyond the immediate context of the research. Drawing in those with power and influence to become part of the process has the potential to extend impact. When people co-labour who have unique roles and/or control over certain resources that can be shared and used—whether monetary, equipment, or other types of assets—this holds the potential to build on local impact, taking it to wider spheres.

2.6 Research design: not forgetting the fun

Whilst more traditional methods such as surveys, mapping, and comparative study designs for interventions can be participatory and motivational when shared decision-making, shared power, and shared knowledge creation is the hallmark of the manner in which these processes are enacted. In PHR we recognise the importance of designing processes for research that are, in and of themselves, motivational. Participatory researchers draw on a variety of creative methods such as photography, filmmaking, drawing, scrapbook making, poetry, forum theatre etc. to work together and motivate those who may be wary of traditional forms of research. Engaging with more creative approaches can provide a fertile context for shared learning and change processes that grow impact (Cook and Munn Giddings: 2016). They avoid the replaying of traditional research routes and expectations of what should happen in a research situation and what form outcomes will take. Embedding creativity, creative methods, and different forms of expression into research journeys holds the potential to generate data in different ways. They can reach beyond passive response process that can be pervasive in methods such as interviews, questionnaires etc. mobilising the imagination and commitment of those involved and ensuring the research makes a difference. It is a way of disrupting hierarchical and linear traditions and makes spaces for new voices to enter into, and enjoy, the research processes and shape impact.
When creative methods are drawn from the interests of those involved, this also builds relationships as people enjoy being engaged in the process together. Having fun is a powerful driver for working together. It creates conditions for enabling the co-labouring to happen en route to seeing, and accordingly acting, differently. Change happens when people are motivated to make it happen. An ethos of critical thinking, listening, and dialoguing that can be cultivated in more contextually familiar forms of data generation is a vehicle for building impact trajectories.

2.7 Values and theories: recognising equal legitimacies

The ontological and epistemological foundations of knowledge in the field of health have historically valued academic/professional expertise above local and lived experience. The privileging of such knowledges can be seen in literature reviews, research designs, and tools used to collect and analyse the data (Abma et al 2019). In PHR the reclaiming of indigenous knowledge and indigenous forms of knowledge has led to new discoveries and insights into human learning and development (Bang, Marin, and Medin, 2018). Not oppressing or obscuring local knowledges can challenge existing theory and practice and work to disrupt dominant knowledge paradigms, existing power structures and the status quo.

In PHR, those with embedded knowledge of customs, sensitivities, culture and language are involved in shaping the research processes. This engagement provides a space where different forms of knowledge can be surfaced and articulated. This way of engaging together is more likely to unearth questions that are of fundamental importance to communities, rather than to researchers who are external to the community. It is also more likely to find appropriate ways of asking pertinent questions that enable people to delve beneath common rhetoric, assumptions and well-rehearsed views. Enhanced relevance of the research question, design and process can be a direct impact of the participatory approach on the quality of the research.

Creating new spaces for voices to be heard has the potential to improve the quality of the research design as it creates more equal sharing of different types of knowledge and experience. Different and more relevant ways of engaging lead to collective ways of making meaning, impacting on the data analysis process which is ground-truthed and cross-checked by those directly involved (Pain et al 2015). This makes it more likely that PHR will get beyond stereotypes, challenge thinking, and produce research that, due to its local, embedded and relational positioning, generates meaningful impact within communities of practice. The recognition of the equal legitimacy of knowledges, practices, and evidence from communities of what may work, what may heal, and what is important for transformative change broadens what can be known and the process for knowing. Such change is impact.
3. Capturing and demonstrating Impact

PHR offers strong potential for multiple forms of impact to be produced during the research process as well as at the end of the research endeavour. There are certain hopes and expectations about what projects might bring, but we do not know what all the impacts will be at the outset, when or where impact will occur, or how widespread it might be. Some changes will be planned for as the intended impacts of a particular PHR effort, but others will be unintended or unanticipated changes that emerge as people work together in a process of critical reflection and action. The complexity of the process affects how and whether impact is recognised and how evidence of impact is accumulated.

Capturing the ‘nonlinear chains and complex interdependencies of causation’, necessitates a focus on processes as well as outcomes (Greenhalgh et al 2016). The activity of capturing and documenting wider forms of impact remains under-represented in published accounts of research evidence (Abma et al, 2017; Cook et al 2017; Springett, 2017; Reed 2016; Pain et al 2015; Greenhalgh and Fahy 2015). For many of us, in our work places there has been a move to gather evidence of impact in ways that prioritise tangible and measurable outcomes. This has moved institutional/organisational discussions on impact away from thoughtful consideration of the complexity and richness of research and where it may occur, to a narrower, framework-led process. Externally devised standardised mechanisms for capturing impact can fail to recognise how change is generated both through PHR and outside/beyond it, and how indicators of that change can be derived during, and from, the processes of PHR.

In PHR the complexity and diversity of impact means that a range of approaches, qualitative and quantitative, traditional and creative, can be relevant. Impact that has been woven through the research process can, however, due to its gradual/incremental emergence, sometimes be difficult to see through commonly used approaches and/or by those most closely engaged in a project. The relevance of research activity, its impact, may also not be recognised at the time of a happening, its meaning only being determined over a longer timescale, which is a particular challenge for the gathering of evidence. The term ‘measure’ for instance, suggests that a change is necessarily of a dimension that allows for a metric approach, but this is only one form of determining impact. Measurement of singular, expected changes or large-scale impacts can lose sight of the necessary incremental changes that lead to impact, hence undervalue those changes and this form of research. Impacts are rarely singular and discrete. Our challenge is to find ways of addressing the dominance of a positivist science in certain sectors, which elevate one particular lens for recognising impact. We now turn our attention to the importance of capturing all forms of impact wherever they occur within (and ripple out beyond) the nonlinear chains and complex mechanisms of PHR.

Diverse impacts call for different means of demonstration that are context-specific and jointly agreed (Pain et al 2015 p9). We use the term ‘demonstrate’ rather than ‘measure’ as it broadens the scope for accessing and assessing impact. The terminology of evidence, the words we use (such as measuring, demonstrating, detecting), give rise to what can be known. There is no grand narrative that simplifies how to demonstrate and
document impact. Elevating one approach to capturing impact above others will miss other forms of impact, such as changes in thinking, that are likely to occur though critical and collaborative forms of research such as PHR.

Returning to the primary underlying assumption of PHR, that participation on the part of those whose lives or work is the subject of the study fundamentally affects all aspects of the research (ICPHR 2013), the recognition of impact wherever it might occur in the process, however it manifests itself and for whom, needs to be forged through collective endeavour. The priority is to document what difference PHR has made, whatever shape or form those differences manifest themselves, and wherever they occur, in a way that is significant and useful to those who have worked together to build a meaningful research endeavour and for those who may benefit from the ripple effects of such research. A key challenge for PHR is the identification of all forms of impact that arise from a dialectically based, collaborative process that creates predicted and serendipitous impact in different time scales within and beyond the research and across varied and multiple social/economic platforms.

3.1. Forms of evidence

There are many different forms of evidence that document impact on individuals and organisations, both during, and at the end of research. These include, but are not limited to:

- changes made to research protocols;
- minutes of meetings documenting how experience and knowledge have been used;
- external indicators and indicators devised collectively through the research process;
- narratives of the project journey;
- stories of how people have made individual changes as a result of involvement;
- narratives of surprise;
- explorations of the unexpected;
- reports accounting the changes made in thinking and acting across all those involved (and the ripple effect) as a result of engaging in PHR.

Different forms of evidence are needed to document different forms of impact. The different spaces for impact alongside the proliferation of unexpected impacts provides a challenge for building an evidence trail in PHR. For the most part, we only know we have serendipitous impact when we look backwards; when we can see traces of the past within projects that have led to these unexpected outcomes. The issue is that we do not recognise what evidence we could have been collecting throughout a project to be able to demonstrate (unexpected) impact. As in any other form of research, in PHR collecting evidence of the serendipitous alongside the expected impact can be planned for. To be sensitised to impact throughout the design and implementation of PHR requires us to envision potential impacts arising throughout the project at the outset and to design sensitive and malleable ways of capturing changing processes and actions across the lifetime of a project. One way of ensuring evidence is collected along the course of the project is to explicitly integrate this into the everyday processes of the project as a formative participatory evaluation. Collecting ‘data’, accounts of what is happening during
the PHR process, the story, provides a narrative of change that enables researchers to show and legitimate impact, to identify and capture evidence of different forms of impact. Ongoing accounts allow for the location of where change occurs throughout the PHR process and document who is affected by that change and how. For example, evidence illustrating the evolution of research designs, which may occur as a result of involvement from people with many different perspectives; evidence exhibiting changes in the way that the research is conducted, made as a result of diverse contributions from people with different types of knowledge and experience. These sorts of impact are also reflected in changes made to research protocols, minutes of meetings taken during the process and reports accounting the changes made in organisations as a result of partnership working. The usual forms of documentation held in organisations can contain indicators and evidence of changes in thinking and acting, of impact.

3.2 The value of integrated/situated processes

One way of ensuring evidence is collected along the course of a PHR project is to explicitly integrate this into the everyday processes of the project as a formative participatory evaluation. Participatory research already offers mechanisms for the ongoing collection of evidence of impact. For example, stories and anecdotes of change are part of the everyday business of PHR. They create and demonstrate understandings and reveal incremental and ongoing transformations. Ongoing narratives hold the potential, therefore, to capture impact as it occurs and are a means for recognising and demonstrating change. A narrative of the project can hold the evidence of impact, even when not recognised at the time. If these stories are not captured and documented the evidence is lost, particularly when the process involves slow-burn and/or serendipitous impacts that only have meaning in retrospect.

Cumulative impacts are also reflected in changes made to research protocols, minutes of meetings taken during the process and reports accounting the changes made in organisations as a result of partnership working.

3.3 The use of models

Various models of the complex and fluid processes of participatory approaches to health research have been produced. These can be helpful in supporting participatory researchers to both recognise and articulate the spaces for impact (see for example Oetzel et al 2018; Ward et al 2018: Greenhalgh et al 2016, Cacari-Stone et al 2014; Wallerstein et al in press). They can also be helpful when thinking about where and when impact may occur and constructing logical and appropriate ways, in line with the values of PHR, for identifying and documenting that impact. It is important, however, that central questions about what guides our work—how we position ourselves and our work for different players/stakeholders and different contexts/situations—are in alignment. Models and methods can be useful only when they are in synergy with our local context for the research, when they inform and articulate based on the espoused values of that work and allow for diversification and the unexpected.
4. Final notes

This Position Paper is a snapshot in time. It reflects the co-labouring of people with experience in PHR in a range of contexts and cultures and from different continents. We (members of the ICPHR) have, in the production of this Position Paper, considered collaboratively, critically and recursively the elements that facilitate or hinder impact in our work. We have looked back at the key process elements, and through the articulation of those processes we can see the logical progressions and interruptions that inform the nature of impact and journeys to impact. Returning to the central elements of our work, the intent of the work and the values that guide it, helps us begin to flesh out where there are challenges and opportunities for ensuring that impact arises through democratic research processes for addressing health inequalities and that it is captured as such. Our understandings will develop over time, based on local, national and international experience.

This Position Paper can be read in conjunction with two collections of papers on the impact of PHR for addressing health inequalities:


A summary of this Position Paper can be found on the ICPHR website.
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