Impact in Participatory Health Research
Summary Paper

This is a summary of Position Paper 3: Impact in Participatory Health Research, Version: March 2020 of the International Collaboration for Participatory Health Research.

1. INTRODUCTION

1.1 What is participatory Health Research
Participatory health research (PHR) is a research paradigm 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).

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. Within PHR broad definitions of impact extend towards an expansive, comprehensive and inclusive approach for recognising and capturing the intended (and unintended) consequences of research.

1.3 Defining Impact in PHR
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 a 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. It is 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.

1.4 Locating impact in PHR
Impact emerges from the process of researching together; the interactions amongst 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. The overlapping and interweaving of process and action in PHR creates opportunities for impact to occur at any point on the research journey and for it to ripple out and take place in different subsystems and levels as the process matures.

1.5 Scale and impact
In PHR it is not assumed that some scales of impact have more value than others. PHR sees personal change (changes in confidence, knowledge and action in an individual) to be equal to, and a necessary attribute of, other forms of change. Without personal change wider impact is less likely to occur, and less likely to occur in a meaningful way.

2. JOURNEYING TO IMPACT
Impact is realised over time as the series of activities within PHR unfolding in an iterative, broadly cyclical process that become the journey to impact.

2.1 Building relationships: facilitating communicative spaces
A key trajectory to impact in PHR is the facilitation of a space for relationally based critical dialogue: the communicative space. This space drives change with, rather than despite, the involvement of people with diverse perspectives and ways of presenting those perspectives.

2.2 Challenging histories: perceptions of knowing
Part of building relationships is 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. 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 change that can be made.

2.3 Values and theories: recognising equal legitimacies
In PHR, the engagement of those with embedded knowledge of customs, sensitivities, culture and language in shaping the research processes provides a space where different forms of knowledge can be surfaced and articulated. 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.

2.4 Co-constructing knowledge: co-labouring and critical reflexivity
In PHR, co-labouring (listening to, engaging with and using diverse knowledges from the multi-perspectives of those involved) challenges the ways in which we make sense of the world and what actions improve situations. Without new insights, new actions are likely to be shaped by understandings that fit within existing frameworks for thinking and acting. Shifts in perception and knowledge are vital trajectories to meaningful impact.
2.5 Time and space: slow burn
Elevating the need for time and space creates a driver for impact with the potential to address the real issues that affect the lives and work of those involved. Time and space for a range of people to work together strengthens the research focus and processes.

The deliberatively collaborative nature of PHR is ‘slow burn’. It builds impact at different times during the process. 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. This is a key activity for the realisation of meaningful impact for communities.

2.6 Teamwork and partnership
Teamwork can improve coordination, synergy, and accountability, enhancing the impact and likelihood of success of a research endeavour. 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 change happen in the light of shared, new knowledge. Personal and group commitment to the new knowledge creates momentum for broader/wider and lasting change.

2.7 Research design: not forgetting the fun
Creative approaches can provide a fertile context for shared learning and change processes that grow impact. They can avoid the replaying of traditional research routes and expectations of what should happen in a research situation and what form outcomes will take. They can disrupt hierarchical and linear traditions and make spaces for new voices to enter into, and enjoy, the research processes and shape impact. Having fun is a powerful driver for working together.

3. CAPTURING AND DEMONSTRATING IMPACT
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.

Impact woven through a research process can, due to its gradual/incremental emergence, sometimes be difficult to capture through commonly used, standardised approaches for demonstrating change. It can also happen without recognition as impact by those most closely engaged in a project. This is especially when incremental change becomes assimilated as a natural progression. Not articulating such impacts obscures the value of such changes and indeed the value of this form of research.

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. Concentrating on measuring singular, or expected change, or large scale impacts, can lose sight of the necessary incremental changes that lead to impact. This undervalues those changes and the vital role they play. Our priority is to document the difference PHR has made for those involved,
whatever shape or form those difference manifest themselves, in ways that are meaningful to those who have worked together to build a change-based research endeavour.

3.1 Forms of evidence
Diverse impacts call for context-specific and jointly agreed ways of demonstrating impact. We use the term ‘demonstrate’ rather than ‘measure’ as it broadens the scope for accessing and assessing impact. Many different forms of evidence can demonstrate 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;
- the production of films and other visual/aural forms of representation;
- stories of how people have made individual changes as a result of involvement;
- narratives of surprise;
- explorations of the unexpected;
- embedded evaluative processes;
- reports accounting the changes made in thinking and acting across all those involved (and the ripple effect) as a result of engaging in PHR

3.2 The value of integrated/situated processes
For incremental impact to be identified, documentation needs to start at the outset of a PHR process. It is not merely an end of project occurrence. Ongoing documentation helps articulate knowledge as it is formed and acts as a springboard for further change.

PHR already offers mechanisms for the ongoing collection of evidence of impact. Stories and anecdotes of change are part of the everyday business of PHR and allow for the location of change as it occurs throughout the PHR process, illuminating who is affected by the process and how. 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
External models of the complex and fluid processes of participatory approaches to health research can be helpful when thinking about where and when impact may occur (see for example Oetzel et al 2018; Greenhalgh et al 2016, Cacari-Stone et al 2014). It is important however that the use of such models does not fix our work but serves to illuminate the central questions about what guides our work to impact, how we position ourselves and our work for different players/stakeholders, and that different contexts/situations, are in alignment.
4. FINAL NOTES

This Position Paper reflects the co-labouring of people with experience in PHR in a range of contexts and cultures and from different continents. It is a snapshot in time and credence should be given to the fact that understandings will develop further based on local, national and international experience and knowledge creation.

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