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**Lessons from a Community-Based Participatory Research Project**

**– Older People’s and Researchers’ Reflections**

Due to be published in *Research on Aging*, 2010

**Abstract**

The ethical and practical importance of actively involving older people in the

research process is increasingly articulated in the gerontology literature. This

article contributes to the literature by outlining a community-based participatory

research project that centered on the design and administration of

a questionnaire exploring older people’s use and perceptions of community

services. The authors discuss both older adults’ and the researchers’ views

of the participatory process. The key lessons and challenges that emerged

from the research are analyzed using the nine principles of community-based

participatory research outlined by Israel et al. The authors question whether

older people in all instances seek extensive involvement in all aspects of

participatory projects and raise a number of questions that require further

analysis before a robust and viable understanding of participatory research

that safeguards against the tokenistic involvement of older people can be

developed.

**Keywords**

older people, community-based participatory research, partnership, power

Many labels have been applied to research projects that enlist the participation

and involvement of laypeople in the research process. These include

collaborative action research, action inquiry, participatory action research,

and community-based participatory research (CBPR; Minkler and Wallerstein

2003). Although each of these approaches may be qualitatively different,

they all share a central ethos: As Israel (1998) stated, “each is

explicitly committed to conducting research that will benefit the participants

either through direct intervention or by using the results to inform

action for change” (p. 175). As such, these approaches distance themselves

from the traditional model of research, which demarcates the researcher (as

the person of knowledge) from the researched (the research subject). They

argue that research should be conducted from the perspective of those

immediately concerned by the issues being investigated, rather than through

the lens of researchers’ preconceptions and priorities (Cornwall and Jewkes

1995). Many of the participatory approaches were inspired by the philosophy

and work of the Brazilian educator Paulo Freire (1970, 1973), who

sought to question and realign accepted power imbalances by emphasizing

egalitarian relationships and focusing on the empowerment of the

disadvantaged. The tradition also evolved from the work of feminist theorists,

poststructuralists, and Marxist critical theorists (Wallerstein and

Duran 2003).

In contrast to conventional research, in which inappropriate recommendations

have frequently followed from a failure to take account of local

priorities, “most participatory research focuses on ‘knowledge for action’

[and emphasizes] . . . a ‘bottom-up’ approach with a focus on locally defined

priorities and local perspectives” (Cornwall and Jewkes 1995:1667). Such a

bottom-up approach does not compromise the integrity of the academic

researcher nor mean that the professional skills of the academic researcher

become redundant. As Osborn and Willcocks (1990) advanced, researchers

engaged in CBPR should “investigate rigorously, interpret honestly and

report fairly” (p. 193). The current research project, although not meeting all

the criteria for CBPR, can nonetheless be classified as such. As Israel et al.

(1998, 2003) and Minkler and Wallerstein (2003) noted, the principles of

CBPR exist along a continuum: Individual projects, while striving to meet

as many of these criteria as possible, may achieve only a small number of

them (Israel el al. 1998). The nine principles of CBPR, as advanced by Israel

et al. (1998:178-180), are to

1. recognize a community as a shared unit;

2. build on strengths and resources within the community;

3. facilitate collaborative, equitable involvement in all phases of the

research;

4. integrate knowledge and action for the mutual benefit of all partners;

5. promote a colearning and empowering process that attends to

social inequalities;

6. facilitate a cyclical and iterative process;

7. address health from both positive and ecological perspectives;

8. disseminate findings and knowledge gained to all partners; and

9. foster a long-term commitment by all partners.

The distribution of power and the empowerment of research participants

are of central concern in CBPR: It seeks to empower participants by enabling

them to identify issues of relevance and possible solutions to the problems

they perceive. Barnes and Walker (1998) emphasized the importance of selfempowerment

and highlighted that empowerment in one area does not necessarily

translate to empowerment in all aspects of an older person’s life.

Empowerment, they argued, relates to broader sociopolitical and economic

processes within society in general. Empowerment is therefore an elusive

and complex concept: It is difficult for researchers to deem whether it has

been attained or not. To develop nonhierarchical, empowering relationships,

a researcher engaging in the participatory process also has to equip himself

or herself with a suite of skills not required in conventional research (Dewar

2005; Stoeker 1999; Tetley and Hanson 2000).

Increasingly, social gerontology literature emphasizes the positive aspects

of older people’s participation in research (Martinson and Minkler 2000;

Peace 2002; Ray 2007). Apart from the ethical value of promoting autonomy

and recognizing the abilities and skills of older people (Walker 2007), participatory

research has a number of practical advantages. It allows older

people to assess the utility and relevance of particular projects and initiatives

in the light of their needs (Davies and Nolan 2003). It seeks to

empower them, strengthen community networks (Cornwall and Jewkes 1995),

and increase the utility of research findings, thereby also creating the researchpractice

interface. Furthermore, its adoption can give added credibility to

research findings in the community to which they relate (Cornwall and

Jewkes 1995).

The involvement of older people in the research process can be viewed

along a continuum, from service-user informant to research analyst or, as

Walker (2007) posited, a continuum between consumerism and empowerment.

The former, which is more common in the literature (Fudge, Wolfe, and

McKevitt 2007), usually amounts to an older person’s acting as a research

informant, offering his or her perspective either via an interview or as a participant

on an advisory panel (Beresford 2003; Walker 2007). Such an

approach, it is argued, generally does little to alter the distribution of power

(Beresford 2003; Cornwall and Gaventa 2000). Involvement at this level is

often tokenistic, or as Carter and Beresford (2000) pointed out, used as

“window dressing for decisions that have really already been made to give an

artificial appearance of involvement” (p. 12). It is argued that much of this

research has a negligible impact on the daily lives of the older people themselves

and instead has “frequently resulted in service users acting as unpaid

advisers and informants” (Carter and Beresford 2000:15). At the other end of

the spectrum, CBPR seeks to empower participants by giving them (co)ownership

of the research process. In such instances, the researchers act as facilitators,

helping transform the participants from passive subjects of the research project

to actors and owners of the project, determining their own agenda, designing

the project, and analyzing the results. With some notable exceptions (e.g.,

Barnes and Bennett 1998; Cook, Maltby, and Warren 2003; Dickson 2000;

Joseph Rowntree Foundation

2004; Peace 1999), this approach is less common.

A noticeable deficiency in the participatory research literature is the lack

of exploration of older people’s perceptions of involvement in the process.

This is highlighted by Fudge et al. (2007), who conducted an extensive literature

review that aimed to explore the scope and extent of older people’s

involvement in health research over the past 10 years. Of the 2,492 citations

identified, only 30 met the inclusion criteria of following the basic tenets of

participatory research. They noted the absence of evaluations of the research

process from the perspective of older people and how their involvement

altered the research process or outcomes. Another deficiency in the literature

relates to the analysis of the process from the perspective of researchers.

Israel et al. (1998) referred to this issue and called on researchers to document

the challenges they encountered and the factors that are conducive to

the success of the approach. Furthermore, they suggested that such reflective

exercises be centered on the nine principles of CBPR outlined above.

On the basis of the findings of a community-based participatory project conducted

in Dublin, Ireland, between January and October 2007, we aim in the

remainder of this article to outline the key lessons and challenges that emerged

from the application of a CBPR approach. We focus on the participants’ evaluations

of the participatory approach, while recounting the researchers’ reflections

on the process and the key challenges encountered. Following the recommendation

by Israel et al. (1998), our reflections are organized under the nine

principles of CBPR. We begin the discussion by outlining the background

and design of the project.

**Background**

The research project was conceived in 2006 by a group of informal caregivers

and voluntary and statutory service providers involved in the provision of services

for older people in a Dublin suburb. This group of about 10 people

(hereafter called the committee) formed a community initiative whose objective

was to bring about improvements in the services and supports for older

people in their local area. Committee members either resided or were employed

within a small geographical area, which became the boundary for the study.

The overall population of this geographical area is slightly under 18,000, of

whom about 3,000 are aged 60 years or older. This 18% of the population

within the area were the main “target group” of the CBPR project.

In December 2006, the committee acquired funding to employ an external

research team to coordinate a community-based participatory project. The

main aims of the project were to (1) explore the issues of concern to older

people, (2) ascertain older people’s opinions on the availability and quality of

local services, and (3) establish whether existing services were being used to

their full potential. Because the key target group were adults aged 60 years

and older, the participation of local community members in this age group was

seen as a fundamental prerequisite to the success of the project. The committee

and members of the local Roman Catholic clergy publicized the research

in the community and approached a range of community groups to enlist their

participation in the research project. As a result, 26 older adults indicated their

willingness to become involved. The “volunteers” were therefore a self-selected

group of older adults who lived within the geographical boundary of

the research study. A core group of 15 to 20 remained involved throughout the

project. Involvement was particularly intense during the fieldwork stage,

when several volunteers contributed between four and five hours per week to

the project. A small number dropped out of the research process after the first

group meeting. Their decisions not to remain in the project were not explored,

but in retrospect, it would have been useful to identify potential barriers that

inhibited their involvement. Possible barriers identified by Fudge et al. (2007)

are “research skills capacity, ill health, time and resources” (p. 498). Other

barriers contributing to attrition cited by Warren et al. (2003:25) include self effacement,

deference to professionals, and a lack of confidence.

The stipulation in the research contract that ownership and direction of

the project lay ultimately in the hands of the committee severely limited the

applicability of the CBPR ethos to all aspects of the research. As members of

the community, they were legitimate actors within the CBPR project; however,

the vast majority did not belong to the community under study, that is,

persons aged 60 years and older. Although this makes the current assessment

of the project somewhat problematic, we believe that (for this very reason) it

has yielded a number of interesting lessons and that the following exploration

of the research process will prove useful to other researchers intending

to adopt a CBPR approach.

*Research Design*

The study adopted a two-pronged research design. The first strand of the

research consisted of the administration of a questionnaire to 205 adults aged

60 years and older. The second strand consisted of seven focus groups involving

local service providers, informal caregivers, and persons delivering social

care or support to older people in the community.1

The volunteers, the committee, and the researchers worked collaboratively

on the first strand of the research: questionnaire design and administration.

The volunteers completed an afternoon training session on administering the

questionnaire and interviewer conduct. The possibility of role-playing the

administration of the questionnaire was offered but declined by the majority.

Data collection was mainly conducted by the volunteers, although the lead

author-researcher and the committee also participated in data gathering. Two

data-gathering strategies were adopted. First, the volunteers distributed the

questionnaires to friends, neighbors, and acquaintances. Second, members of

the committee, clergy, and local service providers identified willing survey

respondents whose contact details were subsequently passed (via the researchers)

to the volunteers. On the suggestion of the volunteers, survey respondents

were given the option of self-completion. The majority, 78%, chose this option,

while the remainder completed the questionnaire with a volunteer. The initial

target was to complete 250 questionnaires, but because of time constraints,

data gathering concluded when 205 had been completed.

The focus groups, the second strand of the research, were conducted by

the lead researcher in collaboration with the committee, which identified

focus group attendees. Participants in the focus groups included local service

providers and informal caregivers. The purpose of these meetings was to hear

their concerns about services for older people in the area. Analysis of the

questionnaire and focus group transcripts was conducted by the lead researcher

in conjunction with the committee, which received working drafts of

the report throughout the data-analysis process. Two letters informing the

volunteers of research progress were mailed out over this period. On the production

of the final draft report, a meeting of the researchers, volunteers, and

the committee was convened. At this meeting, the volunteers were invited to

comment on the report. They intimated their satisfaction, and few changes

were made to the report on the basis of this meeting. The committee signed off

on the final version of the manuscript in late 2007. It was launched by the minister

of health to an audience of approximately 150 people in February 2008.

*Outcomes*

Shortly after the production of the final report, the committee, in conjunction

with a number of the volunteers, took active steps to implement several of the

recommendations advanced in the report. Among the initiatives introduced

were a temporary day care center, a visitation team, and a seniors’ telephone

support service. At the time of the writing of this article, the possibilities of

creating a book club and introducing a plan that would offer household repairs

to older people in the local area were being explored. Each of these initiatives

had been identified as important in both the survey and the focus group data.

**Reflections on the Process**

In the remainder of this article, we focus on the research process from the

perspectives of the older adult volunteers and the researchers. The discussion

relating to the researchers’ reflections is based largely on research

fieldwork notes compiled by the lead researcher after each of the 26 research

meetings held either with the volunteers or with the committee. The discussion

relating to the volunteers’ perceptions is based on an analysis of 18

volunteer and researcher group meetings and five one-on-one interviews

with the volunteers held at the conclusion of the project (all of which were

recorded and transcribed).

**Researchers’ Reflections on the Process**

*Principle 1: To Recognize a Community as a Shared Unit*

As Sullivan et al. (2003) attested, defining and representing the “community”

within a CBPR project can be challenging. Israel et al. (2003)

referred to a community as a group of individuals with a shared identity: It

is “characterized by a sense of identification and emotional connection to

other members, common symbol systems, shared values and norms” (p. 55).

As such, it is an elusive concept and one that is difficult to operationalize.

The current research provides an illustration of this difficulty. Categorizing

all persons aged 60 years and older within the specified geographical

boundary as a community was problematic. Many who fulfilled the age

criteria believed that the research was not applicable to them, because they

were not in need of additional support or were content with their current

levels of social participation. Instead, they believed that the research was

more applicable to socially isolated and marginalized older people. Therefore,

it can be debated whether we should have limited the target population

or the community under study to those who could be characterized as

socially isolated, disempowered, and in receipt of inadequate services. If

so, it is questionable whether this group of highly disadvantaged and marginalized

individuals would have been willing to or capable of participating

in data collection. Although in this project, the volunteers acted as a

“proxy” to these populations, it is necessary to ask whether this is acceptable

and whether our definition of the community was too broad. Many

other CBPR projects are likely to encounter similar issues, and resolving

these successfully may require extensive investment in building up the

capacities of marginalized populations to participate. This may involve

both services such as transportation (e.g., to enable individuals with mobility

difficulties to participate) and supports such as interpretation and

training in interviewing skills.

The community in the current study was defined as the approximately

3,000 residents aged 60 years and older living within the geographical

boundaries of the study. However, the representativeness of this community

within the quantitative strand of the research was problematic. Convenience

sampling was necessitated by the desire to respect the volunteers’ decision

that they would not “cold call” potential survey respondents. This would

have been a necessary component of a random sampling strategy in Ireland,

where the only available sampling frame is a “geodirectory” that lists

and maps dwellings but does not contain the ages of the inhabitants of the

dwellings. Qualitative methods were viewed as too time-consuming and

would not have enabled the collection of data from over 200 people. Methodologically,

this was a challenge, which leads us to question whether

validity and reliability concerns should be as central to CBPR as they are

in “conventional” research. Is a departure from these principles justifiable

on the grounds of the greater good(s) that can be achieved with the help

of the participatory approach? Can participatory research be methodologically

“untidy,” and can “orthodox” notions of validity and reliability

be compromised?

*Principle 2: Build on Strengths and Resources Within the Community*

The long-term participation of almost 40 volunteers who worked alongside

the research team as partners was one of the biggest successes of the project.

Members of the clergy participated as research volunteers and permitted the

research team to hold meetings in their offices. The lead organizers of existing

social community groups became involved by disseminating questionnaires

and information on the project and taking part in the focus groups. A range of

service providers (including Meals on Wheels providers, home care organizations,

and general practitioners) took part in the focus groups and played an

instrumental role in identifying difficult-to-research, socially isolated clients

who could take part in the research. The inclusion of these people within the

research is attributable to the adoption of the CBPR approach. It is highly

unlikely that the service providers would have so readily and freely provided

their assistance to the project had it not been based on the principles of CBPR.

*Principle 3: Facilitate Collaborative, Equitable*

*Involvement in All Phases of the Research*

At all times, the researchers were cognizant of the importance of devolving

power, leveling any preexisting (presumed or actual) hierarchies, and working

with the volunteers as coresearchers. This was a formidable challenge

because it required that the volunteers renegotiate their role and ideally lead

the process while seeking assistance from the researchers acting as facilitators.

In reality, this reversal of roles did not take place to the extent that the

researchers would have aspired. Although the meetings became progressively

nonhierarchical, with the volunteers leading much of the discussion,

there was always the assumption that the lead researcher would chair and

steer the meetings. This may be an acceptable arrangement and perhaps one

with which the volunteers were satisfied, but the use of innovative participatory

group techniques, such as those used by other disciplines adopting the

participatory approach (see, e.g., Chambers 1994) or advanced by Becker,

Israel, and Allen (2005) might have encouraged and enabled some of the

volunteers to take on a leadership role.

This also raises the question of whether older people and academics place

similar importance on levels of participation within CBPR. The experiences

gleaned from this project indicate that not all older people want to become

“researchers” and work intensely during all stages of the process. Had the

volunteers democratically nominated the committee members to work on

their behalf, the power dynamics in the current project arguably might have

been acceptable. However, this was not the case. The fact that the committee

was a self-selected group constituted a major weakness of the project. Nonetheless,

the older volunteers had agreed at the outset that their involvement

would be greatest during the data-gathering stage, and it seems they were

happy with this arrangement. Our experience suggests that many older people

may prefer to participate around the midpoint of the participation spectrum.

Their main priority was not to have extensive involvement in all aspects of

the research but instead the translation of the research results into actions.

Hence, we believe that it is important to question the “gold standard” of participatory

research, whereby high levels of involvement of older people in all

aspects of the research are seen as preferable. We must question whether this

is a standard that has been articulated by academic researchers, or older

people themselves. Rather than strive for the full participation of older people

in all aspects of the research process, we believe that a greater emphasis on

the sharing of knowledge in all phases of the research (rather than the sharing

of research tasks) may be more appealing to a large population of older

people. The role of older people could therefore vary, within the same project,

from that of a coresearcher to research consultant and advisor.

*Principle 4: Integrate Knowledge and Action*

*for the Mutual Benefit of All Partners*

The adoption of a CBPR approach mobilized both the volunteers and the

committee to take action and bring about improvements in social supports for

older people in the area. This mobilization would not have occurred in a conventional

research project and highlights one of the central benefits of CBPR,

namely, how knowledge acquired through research can inform and promote

practical interventions on the ground. From the outset, the participants emphasized

the importance of formulating outcome-focused research questions

for both the questionnaire and focus groups. They shared the common objective

of improving community and social supports and providing tangible

improvements in the area of services for older people. The volunteers perceived

the research as being of immediate practical value to them and their

older neighbors and friends. They welcomed the opportunity to ascertain the

opinions of fellow residents in a systematic manner through the conduct of a

CBPR project. An important outcome of the project has been the rollout of

new community initiatives, which it is anticipated will bring about an

improvement in the daily lives of the older people within this particular community.

An unanticipated outcome of the project was that many of the volunteers

became more active in their local area as a result of their participation in the

project. A number revisited survey respondents whom they perceived to be

isolated, in some cases contacting service providers on behalf of survey respondents

to find out about their eligibility to social support services. The persons

they sought to help were those deemed to be socially isolated and vulnerable.

*Principle 5: Promote a Colearning and Empowering*

*Process That Attends to Social Inequalities*

One of the most difficult aspects of CBPR is the fostering of an empowering

process that attends to social inequalities. In the current project, it is difficult

to make any substantive claims regarding the empowerment of the volunteers.

Empowerment is not always easily quantifiable or immediate, because it is

something that occurs over an extended period of time. In retrospect, a more

systematic objective evaluation of the volunteers’ participation and related

notion of empowerment in the process should have been built into the project

from the outset. Becker et al. (2005) commented on the utility of partnership

evaluation, whereby participants are given the opportunity to provide anonymous

feedback on their involvement in the project by way of a questionnaire.

Similarly, Barnes and Bennett (1998) commented on the usefulness of “empowerment

evaluation.” The implementation of such tools would have enabled

the researchers to comment on the issue of empowerment and the factors that

facilitated or constrained its development to a greater extent.

*Principle 6: Facilitate a Cyclical and Iterative Process*

Although this project cannot be divided into clear cycles of reflection and

change, there was an aspiration toward the adoption of a reflective and

iterative process. In particular, the volunteer meetings were deliberately

organized to be self-reflective and critical of the process if necessary. On the

basis of these reflections, the volunteers made a number of suggestions on

how meetings could be restructured, all of which were implemented. Two

information-sharing evenings between the researchers, service providers,

volunteers, and committee provided an opportunity for all participants to

reflect on work progress and engage in collective planning and decision

making. Such exercises, although not going far enough to promote equitable

involvement, fostered a sense of partnership between the volunteers and the

committee and provided people with an opportunity to discuss how tasks and

activities could be restructured. Ideally, there should have been a greater

number of these meetings, because they may have facilitated the application

of a more iterative and reflective process and have served as a useful

mechanism in devolving power and fostering more equitable working relationships

among all parties.

*Principle 7: Address Health From Both Positive*

*and Ecological Perspectives*

Taking an ecological perspective, which takes into consideration the importance

of community, environment, and personal networks, the research focused

in equal measure on social and physical well-being. This was done deliberately

because all participants stressed the importance of social well-being and

active participation as much as physical health. Questions were asked about

the environment, transportation, security, access to social services, and social

networks and supports. The initiatives that were introduced on the completion

of the project were health related (the day care center), environmental (the

repair services plan), and psychological (the visitation team). Given the

research design and lack of a random sample, however, we were not in a position

to make any substantive claims on how health and economic factors

affected people differently or, indeed, to disentangle the factors that led to the

social isolation of some older people in the area under study.

*Principle 8: Disseminate Findings and Knowledge*

*Gained to All Partners*

The report was launched in the local area and, largely because of the publicizing

efforts of the committee, received much local attention. Using personal

contacts, they arranged for the minister of health to launch the report and for

a number of other prominent politicians to attend the event. Other attendees

at the launch included the volunteers, local service providers, and key community

figures. An older volunteer (and committee member) addressed the

audience and received rapturous applause. The overall tone of the event was

optimistic. The speeches reiterated how the community had successfully

mobilized to complete the research and would continue to work together to

improve the lives of older people in their area. Although it served as an

opportunity to reflect on the collective accomplishment of the group, equal

emphasis was placed on the results and recommendations of the research.

*Principle 9: Foster a Long-Term Commitment by All Partners*

Long-term goals will not be achieved in CBPR projects if planning and

budgeting are not in line with the constraints that the community faces. The

initial expectation in the current project was that it would be completed

within 6 months. However, the realities of working within the constraints and

timetables of the community proved more demanding than anticipated. This

dilemma is particularly difficult to resolve when working with communities

with few financial resources. Consequently, academics need to question whether

the participatory process, which demands a very significant time commitment,

is compatible with their timetables and work obligations. What are the

realistic cost estimations for such projects? Will university departments provide

adequate support to CBPR researchers and recognize that in the absence

of a long-term commitment, the utility and lasting effectiveness of CBPR is

compromised? Moreover, the time-intensiveness of the process needs to be

appreciated by policy makers and funding agencies that propound the advantages

of CBPR but are in many cases not prepared to invest the funds

required to permit an extended working relationship between the community

and researchers.

**Older Adults’ Perceptions of the**

**Participatory Research Process**

*Volunteers’ Motives for Involvement*

For most of the volunteers, as noted by Dewar (2005), the motive for involvement

rested heavily on the giving rather than receiving domain. A number of

the volunteers mentioned the value of research and importance of gathering

“evidence-based” information on local services as an incentive. The overarching

objective was that the research findings be presented to public

funding bodies to lobby for improved services in the area. The committee’s

close relationship with a number of service providers and policy makers was

viewed as important and was hoped to lead to official recognition of the significance

of the research findings at conclusion of the project. Although the

majority were already active in their local area and were members of various

committees and clubs, they welcomed the opportunity to become involved in

the project, which they believed would ultimately be of benefit to older

people in their area. According to one volunteer, “we were all out to help, and

do what [we] could to make things better.” Indeed an altruistic desire to assist

“less fortunate and isolated” older people living in the local area was the

principal motivating factor for most.

Nevertheless, altruism was not the primary motivating factor for all. Some

partook in the research in the hope that it would furnish them with tangible

benefits. For instance, a number believed that they would acquire information

on entitlements and age-specific services available in their area. On the

basis of this desire, two information evenings advising the volunteers of

older people’s statutory entitlements were convened. Others participated in

the project purely for social reasons. Some stressed the importance of social

participation and fostering new friendships, which was perceived to be particularly

important following the death of a spouse. For those who lived

alone, the desire to become more active in the local community and meet

new people was very important. As one volunteer commented, “it would

give you new contacts.”

*Perceptions of Involvement in the Research*

The volunteers unanimously agreed that the research project was a worthwhile

endeavor. In particular, they welcomed the participatory element and

emphasis on the sharing of knowledge. A further benefit of the approach was

that action would follow from the research and the commitment already

made by the volunteers could be extended:

I think it is good to get people involved, ’cause you can have a spin-off

effect if you’re involved, and something comes out of it. You are more

likely to become involved, if you have been involved in it, [otherwise]

someone comes around and says look we’ve decided to set up a visitation

team, people will say I’m not really interested in that.

The development of the questionnaire over six sessions was seen as an

enjoyable experience. According to one volunteer, the positive group dynamics

and nonhierarchical format of the meetings ensured their continued

participation:

I thought you [the researchers] were very good at your job. . . . If you

weren’t like that we wouldn’t have gone, we would have been bored

after one or two meetings, but you got us involved into it, that’s what

brought us back and back and back, we loved going. You made us feel

you wanted to help out and that we wanted to do something, you were

very encouraging.

Although several were nervous of the idea of administering the questionnaire,

most viewed it as something “exciting” and “different” and a skill at which

they would be naturally competent. As one stated, “it’s an attitude more than

training.” Experiences of the data-gathering phase of the research project were

decidedly positive. These favorable impressions were due largely to the positive

reactions of the general public to the research. The volunteers enjoyed the

social component of the fieldwork and the opportunity to talk to neighbors

and acquaintances. In addition, they believed higher response rates were

achieved by the use of local volunteers. They thought that older people were

more likely to be receptive to local residents than academic researchers and

thus more inclined to agree to participate in the research:

[It was better than] having complete strangers coming in. They had a

fair idea who we were, they might not have known us very well, but

they’d have known us from around, so they’d be comfortable with us,

which would have made it easier for us to talk to them, even myself,

I’m wary of people at the door, but if it was someone I had known from

around the area I wouldn’t have a problem.

A small number (seven or eight) were happy to deliver and administer

the questionnaire to people identified as willing to take part in the research

by service providers or the clergy. By and large, these people were not

acquainted with the volunteers. In spite of this, the interview visits tended

to be very positive. However, negative experiences in the data-gathering

phase were recounted. As mentioned above under principle 1, potential

respondents’ reluctance to complete the questionnaire was a common obstacle.

The volunteers believed that the reasons for people’s refusal related

to a number of factors, including pride, suspicion, and a desire to keep

secret the fact that they used age-specific services (such as home care or

Meals on Wheels). Some people, they believed, were skeptical of research

and anything that was perceived to be associated with officialdom. Resistance

was also suggested to be related to certain questions in the questionnaire

that could reveal individuals’ deficits, including low levels of social participation

or ill health. Deteriorating health and weak social networks,

however, did not explain nonparticipation in all instances. Conversely,

age and good health were also put forward as reasons for refusal, with younger

residents or those in good health viewing the research as being of no

relevance to them.

The volunteers’ involvement during the focus-group and data-analysis

stages was limited. The five volunteers interviewed at the end of the project

differed as to whether they would have liked greater involvement in these

stages. Three were content to participate only at the design phase of the

research, while two said that they would have liked greater communication

during the analysis and write-up of the report.

*On Conclusion of the Research*

At the launch of the report, the volunteers indicated high levels of satisfaction

with the report and appreciation to the researchers. They believed that

the research had been carried out successfully and that the use of a participatory

approach had been beneficial. There was a palpable sense of achievement

among the group. It was apparent that they were proud of their involvement

in the research and the attention it had received from local and national policy

makers. Their main concern was that tangible changes be brought about as a

result of the research and that everyone involved “take action” on the findings.

As such, many believed that the “real” challenge was only set at the

completion of the report. Nevertheless, the extent to which they wanted to

become involved in rolling out initiatives varied. Many wanted to wait and

see what initiatives the committee would introduce and the level of commitment

required before agreeing to become involved. However, virtually all

wanted to assist in some manner and be “kept in the loop” of further committee

developments and meetings.

**Conclusions**

The adoption of a CBPR research approach brings with it a unique set of

personal, ethical, methodological, and practical challenges. It has been argued

that ethically, we need to involve older people in the research process (Walker

2007). However, there is a danger that the “moral” argument for participation

may obscure the practical implications and realities of involvement. For

example, how much and what type of involvement do older people want

within participatory projects? How do we show adequate recognition of participants’

involvement? Should participants who work as coresearchers be

offered monetary rewards? If not, does the assumption that older people wish

to take part in participatory research in the absence of a monetary incentive

perpetuate ageist stereotypes, that is, that older people have low expectations

and are happy to invest considerable time for no monetary gain?

Although there are many advantages to CBPR, it is important that the

weaknesses and potential shortcomings of the approach be considered. In the

current context, criticism could be leveled at the committee for “controlling”

the process, and indeed this was a major weakness of the study. However, it

must be underscored that without their participation, funding would not have

been secured, and the project would not have taken place. As the instigators

of change within the community, they were willing to invest time and

resources in the project. Indeed, it was their determination that drove the

research project. Rather than look at the committees’ involvement solely as

a weakness, it also has to be viewed as a strength. Nonetheless, when control

of a project ultimately resides with a small group, there is a danger that the

term *participatory* can be manipulated. It can obscure the location of power

and control and lead to ageist treatment of older people, whose involvement

is used as a publicity tool but whose opinions are not granted equal status

and whose empowerment is not pursued throughout the entire CBPR process.

As such, the researchers believe that an emphasis on the sharing of

knowledge rather than the sharing of research tasks is of greatest importance.

Policy makers, researchers, and funding agencies need to be cognizant

of how control can be misappropriated and reiterate the importance of knowledge

sharing throughout all stages of the process. This can be achieved by

stipulating that transparent decision-making structures be outlined from the

outset of the project.

It is important that the label *participatory* research is not hijacked as a

catch-all mantra for any research that simply engages the research subjects.

It is essential that, in line with the original intent, this model of research have

the objective of extending co-ownership of the research to the people whom

it concerns. We hope that the documentation of this study has brought a

number of apposite questions to the fore, improved our understanding of the

applicability of the participatory research approach, and will help researchers

safeguard against the tokenistic involvement of older people. Greater understanding

of CBPR with older people would be aided by researchers’ documenting

and making transparent the methods and procedures they follow. Basing an

assessment of the process on the nine principles of CBPR as advanced by

Israel et al. (1998) is one possible mechanism of sharing experiences in a

systematic manner, and we would therefore encourage the use of this, or

similar, frameworks for analyzing experiences of CBPR. It is important that

assessments of CBPR are conducted in a critical manner. In addition to outlining

the extent to which the principles were achieved, they should question

whether some of the principles can be achieved just as well, or even better,

through conventional or other new models of research. Furthermore, we

should question whether the nine principles are applicable to all communities

and whether gerontology researchers need to adjust these principles to the

needs and priorities of older people. In the absence of an open discussion of

these issues, it seems that considerable inconsistencies in the operationalization

and application of the principles of CBPR are likely to occur. We believe that the

questions raised above should be frankly debated within (and between) the participatory

and conventional research communities. Last, we hope that our

reflections on these issues have contributed to a better understanding of

participatory research methods and serve as a safeguard against the tokenistic

involvement of older people in research.

**Authors’ Note**

We acknowledge the contribution of Mary McCarthy, whose assistance throughout

the project was greatly appreciated. Martha Doyle also extends a warm thank-you to

Kelley Johnson, professor of disability policy and practice at Bristol University, for

her advice during the project. Finally, a sincere thank-you to the anonymous *Research*

*on Aging* reviewers who provided very useful and constructive feedback on an earlier

draft of this article.

**Note**

1. The findings of the study are available at http://www.sparc.tcd.ie/researchProjects/

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