

Journal Article

## **Participatory action research (PAR) research: critical methodological considerations**

Livingston, W., Perkins, A.

This article is published by Emerald. The definitive version of this article is available at:

<https://www.emeraldinsight.com/doi/abs/10.1108/DAT-08-2017-0035>

---

### **Recommended citation:**

Livingston, W., Perkins, A. (2018), 'Participatory action research (PAR) research: critical methodological considerations', *Drugs and Alcohol Today*, <https://doi.org/10.1108/DAT-08-2017-0035>

**Participatory Action Research (PAR) Research – Critical methodological considerations**

Journal:	<i>Drugs and Alcohol Today</i>
Manuscript ID	DAT-08-2017-0035.R1
Manuscript Type:	Research Paper
Keywords:	Alcohol and Drugs, Involvement, Participatory Action Research, Research Methodologies, Substance Use, Research Ethics

## **Participatory Action Research (PAR) Research – Critical methodological considerations**

### **Abstract**

Purpose: The purpose of this paper is to explore a range of key deliberations with regards to adopting Participatory Action Research (PAR) and Privileged Access Interviewer (PAI) approaches and methodologies within research on substance use

Design/methodology/approach: This paper is a reflective piece, it adopts a mixture of applied practice and theory considerations. These conceptualisations capture what are still relatively early understandings and uses of such methodologies, acquired across several decades of research and service provision experiences. The paper is structured around some of the sequences of the research process and as such provides a broad framework for such approaches.

Findings: PAR and PAI approaches utilise several key theoretical considerations. There are many critical issues associated with adopting these approaches, including those of ethics, funding, involvement, language, resources and support. Three key principle reasons (moral, political and research based), help explain why we should see more adoption of such approaches in substance use related research.

Research limitations/implications: This paper represents author views which are by their nature very subjective.

Practical implications: Implementation of the key considerations highlighted within this paper can lead to an active adoption of PAR and PAI methodologies within alcohol and drug research. Increasing the use of such methodologies will allow commissioners, researchers and service providers to develop a more nuanced understanding of the experiences of and responses to alcohol and drug use.

Originality/value: This paper captures critical conversations at a time of increased calls for service user involvement across all aspects of alcohol and other drug provision, including evaluation and research.

Key Words: Alcohol and Drugs, Involvement, Participatory Action Research, Research Methodologies, Substance Use

### **Introduction**

1  
2  
3 This paper is based explicitly on the current views of its named authors. However, like all  
4 research papers, it builds upon previous experiences and projects (for example Bislin et al  
5 2013, Author et al 2011), and previous writing (Author 2016, 2017). Therefore, much of what  
6 is offered is the co-production of a range of other actors who have clearly shaped its  
7 formulation. Given its nature, it would be inappropriate to not start by stating, that this paper  
8 is the consequence of all the generous sharing by and with *all* those we have worked with  
9 across numerous years in research and service provision. We are grateful to them for  
10 educating us, and as such we feel advocates rather than originators of the sentiments  
11 contained within this paper.  
12  
13  
14  
15  
16

17  
18 Participant Action Research (PAR) combines two separate research concepts:  
19

- 20 • Participation - active involvement of ‘subjects’ in the research process; and
  - 21 • Action - defining social problems and solving them.
- 22  
23

24 It sits within a spectrum of what is considered patient, public or service user involvement.  
25 The movement to increased participation is often concentrated on provision and receipt of  
26 health and social care services, but also includes research into the effectiveness of services  
27 too (Brett et al 2014, Voorberg 2015). An early defining model of this spectrum was  
28 Arnstein’s (1969) ladder of citizen participation, which suggested a full spectrum from  
29 manipulation to citizen control. In research terms, we might suggest some of the positions  
30 along the spectrum as:  
31  
32  
33  
34  
35

- 36 • Non-Participation (manipulation) – service users partake purely as respondents from  
37 whom data is collected.
  - 38 • Degrees of moderate involvement – consultation or involvement in steering groups  
39 only.
  - 40 • Significant involvement - delegated and designated roles within the research as  
41 researchers.
  - 42 • Participatory Research - involved in the need for and commissioning of research,  
43 and/or as full team members from research bid through to final report.
- 44  
45  
46  
47  
48  
49

50 The two concepts of PAR bring different elements and understanding to the research process.

51  
52 Firstly:  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 *Participatory* - this is what Gilbert (2008) refers to as doing with and for, rather than on  
4 others. It is thus concerned with definitions of expertise and knowledge and who controls  
5 these. It comes with what Humphries (2008) identifies as having several principles:  
6

- 7
- 8 • a bottom up approach with a focus on locally defined priorities, processes and  
9 perspectives;
- 10
- 11 • striving for equalising power among researchers and researched;
- 12
- 13 • a process characterised by a genuine dialogue between researcher and researched;
- 14
- 15 • control over definition of problems, methods, analysis and actions is with those most  
16 affected by the study;
- 17
- 18 • the emphasis is on processes as much as on outcomes; and
- 19
- 20 • the role of the researcher is one of facilitator and catalyst rather than director.  
21

22 Secondly:

23  
24 *Action* - proposes that action researcher and members of a social setting collaborate in the  
25 understanding of a problem and in the development of a solution based on this understanding  
26 (Bryman 2008). This is supported by an emphasis on:  
27

- 28
- 29
- 30 • nonintrusive collaboration (including ownership of the project by the group);
- 31
- 32 • mutual trust and genuine respect;
- 33
- 34 • solidarity (all humanity is connected by a common journey and shared destiny);
- 35
- 36 • mutuality and equality (everyone's interests are important);
- 37
- 38 • a focus on process (informal interaction that goes beyond a detached working  
39 relationship and respects others' cultures); and
- 40
- 41 • language as an expression of culture and power.  
42

43 Action research seeks intended consequences and expects elements of change to be  
44 experienced by all. It pursues to overtly improve the social situation, with both explicit  
45 practical application and political activity. It can occur across several activities, for example:  
46 organisational change, community development, new projects, practitioner research and  
47 social injustice.  
48

49  
50  
51 The overall approach can be summarised as concerning itself with '*People, Power and*  
52 *Praxis*' (Gilbert 2008) where traditional academic researchers translate their role into one of  
53 facilitating the goals of their co-researchers. Carey (2010) echoes these sentiments, in which  
54 three key considerations are raised: practical impediments, ethical implications and political  
55  
56  
57  
58  
59  
60

dilemmas. He goes onto caution that there are possibilities that participation in research can mirror some of the current preoccupations in wider policy and provision, where participation may be encouraged or increased but not necessarily be successful in addressing the power dynamics; and may even exasperate them.

Privileged Access Interviewers (PAI) is a term that best captures why such methods are especially well suited for research inquiries into areas of activity and with people in experiences that are subject to societal marginalisation and often referred to as '*hard to reach*'. These include those of substance use. The approach is political apposite where there is a need to reach into certain populations, who are perhaps not readily captured by traditional research methodology. There are distinct overlaps with the ethnographic approaches drawn from social anthropology (Fine and Hancock 2017), and the essential role of those with access, as established through Whyte's (1993) seminal text and his relationship with Doc. Ennis and Wykes (2013) concluded that such involvement of service users in the research process enabled greater levels of recruitment to projects. Further, participatory approaches (i.e. those emphasising what can be considered as co-production), have a resonance and value in understanding the experiences of marginalised populations (Tedmanson 2016).

The principles of these approaches can, as most research techniques can, be applied to a range of design, data collection and analysis methods. This said, there is to some degree an inherent bias towards the subjective rather than the objective. Thus, many articulate for the use of an extensive range of qualitative written, visual and textual data collection methods (Bryant 2016), to compliment the traditional dominant paradigm for random control trials, statistics and surveys.

Within these discourses, the use of terminology implies ontological and methodological positions. The ethical, morale and methodological implications of this language are explored further on, but for consistency this paper, from hereon in, refers to those whom are actively involved in the research as participants and those who contribute or offer data examples as respondents. For expediency, it adopts substance use to capture the diversity of both 'substances' (alcohol, illicit, legal and illegal drugs) and 'use' (dependency, excessive, harmful, hazardous and recreational).

### **Starting Points**

These approaches have several assumptions (or givens) that might be considered as pre-existing contextual considerations.

1  
2  
3 Whilst the idea that a group of service users will just wander up to a university and ask for  
4 assistance in a research project might sound like the optimum and theoretical starting point  
5 (and indeed does occasionally happen), it is likely (and should be likely if co-production is  
6 indeed an increasingly wider commissioning, policy and service provision norm) that ideas  
7 are generated from within existing involvement activity. This could or should happen in  
8 substance use organisations or fora where meaningful participation is already well established  
9 with regards to other business or activities. This methodology therefore demands that initial  
10 conversations have been reciprocal and not unduly led by agencies/researchers to meet their  
11 own agendas. Thus, involvement prior to design or research bid application, moves research  
12 further along the possible spectrum of participation.  
13  
14  
15  
16  
17  
18

19 From here it is appropriate to have one or two dedicated conversations/meetings that scope  
20 out a project. These might well want to involve others not deemed as participants, as well as  
21 early project initiators. This is important to ensure that the research is supported, welcomed  
22 and has a good level of stakeholder engagement and involvement from the start. These early  
23 conversations need to include explicit exploration of ethical and resourcing issues. Such solid  
24 foundations of shared understanding are important, to help ease future resistance, when goals  
25 are directed towards political change.  
26  
27  
28  
29  
30

31 It is likely, if not desirable or expected, that such a stage maybe the precursor to a formal  
32 funding application. Although as outlined below, acquiring funding is not without its  
33 difficulties. Ideally in such instances, applications are made with participants rather than on  
34 their behalf.  
35  
36  
37

38 It feels important to emphasise that, in these early meetings, service user and participant  
39 voice is strong and not of a singular or representative type. Indeed, some might argue they  
40 need to be the majority for it to be truly participative, and the involvement of other  
41 professionals and researchers is for consultation.  
42  
43  
44

### 45 **Identifying and recruiting participants**

46

47  
48 In many instances those individuals involved in the initial and scoping conversations may  
49 well be those identified as the participants or PAIs. It feels important that potential  
50 participation is invited across many roles and responding to a variety of interest and skills,  
51 such as: project advisories or consultants, full blown participants, advertisers, recruiters,  
52 respondents and supporters. While initial conversations may generate enough involvement, in  
53 many instances there is likely to be the need for further recruitment - especially for PAI type  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 projects. This will need to follow a purposeful sampling methodology, using a combination  
4 of targeted advertisement (with active consideration given to mobile and social media  
5 methods) and snowballing through existing networks and relationships.  
6  
7

8 There comes a point in participatory methods, if this has not happened fully at inception,  
9 where any project needs to ensure its direction is highly participant led. At this juncture, the  
10 research team (PAI and supporting academics) need to possibly withdraw from wider  
11 stakeholder discussions and begin to enable an approach which is very much service led,  
12 rather than informed. The role of the (academic) researcher here, is to facilitate discussions  
13 and understanding among the participants, and support them to agree upon the specific  
14 methods of inquiry.  
15  
16  
17  
18  
19

20 Substance use research has the possibility to see co-production beyond the service user group  
21 and partnership could see carers, families, practitioners or students become the participant  
22 population.  
23  
24

### 25 **Language and Terminology**

26  
27  
28 Early formulations of this paper, were borne out of and reflect struggles with language. Much  
29 research literature frequently refers to participants. When in the context of an understanding  
30 of genuine partnership involvement, what is being referred to is, those from whom data has  
31 been collected. The use of participant almost seems a hangover of a subject involved in a  
32 controlled experiment, rather than any sense of any co-production; the exceptions perhaps  
33 being those engaged in ethnography or discourse analysis. For us, the ambiguity and  
34 confusion was cleared by choosing to be firm in distinguishing between those from whom we  
35 collect data (respondents), and those who actively participate in the other aspects of the  
36 research process (participants).  
37  
38  
39  
40  
41  
42

43 While such deliberations, may appear of semantics, they are in fact rooted in issues of power.  
44 At the heart of them lies a transparent declaration of whether researchers are distinct from  
45 (expert and controlling), or sharing in the same human experience (indeed, most alcohol  
46 researchers are drinkers). The latter position begins to ask fundamental questions of whether  
47 one truth or measurable actuality exists, rather than being a construct of any given (research)  
48 process. Furthermore, it raises questions of who is the expert and in what capacity. It also  
49 suggests the equal validity of all research methods, rather than supporting a hierarchy of the  
50 traditional or dominant. Finally, it implies the assumption of a sharing of access to resources  
51 and rewards from the research process.  
52  
53  
54  
55  
56  
57  
58  
59  
60



## Ethics

As research, normal ethical considerations and processes must be accounted for. Projects will need to undertake appropriate due research ethics processes. It is possible that where ethics boards are predominantly used to, or dominated by traditional positivist and experimental type research approaches, that understanding of, and support for, PAR approaches maybe more limited. However, it is our experience that ethical approval is gained when attention is paid to specific key considerations; notably issues of boundaries and researcher confidence.

These approaches have a resonance with ethnography, which in turn helps to inform the management (or not) of boundary issues. Researchers are considered, if not expected, to be an active part of the community. Indeed, it is the opposite of aloof non-participatory observation which, in terms of the politics of involvement, might be considered a more exploitative and unethical approach. Working within discreet populations, as accessed via a PAI, challenges the boundaries of what is considered normal confidentiality for other research methodologies. Tolich (2004) acknowledges that an overt understanding of this helps accept the limits in the principles of confidentiality. Insiders are more likely to recognise what other insiders have said. He concludes that internal confidentiality is distinct from external confidentiality, and suggests the assurances for protection against identification is with those who were not subjects of the research, rather than within the discreet population cohort or community.

Because the methodology described here is a) not as deterministic or predictable in its course of action and b) process orientated, then the ethical requirement is for confidence in the researcher and/or research team (as much as the prescription of methods) and the successful management of what can appear as more fluid boundaries between the researcher and the researched. Ethics committee confidence, is often, as with other methods and about relevant prior experience of the researcher. One of the authors (as a registered social worker) has found it is important to stress equally the oversight of practice and research ethics. Thus, the process of being held accountable to a professional regulatory body, compliment those of research ethics, as might a social work qualification compliment a PhD. This is because many of the research ethics issues are foremost practice dilemmas.

As might be expected, there is also regular concern raised about the use of payments for participants in this area of research, and possibilities of monies being spent on alcohol or drugs. The ethical concerns often fall into two considerations: those of undue incentive to

1  
2  
3 participate, and/or payment leading to risk of harm. However, many researchers have now  
4 clearly articulated why genuine participation (issues of power) require this group of users to  
5 be treated the same as others and that payment is a requisite (Fry et al 2006, Neale et al 2017,  
6 Sandberg 2008). The counter argument, therefore stems around payments as justifiable and  
7 fair reimbursement for time given and expenses occurred. The usual compromise is to  
8 provide individuals with high street shopping vouchers that cannot be exchanged for alcohol  
9 or cigarettes. Fry et al (2006) in their article conclude “...*research payments are ethically*  
10 *acceptable in most circumstances of addictions research, but should be closely scrutinized in*  
11 *situations where these may exacerbate existing harms or create additional risks for*  
12 *participants and investigators*” (p21). In extreme cases (i.e. street drug dealing or use of  
13 drugs by sex workers), then payment maybe the only way individuals can viably participate  
14 without loss of income earning time, and cash rather than any voucher system will be  
15 required (Sandberg 2008).  
16  
17  
18  
19  
20  
21  
22  
23

### 24 **Funding and research bids**

25  
26 If a bid for a participatory project is to be made with clear evidence of involvement having  
27 informed it, then this involvement also needs funding. For traditional research, bid  
28 preparation activity, is part of the paid job role for academics. To ensure a parity and active  
29 involvement of others, it seems to be an important and logical consideration that some of the  
30 commissioning, policy and organisational fora (referred to above), is also able to create funds  
31 and resource capacity for appropriate involvement to inform potential research project  
32 starting points.  
33  
34  
35  
36  
37

38  
39 Even assuming this informed prior application involvement, one of the biggest barriers to  
40 getting such research projects off the ground, is often the successful acquisition of external  
41 funding. Research funds often sit in a competitive bid process, including blind peer review  
42 processes. These processes aspire to establish exactly what a research project is going to do,  
43 so how well detailed and predictable and/or reliable the methodology described is. These  
44 scoring methods often have a bias towards predictive/positivist experimental research over  
45 methods where determining the methodology is a part of the process and not fully determined  
46 prior to. Truly iterative and participatory approaches cannot provide such clarity before they  
47 have begun. In addition, and much like the ethics committee, the bids are assessed by panels  
48 of experts whose own experiences and understanding lie with controlled experiments,  
49 quantitative surveys and statistical modelling rather than qualitative involvement. Thus, there  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 is a more inherent bias where participatory action approaches are neither understood, nor  
4 valued by those responsible for making such judgements. Typical of those sentiments is the  
5 following example that this author received from a recent ‘friendly’ reviewer post an award  
6 being made:  
7  
8

9  
10 *The use of participant researchers looks innovatory but pretty risky, and the sample*  
11 *size is very small. A small and potentially contentious methodology ... is unlikely to*  
12 *make a big difference to conclusions even if it worked.*  
13  
14

15 This situation was recently acknowledged at the 2017 Alcohol Research UK Annual  
16 Conference, that in part has led to this special edition<sup>1</sup>.  
17  
18

### 19 **Data collection and analysis**

20  
21 Whilst all forms of data collection tools can be used within participatory approaches, there is  
22 often an inherent leaning towards the intrapersonal and relationship based inquires, so  
23 frequently qualitative methodology. Whilst this may regularly be done through focus groups  
24 and interviews with schedules and a range of semi-structured questions, participatory  
25 approaches also lend themselves to the use of arts and other creative data capture approaches  
26 (Bryant 2016). Iterative approaches (typical of highly qualitative methods to data collection  
27 and analysis, whereby the experience of one element feeds into and refines the next) feel  
28 highly resonant with involvement approaches that are seeking to develop collective  
29 understanding and inform change.  
30  
31  
32  
33  
34  
35

36  
37 It is possible that PAIs will at these junctures require some formative input from the  
38 academics or others within the research team. Thus, some of the research team need at times  
39 to translate facilitator into educator roles. So, the stage here is the sharing of expertise and  
40 knowledge about research techniques. Active consideration must be given to how material  
41 often used in other classroom settings, might need to be adapted for different audiences and  
42 learning needs.  
43  
44  
45  
46

47 It can be useful for PAIs to conduct the data collection method on each other. This provides:  
48 a) safe space to practice and receive feedback on, and refine techniques; and b) potential  
49 initial data that can be used within the wider data collection set. It might be that where data  
50 has been collected via film or audio, that the experienced researcher facilitator also watches  
51 and listens to the data, to provide supportive feedback to PAIs. Similarly, methods of analysis  
52  
53  
54  
55

---

56 <sup>1</sup> <http://alcoholresearchuk.org/news/alcohol-research-uk-annual-conference-2017/>  
57  
58  
59  
60

1  
2  
3 might need to be explained or adapted to suit the needs of the PAI population. Consideration  
4 needs to be given to how best to support PAI involvement in analysis, so without assumption  
5 about access to and competence in IT. Some PAIs will want to be actively involved in the use  
6 of say SPSS or NVivo, but for others, a paper based or aural process maybe more suitable.  
7  
8 Added reliability can occur with dual analysis approaches and then comparison of  
9 interpretations, so one approach for some PAIs and then a complimentary or additional one  
10 from the experienced or academic team members. An active but supportive role of  
11 experienced researchers within the cohort, can act as an additional process of quality  
12 assurance.  
13  
14

15  
16  
17  
18 Recruitment of respondents, is likely to follow the same purposeful sampling methodology,  
19 using a combination of targeted advertisement (with active consideration given to mobile and  
20 social media methods) and snowballing through the existing networks and relationships used  
21 in PAI recruitment. Research that utilises peer and recovery groups means that individuals are  
22 known to each other within the community. Reflexive considerations of insider research  
23 approaches are required. Within this, identification of what proximity to potential  
24 respondents the PAIs are should be undertaken and used as inclusion or exclusion criteria; or  
25 passed onto another PAI within the project.  
26  
27  
28  
29  
30

31  
32 As PAIs spread out into the respective community and collect data, the experienced members  
33 of the team must be available for ongoing mentoring and support.  
34

### 35 **Post data considerations**

36  
37  
38 Like other research methods, it is good to find a process by which emerging outcomes can be  
39 'tested' out with those most likely to be impacted; and their responses to this, can shape any  
40 final conclusions. This could include taking initial findings back to any initiating fora or  
41 project advisory group. Active recovery communities, are also likely to provide on-going  
42 spaces where PAIs can test and make sense of emerging findings and conclusions.  
43  
44  
45

46  
47 It is likely that commissioners of research will want to see traditional 'research reports'.  
48 Further, any academics involved will want to, and be under pressure to, publish within peer  
49 review journals. In both these regards it is important that a) the opportunity to participate in  
50 'writing up' is extended to PAIs, and b) irrespective of their involvement in the writing up,  
51 they are fully acknowledged (with consent) as co-authors. However, some projects, some  
52 groups etc., may also identify other non-written ways of wanting to present research findings.  
53  
54  
55  
56 The adoption of these seems important, especially when considering research as both  
57  
58  
59  
60

involved and action orientated. The change implied in action is likely to come from the widest of dissemination approaches.

Part of an action orientated methodology, which has process as important as outcomes, and considers outcomes for all, is about establishing sustainable PAI populations to then a) advise and support commissioning of future research, b) get involved in other projects, and c) act as peer mentors for future PAIs.

### **Applied Framework**

It is possible to synthesise these considerations into a broad or proximate framework (model) comprising multiple stages.

Table 1: Model of stages of Participant Action Research approach

*Insert table 1 here*

Stages are iterative and overlap.

\* These stages involve processes and organisations that are possibly external to the research team, so not fully within projects influence.

### **Applied considerations**

This paper has been influenced by a diversity of previous and on-going research projects. However, given the considerations described, it has equally (if not more so) been informed by: many unsuccessful research bids, policy conversations, recovery group deliberations and reflections on the limitations of other research (including ours). This final section offers some of the learning we have acquired through these experiences.

PAR projects require a lot of (and at times freely given) energy and time, to ensure they are successful and sustainable. Several of the recent projects we have contributed to, have come out of long-term prior existing relationships. In other words, we have been actively involved in those fora discussed in the earlier part of this paper. This requires the academic researcher to spend time out and about in the community. Notably, we have been active members of recovery group networks and partnerships, often giving skills and time just like any other volunteer. Successful bids and projects are far more likely to come from already established and trusting relationships. We have, as is consistent with other research approaches, spent time doing early, small and unfunded pilot formulations. There is a need to continue, especially in economic climates where organisations and universities increasingly seek to

1  
2  
3 restrict activities to those associated with computerised workload management agendas, for  
4 researchers to articulate that such time spent is necessary and valuable - especially as this is  
5 required to be off site. There is scope here to use organisational good citizenship or social  
6 good agendas to help meet these goals.  
7  
8

9  
10 That participatory research, especially that involving action (for change), is as much a  
11 political, as it is research activity has therefore been one of the earliest and consistent  
12 messages. Biskin et al (2013) identify how even the simple task of social work students being  
13 encouraged in the classroom to expect service user and carer involvement, then meet  
14 resistance when wanting to account for whether they actually experience such in practice  
15 through a research project. So, whilst the service user involvement agenda is well established  
16 in substance use policy and provision agendas, it has yet to fully impact on the research  
17 world. Service user involvement has tended to primarily focus on the active participation of  
18 'users' within treatment policy and provision agendas, rather than all users and ex users and  
19 including evaluation and research activities. In a recently completed review of the Welsh  
20 Governments 10-year alcohol (and drug) strategy, there was no PAR material amongst the  
21 relevant data sets and evaluations (Author et al 2017).  
22  
23  
24  
25  
26  
27  
28  
29

30 PAR and PAI approaches require inclusivity, and measured risk taking, if they are to succeed  
31 in being different and provide alternative explanations. We have had expressed to us concerns  
32 about PAIs interviewing those who are still actively using and exposing their own  
33 vulnerability to relapse (which assumes that PAIs are abstinent – which need not necessarily  
34 be the case) and how rigid (or not) any criteria for PAIs needs to be. This in turn, raises  
35 concerns for us, about whether researchers could be tempted into using PAI recruitment  
36 methodologies which are too strict, or too controlling, unless they themselves are prepared to  
37 take a few risks. PAR research ought to have the capacity to involve the whole spectrum of  
38 use or not. It is by its nature risk taking rather than risk adverse. When working with those in  
39 recovery as PAIs, it seems important to entrust to their already successfully developed  
40 notions of management and networks of support, rather than impose secondary researcher led  
41 frameworks. In fact, this makes us think that the success of PAI methodologies is also  
42 shaped by the characteristics of the research facilitator as it those of the PAIs recruited.  
43 Inclusivity and risk taking is thus required by those; commissioning, evaluating, overseeing  
44 and undertaking research. This seems to be only a fair and reciprocal to the risk we ask of  
45 others in entrusting and sharing their experiences with us.  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 It feels as if over the last decade that the tide is finally turning. Indeed, the ARUK conference  
4 that is the precursor and inspiration for this special edition, is one obvious marker in this  
5 evolutionary journey. The explicit requirement to demonstrate involvement now appears to  
6 be a regular element of research bid application process requirements. Indeed, we have had  
7 more bid success of late (albeit maybe it is just that we have got a bit better at that bit).  
8  
9 Notably, and very recently, an acceptance of the validity of the contribution these methods  
10 can make to enhance a complexity of methods in understanding national policy, has been  
11 acknowledged by Health Scotland in its commissioning of participatory methods as one of  
12 the streams within the evaluation of the impact of minimum unit pricing on harmful drinkers  
13 (NHS Health Scotland 2017).  
14  
15  
16  
17  
18

### 19 **Concluding discussion**

20  
21 At one level, there is nothing revolutionary in the principles of PAR or the methodological  
22 considerations explored within this paper. In part, they just feel like good conscious and  
23 reflexive research practices. However, at another level they seek to comprehensively resonate  
24 with aspirations for greater service user involvement in policy, practice and research  
25 activities. They have a feel of the ideological, a set of best laid aspirations and intentions. In  
26 this sense, the revolutionary comes from trying to meet as many of the ambitions as possible  
27 within each project, while contributing to an overall picture of change and challenge to an  
28 existing order that places expert led controlling experimental research at the pinnacle of  
29 perceived research hierarchies.  
30  
31  
32  
33  
34  
35  
36

37 It is possible to reduce these complex discussions into three clear reasons why we should do  
38 and see more PAR/PAI research within alcohol and other drug studies. Firstly, this feels like  
39 a moral imperative. It is just the right thing to do. There has been an explosion in service user  
40 involvement in policy and service provision for substance use, and this needs to be matched  
41 by those researching such. Substances are widely consumed in society, including by  
42 researchers, the boundaries between an 'us and them' population often maintained by  
43 researchers, in this instance seems particularly false. It maybe that we need to turn the  
44 traditional research ethics preoccupation with protecting the vulnerable on its head, and into  
45 one of entrust, empower and respect. Secondly, this is a political issue. It raises fundamental  
46 questions of ontology and epistemology. A challenge to a dominant and vested interest about  
47 who does research and how. It asks questions of who is the 'expert'. It asks that research has  
48 an impact beyond the vested interest of the academic career and the research frameworks that  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60



1  
2  
3 academic institutions are increasingly judged by. Finally, and this is the purpose of research,  
4 new methodologies help create new understanding. There is more than one way to know how.  
5 It is a direct and appropriate response to Orford's (2008) seminal paper that argued for  
6 substance use research to move beyond its preoccupation with the randomised control trial.  
7 These are methodologies that enable us to gain a greater insight into the nature of experiences  
8 and relationships that are at the core of understanding why individuals develop difficulties  
9 regarding their substance use and how they might best be supported in developing healthier  
10 lifestyles.  
11

12  
13  
14  
15  
16 It is possible to see two overlapping 'new' waves at work here. Where research has accepted  
17 the role of the sociological and qualitative to compliment the experimental and quantitative, it  
18 has yet to fully embrace moves to take this outside of the academy. Similarly, where  
19 substance use has embraced harm reduction and whole population agendas as a response to  
20 narrow disease model understandings, it has yet to fully reconcile itself with some of the  
21 newer debates and understanding about recovery and the increased control and involvement  
22 of those most affected. This paper simply seeks to contribute to these journeys.  
23  
24  
25  
26  
27

## 28 **References**

29  
30 Author A. (2016)

31  
32 Author A (2017)

33  
34 Author A et al (2011)

35  
36 Author A, Author B, et al (2017).

37  
38 Arnstein, S. R. (1969) "A Ladder of Citizen Participation," *JAIP*, 35(4). 216-224

39  
40 Biskin, S. Barcroft, V. Livingston, W. and Snape, S (2013). Exploring service user and care  
41 involvement on a social work degree programme, *Social Work Education: The International*  
42 *Journal*, 32(3), pp.301-316.  
43  
44

45  
46 Bradbury, H., and Reason, P. (2003). Action research: An opportunity for revitalizing  
47 research purpose and practices. *Qualitative Social Work*, 2(2), 155-175  
48

49  
50 Brett, J., Staniszewska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C. and  
51 Suleman, R. (2014), Mapping the impact of patient and public involvement on health and  
52 social care research: a systematic review. *Health Expectations*, 17(5): 637-650  
53  
54  
55  
56  
57  
58  
59  
60



- 1  
2  
3 Bryant, L. (2016) Introduction in Bryant, L. ed (2016) *Critical and Creative Research*  
4 *Methodologies in Social Work*, Routledge London (75-92).  
5  
6  
7 Bryman, A. (2008) *Social Research Methods* Oxford, Oxford University Press.  
8  
9 Carey, M. (2010) Should I stay or should I go? Practical, ethical and political challenges to  
10 'Service User' Participation within Social work research. *Qualitative Social Work* 10(2):  
11 224–243.  
12  
13  
14 Ennis and Wykes (2013) Impact of patient involvement in mental health research:  
15 longitudinal study *The British Journal of Psychiatry* 203: 381–386.  
16  
17  
18 Fine, G. A and Hancock, B. H.(2017) The new ethnographer at work *Qualitative Research*  
19 17(2): 260 – 268.  
20  
21  
22 Fry, C.; Hall, W; Ritter, A and Jenkinson, R (2006) The ethics of paying drug users the ethics  
23 of paying drug users who participate in research: a review and practical recommendations  
24 who participate in research: a review and practical recommendations. *Journal of Empirical*  
25 *Research on Human Research Ethics*,. 21-36.  
26  
27  
28  
29 Gilbert, N (2008) *Researching Social Life* London, Sage.  
30  
31 Humphries, B (2008) *Social Work Research for Social Justice* Basingstoke Palgrave  
32 Macmillan  
33  
34  
35 NHS Health Scotland (2017) *Evaluation of minimum unit pricing*  
36 <http://www.healthscotland.scot/health-topics/alcohol/evaluation-of-minimum-unit-pricing>  
37  
38  
39 [Accessed 01-08-2017]  
40  
41 Neale, J; Black, L; Getty, M; Hogan, C; Lennon, P; Lora, C; McDonald, R; Strang, J;  
42 Tompkins, C; Usher, J, Villa, G; and A, Wylie (2017): Paying participants in addiction  
43 research: is cash king?, *Journal of Substance Use* Advanced Online Access  
44 <http://dx.doi.org/10.1080/14659891.2016.1259367> [Accessed 01-08-2017].  
45  
46  
47  
48 Orford, J (2008) Asking the right questions in the right way: the need for a shift in research  
49 on psychological treatments for addiction *Addiction*, Volume 103, Number 6, pp875-85  
50  
51  
52 Reason, P and Bradbury H (Eds.) (2001) *The Handbook of Action Research*. London, UK;  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 Sandberg, S. (2008) 'Black drug dealers in a white welfare state: Cannabis dealing and street  
4 capital in Norway', *British Journal of Criminology*, 48(5), pp. 604-619.

6 Tedmanson, D (2016) Ngapartji Ngapartji – Narratives of Reciprocity in 'Yarning Up'  
7 Participatory Research in Bryant, L. ed (2016) *Critical and Creative Research Methodologies*  
8 *in Social Work*, Routledge London (75-92).

11 Tolich, M. (2004) Internal Confidentiality: When Confidentiality Assurances Fail Relational  
12 Informants *Qualitative Sociology* 27(1): 101-106.

15 Voorberg, W. H.; Bekkers, V. J. J. M and Tummers, L.G.(2015) A Systematic Review of  
16 Co-Creation and Co-Production: Embarking on the social innovation journey, *Public*  
17 *Management Review*, 17(9), 1333-1357.

20 Whyte, W.F (1993) Street Corner Society: *The Social Structure of an Italian Slum* (4<sup>th</sup> edn)  
21 Chicago, University of Chicago Press.

Drugs and Alcohol Today

22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

Stages		
Early and Formative	A	Agreeing scope of project and initial starting points (Including resources and research bids)
	B	Recruiting PAIs (Within inception fora and beyond where necessary)
	C	Broad agreement on research question and preferred methods
	*	<i>Ethics</i>
Of Data	D	Developing detail of data collection methods (including PAI training sessions)
	E	Piloting
	F	Revising data collection skills and tools
	G	Respondent service user recruitment
	H	Data collection and analysis
	I	(ongoing training and support to PAI from experienced team members)
End Games and Impact	K	Output Production
	L	Dissemination
	*	<i>Commissioning, policy, organisational and service provision change</i>
	M	(Next project)

## **Participatory Action Research (PAR) Research – Critical methodological considerations**

Authors

Dr. Wulf Livingston – Glyndwr University

Andrew Perkins – Figure 8 Consultancy Services Ltd.

Correspondence address – Wulf Livingston, Glyndwr University, School of Life and Social Sciences, PP13, Plas Coch Campus, Mold Road, Wrexham, Wales, LL11 2AW.

W.livingston@glyndwr.ac.uk

### **Abstract**

**Purpose:** The purpose of this paper is to explore a range of key deliberations with regards to adopting Participatory Action Research (PAR) and Privileged Access Interviewer (PAI) approaches and methodologies within research on substance use

**Design/methodology/approach:** This paper is a reflective piece, it adopts a mixture of applied practice and theory considerations. These conceptualisations capture what are still relatively early understandings and uses of such methodologies, acquired across several decades of research and service provision experiences. The paper is structured around some of the sequences of the research process and as such provides a broad framework for such approaches.

**Findings:** PAR and PAI approaches utilise several key theoretical considerations. There are many critical issues associated with adopting these approaches, including those of ethics, funding, involvement, language, resources and support. Three key principle reasons (moral, political and research based), help explain why we should see more adoption of such approaches in substance use related research.

**Research limitations/implications:** This paper represents author views which are by their nature very subjective.

**Practical implications:** Implementation of the key considerations highlighted within this paper can lead to an active adoption of PAR and PAI methodologies within alcohol and drug research. Increasing the use of such methodologies will allow commissioners, researchers and

1  
2  
3 service providers to develop a more nuanced understanding of the experiences of and  
4 responses to alcohol and drug use.  
5

6  
7 Originality/value: This paper captures critical conversations at a time of increased calls for  
8 service user involvement across all aspects of alcohol and other drug provision, including  
9 evaluation and research.  
10

11  
12 Key Words: Alcohol and Drugs, Involvement, Participatory Action Research, Research  
13 Methodologies, Substance Use  
14

### 15 16 **Introduction**

17  
18 This paper is based explicitly on the current views of its named authors. However, like all  
19 research papers, it builds upon previous experiences and projects (for example Bisikin et al  
20 2013, Livingston et al 2011), and previous writing (Livingston 2016, 2017). Therefore, much  
21 of what is offered is the co-production of a range of other actors who have clearly shaped its  
22 formulation. Given its nature, it would be inappropriate to not start by stating, that this paper  
23 is the consequence of all the generous sharing by and with *all* those we have worked with  
24 across numerous years in research and service provision. We are grateful to them for  
25 educating us, and as such we feel advocates rather than originators of the sentiments  
26 contained within this paper.  
27  
28  
29  
30  
31  
32

33 Participant Action Research (PAR) combines two separate research concepts:  
34

- 35 • Participation - active involvement of 'subjects' in the research process; and
- 36 • Action - defining social problems and solving them.  
37  
38

39  
40 It sits within a spectrum of what is considered patient, public or service user involvement.  
41 The movement to increased participation is often concentrated on provision and receipt of  
42 health and social care services, but also includes research into the effectiveness of services  
43 too (Brett et al 2014, Voorberg 2015). An early defining model of this spectrum was  
44 Arnstein's (1969) ladder of citizen participation, which suggested a full spectrum from  
45 manipulation to citizen control. In research terms, we might suggest some of the positions  
46 along the spectrum as:  
47  
48  
49  
50

- 51 • Non-Participation (manipulation) – service users partake purely as respondents from  
52 whom data is collected.  
53  
54  
55  
56  
57  
58  
59  
60

- 1
- 2
- 3 • Degrees of moderate involvement – consultation or involvement in steering groups
- 4 only.
- 5
- 6 • Significant involvement - delegated and designated roles within the research as
- 7 researchers.
- 8
- 9 • Participatory Research - involved in the need for and commissioning of research,
- 10 and/or as full team members from research bid through to final report.
- 11
- 12

13 The two concepts of PAR bring different elements and understanding to the research process.

14 Firstly:

15  
16 *Participatory* - this is what Gilbert (2008) refers to as doing with and for, rather than on  
17 others. It is thus concerned with definitions of expertise and knowledge and who controls  
18 these. It comes with what Humphries (2008) identifies as having several principles:  
19  
20

- 21 • a bottom up approach with a focus on locally defined priorities, processes and
- 22 perspectives;
- 23 • striving for equalising power among researchers and researched;
- 24 • a process characterised by a genuine dialogue between researcher and researched;
- 25 • control over definition of problems, methods, analysis and actions is with those most
- 26 affected by the study;
- 27 • the emphasis is on processes as much as on outcomes; and
- 28 • the role of the researcher is one of facilitator and catalyst rather than director.
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36

37 Secondly:

38  
39 *Action* - proposes that action researcher and members of a social setting collaborate in the  
40 understanding of a problem and in the development of a solution based on this understanding  
41 (Bryman 2008). This is supported by an emphasis on:  
42  
43

- 44 • nonintrusive collaboration (including ownership of the project by the group);
- 45 • mutual trust and genuine respect;
- 46 • solidarity (all humanity is connected by a common journey and shared destiny);
- 47 • mutuality and equality (everyone's interests are important);
- 48 • a focus on process (informal interaction that goes beyond a detached working
- 49 relationship and respects others' cultures); and
- 50 • language as an expression of culture and power.
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60

1  
2  
3 Action research seeks intended consequences and expects elements of change to be  
4 experienced by all. It pursues to overtly improve the social situation, with both explicit  
5 practical application and political activity. It can occur across several activities, for example:  
6 organisational change, community development, new projects, practitioner research and  
7 social injustice.  
8  
9  
10

11 The overall approach can be summarised as concerning itself with '*People, Power and*  
12 *Praxis*' (Gilbert 2008) where traditional academic researchers translate their role into one of  
13 facilitating the goals of their co-researchers. Carey (2010) echoes these sentiments, in which  
14 three key considerations are raised: practical impediments, ethical implications and political  
15 dilemmas. He goes onto caution that there are possibilities that participation in research can  
16 mirror some of the current preoccupations in wider policy and provision, where participation  
17 may be encouraged or increased but not necessarily be successful in addressing the power  
18 dynamics; and may even exasperate them.  
19  
20  
21  
22  
23  
24

25 Privileged Access Interviewers (PAI) is a term that best captures why such methods are  
26 especially well suited for research inquiries into areas of activity and with people in  
27 experiences that are subject to societal marginalisation and often referred to as '*hard to*  
28 *reach*'. These include those of substance use. The approach is political apposite where there  
29 is a need to reach into certain populations, who are perhaps not readily captured by traditional  
30 research methodology. There are distinct overlaps with the ethnographic approaches drawn  
31 from social anthropology (Fine and Hancock 2017), and the essential role of those with  
32 access, as established through Whyte's (1993) seminal text and his relationship with Doc.  
33 Ennis and Wykes (2013) concluded that such involvement of service users in the research  
34 process enabled greater levels of recruitment to projects. Further, participatory approaches  
35 (i.e. those emphasising what can be considered as co-production), have a resonance and value  
36 in understanding the experiences of marginalised populations (Tedmanson 2016).  
37  
38  
39  
40  
41  
42  
43  
44

45 The principles of these approaches can, as most research techniques can, be applied to a  
46 range of design, data collection and analysis methods. This said, there is to some degree an  
47 inherent bias towards the subjective rather than the objective. Thus, many articulate for the  
48 use of an extensive range of qualitative written, visual and textual data collection methods  
49 (Bryant 2016), to compliment the traditional dominant paradigm for random control trials,  
50 statistics and surveys.  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 Within these discourses, the use of terminology implies ontological and methodological  
4 positions. The ethical, morale and methodological implications of this language are explored  
5 further on, but for consistency this paper, from hereon in, refers to those whom are actively  
6 involved in the research as participants and those who contribute or offer data examples as  
7 respondents. For expediency, it adopts substance use to capture the diversity of both  
8 'substances' (alcohol, illicit, legal and illegal drugs) and 'use' (dependency, excessive,  
9 harmful, hazardous and recreational).  
10  
11  
12  
13

### 14 **Starting Points**

15  
16  
17 These approaches have several assumptions (or givens) that might be considered as pre-  
18 existing contextual considerations.  
19

20  
21 Whilst the idea that a group of service users will just wander up to a university and ask for  
22 assistance in a research project might sound like the optimum and theoretical starting point  
23 (and indeed does occasionally happen), it is likely (and should be likely if co-production is  
24 indeed an increasingly wider commissioning, policy and service provision norm) that ideas  
25 are generated from within existing involvement activity. This could or should happen in  
26 substance use organisations or fora where meaningful participation is already well established  
27 with regards to other business or activities. This methodology therefore demands that initial  
28 conversations have been reciprocal and not unduly led by agencies/researchers to meet their  
29 own agendas. Thus, involvement prior to design or research bid application, moves research  
30 further along the possible spectrum of participation.  
31  
32  
33  
34  
35  
36

37  
38 From here it is appropriate to have one or two dedicated conversations/meetings that scope  
39 out a project. These might well want to involve others not deemed as participants, as well as  
40 early project initiators. This is important to ensure that the research is supported, welcomed  
41 and has a good level of stakeholder engagement and involvement from the start. These early  
42 conversations need to include explicit exploration of ethical and resourcing issues. Such solid  
43 foundations of shared understanding are important, to help ease future resistance, when goals  
44 are directed towards political change.  
45  
46  
47  
48

49  
50 It is likely, if not desirable or expected, that such a stage maybe the precursor to a formal  
51 funding application. Although as outlined below, acquiring funding is not without its  
52 difficulties. Ideally in such instances, applications are made with participants rather than on  
53 their behalf.  
54  
55  
56  
57  
58  
59  
60



1  
2  
3 It feels important to emphasise that, in these early meetings, service user and participant  
4 voice is strong and not of a singular or representative type. Indeed, some might argue they  
5 need to be the majority for it to be truly participative, and the involvement of other  
6 professionals and researchers is for consultation.  
7  
8

### 9 10 **Identifying and recruiting participants**

11  
12 In many instances those individuals involved in the initial and scoping conversations may  
13 well be those identified as the participants or PAIs. It feels important that potential  
14 participation is invited across many roles and responding to a variety of interest and skills,  
15 such as: project advisories or consultants, full blown participants, advertisers, recruiters,  
16 respondents and supporters. While initial conversations may generate enough involvement, in  
17 many instances there is likely to be the need for further recruitment - especially for PAI type  
18 projects. This will need to follow a purposeful sampling methodology, using a combination  
19 of targeted advertisement (with active consideration given to mobile and social media  
20 methods) and snowballing through existing networks and relationships.  
21  
22  
23  
24  
25  
26

27 There comes a point in participatory methods, if this has not happened fully at inception,  
28 where any project needs to ensure its direction is highly participant led. At this juncture, the  
29 research team (PAI and supporting academics) need to possibly withdraw from wider  
30 stakeholder discussions and begin to enable an approach which is very much service led,  
31 rather than informed. The role of the (academic) researcher here, is to facilitate discussions  
32 and understanding among the participants, and support them to agree upon the specific  
33 methods of inquiry.  
34  
35  
36  
37  
38

39 Substance use research has the possibility to see co-production beyond the service user group  
40 and partnership could see carers, families, practitioners or students become the participant  
41 population.  
42  
43  
44

### 45 **Language and Terminology**

46  
47 Early formulations of this paper, were borne out of and reflect struggles with language. Much  
48 research literature frequently refers to participants. When in the context of an understanding  
49 of genuine partnership involvement, what is being referred to is, those from whom data has  
50 been collected. The use of participant almost seems a hangover of a subject involved in a  
51 controlled experiment, rather than any sense of any co-production; the exceptions perhaps  
52 being those engaged in ethnography or discourse analysis. For us, the ambiguity and  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 confusion was cleared by choosing to be firm in distinguishing between those from whom we  
4 collect data (respondents), and those who actively participate in the other aspects of the  
5 research process (participants).  
6  
7

8 While such deliberations, may appear of semantics, they are in fact rooted in issues of power.  
9  
10 At the heart of them lies a transparent declaration of whether researchers are distinct from  
11 (expert and controlling), or sharing in the same human experience (indeed, most alcohol  
12 researchers are drinkers). The latter position begins to ask fundamental questions of whether  
13 one truth or measurable actuality exists, rather than being a construct of any given (research)  
14 process. Furthermore, it raises questions of who is the expert and in what capacity. It also  
15 suggests the equal validity of all research methods, rather than supporting a hierarchy of the  
16 traditional or dominant. Finally, it implies the assumption of a sharing of access to resources  
17 and rewards from the research process.  
18  
19  
20  
21  
22

### 23 **Ethics**

24  
25 As research, normal ethical considerations and processes must be accounted for. Projects will  
26 need to undertake appropriate due research ethics processes. It is possible that where ethics  
27 boards are predominantly used to, or dominated by traditional positivist and experimental  
28 type research approaches, that understanding of, and support for, PAR approaches maybe  
29 more limited. However, it is our experience that ethical approval is gained when attention is  
30 paid to specific key considerations; notably issues of boundaries and researcher confidence.  
31  
32  
33  
34  
35

36 These approaches have a resonance with ethnography, which in turn helps to inform the  
37 management (or not) of boundary issues. Researchers are considered, if not expected, to be  
38 an active part of the community. Indeed, it is the opposite of aloof non-participatory  
39 observation which, in terms of the politics of involvement, might be considered a more  
40 exploitative and unethical approach. Working within discreet populations, as accessed via a  
41 PAI, challenges the boundaries of what is considered normal confidentiality for other  
42 research methodologies. Tolich (2004) acknowledges that an overt understanding of this  
43 helps accept the limits in the principles of confidentiality. Insiders are more likely to  
44 recognise what other insiders have said. He concludes that internal confidentiality is distinct  
45 from external confidentiality, and suggests the assurances for protection against identification  
46 is with those who were not subjects of the research, rather than within the discreet population  
47 cohort or community.  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 Because the methodology described here is a) not as deterministic or predictable in its course  
4 of action and b) process orientated, then the ethical requirement is for confidence in the  
5 researcher and/or research team (as much as the prescription of methods) and the successful  
6 management of what can appear as more fluid boundaries between the researcher and the  
7 researched. Ethics committee confidence, is often, as with other methods and about relevant  
8 prior experience of the researcher. One of the authors (as a registered social worker) has  
9 found it is important to stress equally the oversight of practice and research ethics. Thus, the  
10 process of being held accountable to a professional regulatory body, compliment those of  
11 research ethics, as might a social work qualification compliment a PhD. This is because many  
12 of the research ethics issues are foremost practice dilemmas.  
13  
14  
15  
16  
17  
18

19  
20 As might be expected, there is also regular concern raised about the use of payments for  
21 participants in this area of research, and possibilities of monies being spent on alcohol or  
22 drugs. The ethical concerns often fall into two considerations: those of undue incentive to  
23 participate, and/or payment leading to risk of harm. However, many researchers have now  
24 clearly articulated why genuine participation (issues of power) require this group of users to  
25 be treated the same as others and that payment is a requisite (Fry et al 2006, Neale et al 2017,  
26 Sandberg 2008). The counter argument, therefore stems around payments as justifiable and  
27 fair reimbursement for time given and expenses occurred. The usual compromise is to  
28 provide individuals with high street shopping vouchers that cannot be exchanged for alcohol  
29 or cigarettes. Fry et al (2006) in their article conclude “...research payments are ethically  
30 acceptable in most circumstances of addictions research, but should be closely scrutinized in  
31 situations where these may exacerbate existing harms or create additional risks for  
32 participants and investigators” (p21). In extreme cases (i.e. street drug dealing or use of  
33 drugs by sex workers), then payment maybe the only way individuals can viably participate  
34 without loss of income earning time, and cash rather than any voucher system will be  
35 required (Sandberg 2008).  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45

### 46 **Funding and research bids**

47  
48 If a bid for a participatory project is to be made with clear evidence of involvement having  
49 informed it, then this involvement also needs funding. For traditional research, bid  
50 preparation activity, is part of the paid job role for academics. To ensure a parity and active  
51 involvement of others, it seems to be an important and logical consideration that some of the  
52 commissioning, policy and organisational fora (referred to above), is also able to create funds  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 and resource capacity for appropriate involvement to inform potential research project  
4 starting points.  
5

6  
7 Even assuming this informed prior application involvement, one of the biggest barriers to  
8 getting such research projects off the ground, is often the successful acquisition of external  
9 funding. Research funds often sit in a competitive bid process, including blind peer review  
10 processes. These processes aspire to establish exactly what a research project is going to do,  
11 so how well detailed and predictable and/or reliable the methodology described is. These  
12 scoring methods often have a bias towards predictive/positivist experimental research over  
13 methods where determining the methodology is a part of the process and not fully determined  
14 prior to. Truly iterative and participatory approaches cannot provide such clarity before they  
15 have begun. In addition, and much like the ethics committee, the bids are assessed by panels  
16 of experts whose own experiences and understanding lie with controlled experiments,  
17 quantitative surveys and statistical modelling rather than qualitative involvement. Thus, there  
18 is a more inherent bias where participatory action approaches are neither understood, nor  
19 valued by those responsible for making such judgements. Typical of those sentiments is the  
20 following example that this author received from a recent 'friendly' reviewer post an award  
21 being made:  
22  
23  
24  
25  
26  
27  
28  
29  
30

31  
32 *The use of participant researchers looks innovative but pretty risky, and the sample*  
33 *size is very small. A small and potentially contentious methodology ... is unlikely to*  
34 *make a big difference to conclusions even if it worked.*  
35  
36

37 This situation was recently acknowledged at the 2017 Alcohol Research UK Annual  
38 Conference, that in part has led to this special edition<sup>1</sup>.  
39  
40

### 41 **Data collection and analysis**

42

43 Whilst all forms of data collection tools can be used within participatory approaches, there is  
44 often an inherent leaning towards the intrapersonal and relationship based inquires, so  
45 frequently qualitative methodology. Whilst this may regularly be done through focus groups  
46 and interviews with schedules and a range of semi-structured questions, participatory  
47 approaches also lend themselves to the use of arts and other creative data capture approaches  
48 (Bryant 2016). Iterative approaches (typical of highly qualitative methods to data collection  
49 and analysis, whereby the experience of one element feeds into and refines the next) feel  
50  
51  
52  
53  
54  
55

---

56 <sup>1</sup> <http://alcoholresearchuk.org/news/alcohol-research-uk-annual-conference-2017/>  
57  
58  
59  
60

1  
2  
3 highly resonant with involvement approaches that are seeking to develop collective  
4 understanding and inform change.  
5

6  
7 It is possible that PAIs will at these junctures require some formative input from the  
8 academics or others within the research team. Thus, some of the research team need at times  
9 to translate facilitator into educator roles. So, the stage here is the sharing of expertise and  
10 knowledge about research techniques. Active consideration must be given to how material  
11 often used in other classroom settings, might need to be adapted for different audiences and  
12 learning needs.  
13  
14  
15

16  
17 It can be useful for PAIs to conduct the data collection method on each other. This provides:  
18 a) safe space to practice and receive feedback on, and refine techniques; and b) potential  
19 initial data that can be used within the wider data collection set. It might be that where data  
20 has been collected via film or audio, that the experienced researcher facilitator also watches  
21 and listens to the data, to provide supportive feedback to PAIs. Similarly, methods of analysis  
22 might need to be explained or adapted to suit the needs of the PAI population. Consideration  
23 needs to be given to how best to support PAI involvement in analysis, so without assumption  
24 about access to and competence in IT. Some PAIs will want to be actively involved in the use  
25 of say SPSS or NVivo, but for others, a paper based or aural process may be more suitable.  
26 Added reliability can occur with dual analysis approaches and then comparison of  
27 interpretations, so one approach for some PAIs and then a complimentary or additional one  
28 from the experienced or academic team members. An active but supportive role of  
29 experienced researchers within the cohort, can act as an additional process of quality  
30 assurance.  
31  
32  
33  
34  
35  
36  
37  
38  
39

40 Recruitment of respondents, is likely to follow the same purposeful sampling methodology,  
41 using a combination of targeted advertisement (with active consideration given to mobile and  
42 social media methods) and snowballing through the existing networks and relationships used  
43 in PAI recruitment. Research that utilises peer and recovery groups means that individuals are  
44 known to each other within the community. Reflexive considerations of insider research  
45 approaches are required. Within this, identification of what proximity to potential  
46 respondents the PAIs are should be undertaken and used as inclusion or exclusion criteria; or  
47 passed onto another PAI within the project.  
48  
49  
50  
51  
52

53  
54 As PAIs spread out into the respective community and collect data, the experienced members  
55 of the team must be available for ongoing mentoring and support.  
56  
57  
58  
59  
60

### Post data considerations

Like other research methods, it is good to find a process by which emerging outcomes can be 'tested' out with those most likely to be impacted; and their responses to this, can shape any final conclusions. This could include taking initial findings back to any initiating fora or project advisory group. Active recovery communities, are also likely to provide on-going spaces where PAIs can test and make sense of emerging findings and conclusions.

It is likely that commissioners of research will want to see traditional 'research reports'. Further, any academics involved will want to, and be under pressure to, publish within peer review journals. In both these regards it is important that a) the opportunity to participate in 'writing up' is extended to PAIs, and b) irrespective of their involvement in the writing up, they are fully acknowledged (with consent) as co-authors. However, some projects, some groups etc., may also identify other non-written ways of wanting to present research findings. The adoption of these seems important, especially when considering research as both involved and action orientated. The change implied in action is likely to come from the widest of dissemination approaches.

Part of an action orientated methodology, which has process as important as outcomes, and considers outcomes for all, is about establishing sustainable PAI populations to then a) advise and support commissioning of future research, b) get involved in other projects, and c) act as peer mentors for future PAIs.

### Applied Framework

It is possible to synthesise these considerations into a broad or proximate framework (model) comprising multiple stages.

Table 1: Model of stages of Participant Action Research approach

*Insert table 1 here*

Stages are iterative and overlap.

\* These stages involve processes and organisations that are possibly external to the research team, so not fully within projects influence.

### Applied considerations

1  
2  
3 This paper has been influenced by a diversity of previous and on-going research projects.  
4 However, given the considerations described, it has equally (if not more so) been informed  
5 by: many unsuccessful research bids, policy conversations, recovery group deliberations and  
6 reflections on the limitations of other research (including ours). This final section offers some  
7 of the learning we have acquired through these experiences.  
8  
9

10  
11 PAR projects require a lot of (and at times freely given) energy and time, to ensure they are  
12 successful and sustainable. Several of the recent projects we have contributed to, have come  
13 out of long-term prior existing relationships. In other words, we have been actively involved  
14 in those fora discussed in the earlier part of this paper. This requires the academic researcher  
15 to spend time out and about in the community. Notably, we have been active members of  
16 recovery group networks and partnerships, often giving skills and time just like any other  
17 volunteer. Successful bids and projects are far more likely to come from already established  
18 and trusting relationships. We have, as is consistent with other research approaches, spent  
19 time doing early, small and unfunded pilot formulations. There is a need to continue,  
20 especially in economic climates where organisations and universities increasingly seek to  
21 restrict activities to those associated with computerised workload management agendas, for  
22 researchers to articulate that such time spent is necessary and valuable - especially as this is  
23 required to be off site. There is scope here to use organisational good citizenship or social  
24 good agendas to help meet these goals.  
25  
26

27  
28 That participatory research, especially that involving action (for change), is as much a  
29 political, as it is research activity has therefore been one of the earliest and consistent  
30 messages. Biskin et al (2013) identify how even the simple task of social work students being  
31 encouraged in the classroom to expect service user and carer involvement, then meet  
32 resistance when wanting to account for whether they actually experience such in practice  
33 through a research project. So, whilst the service user involvement agenda is well established  
34 in substance use policy and provision agendas, it has yet to fully impact on the research  
35 world. Service user involvement has tended to primarily focus on the active participation of  
36 'users' within treatment policy and provision agendas, rather than all users and ex users and  
37 including evaluation and research activities. In a recently completed review of the Welsh  
38 Governments 10-year alcohol (and drug) strategy, there was no PAR material amongst the  
39 relevant data sets and evaluations (Livingston et al 2017).  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60



1  
2  
3 PAR and PAI approaches require inclusivity, and measured risk taking, if they are to succeed  
4 in being different and provide alternative explanations. We have had expressed to us concerns  
5 about PAIs interviewing those who are still actively using and exposing their own  
6 vulnerability to relapse (which assumes that PAIs are abstinent – which need not necessarily  
7 be the case) and how rigid (or not) any criteria for PAIs needs to be. This in turn, raises  
8 concerns for us, about whether researchers could be tempted into using PAI recruitment  
9 methodologies which are too strict, or too controlling, unless they themselves are prepared to  
10 take a few risks. PAR research ought to have the capacity to involve the whole spectrum of  
11 use or not. It is by its nature risk taking rather than risk adverse. When working with those in  
12 recovery as PAIs, it seems important to entrust to their already successfully developed  
13 notions of management and networks of support, rather than impose secondary researcher led  
14 frameworks. In fact, this makes us think that the success of PAI methodologies is also  
15 shaped by the characteristics of the research facilitator as it those of the PAIs recruited.  
16 Inclusivity and risk taking is thus required by those; commissioning, evaluating, overseeing  
17 and undertaking research. This seems to be only a fair and reciprocal to the risk we ask of  
18 others in entrusting and sharing their experiences with us.

19  
20 It feels as if over the last decade that the tide is finally turning. Indeed, the ARUK conference  
21 that is the precursor and inspiration for this special edition, is one obvious marker in this  
22 evolutionary journey. The explicit requirement to demonstrate involvement now appears to  
23 be a regular element of research bid application process requirements. Indeed, we have had  
24 more bid success of late (albeit maybe it is just that we have got a bit better at that bit).  
25 Notably, and very recently, an acceptance of the validity of the contribution these methods  
26 can make to enhance a complexity of methods in understanding national policy, has been  
27 acknowledged by Health Scotland in its commissioning of participatory methods as one of  
28 the streams within the evaluation of the impact of minimum unit pricing on harmful drinkers  
29 (NHS Health Scotland 2017).

### 30 31 32 **Concluding discussion**

33  
34 At one level, there is nothing revolutionary in the principles of PAR or the methodological  
35 considerations explored within this paper. In part, they just feel like good conscious and  
36 reflexive research practices. However, at another level they seek to comprehensively resonate  
37 with aspirations for greater service user involvement in policy, practice and research  
38 activities. They have a feel of the ideological, a set of best laid aspirations and intentions. In  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60



1  
2  
3 this sense, the revolutionary comes from trying to meet as many of the ambitions as possible  
4 within each project, while contributing to an overall picture of change and challenge to an  
5 existing order that places expert led controlling experimental research at the pinnacle of  
6 perceived research hierarchies.  
7  
8

9  
10 It is possible to reduce these complex discussions into three clear reasons why we should do  
11 and see more PAR/PAI research within alcohol and other drug studies. Firstly, this feels like  
12 a moral imperative. It is just the right thing to do. There has been an explosion in service user  
13 involvement in policy and service provision for substance use, and this needs to be matched  
14 by those researching such. Substances are widely consumed in society, including by  
15 researchers, the boundaries between an 'us and them' population often maintained by  
16 researchers, in this instance seems particularly false. It maybe that we need to turn the  
17 traditional research ethics preoccupation with protecting the vulnerable on its head, and into  
18 one of entrust, empower and respect. Secondly, this is a political issue. It raises fundamental  
19 questions of ontology and epistemology. A challenge to a dominant and vested interest about  
20 who does research and how. It asks questions of who is the 'expert'. It asks that research has  
21 an impact beyond the vested interest of the academic career and the research frameworks that  
22 academic institutions are increasingly judged by. Finally, and this is the purpose of research,  
23 new methodologies help create new understanding. There is more than one way to know how.  
24 It is a direct and appropriate response to Orford's (2008) seminal paper that argued for  
25 substance use research to move beyond its preoccupation with the randomised control trial.  
26 These are methodologies that enable us to gain a greater insight into the nature of experiences  
27 and relationships that are at the core of understanding why individuals develop difficulties  
28 regarding their substance use and how they might best be supported in developing healthier  
29 lifestyles.  
30  
31

32  
33  
34 It is possible to see two overlapping 'new' waves at work here. Where research has accepted  
35 the role of the sociological and qualitative to compliment the experimental and quantitative, it  
36 has yet to fully embrace moves to take this outside of the academy. Similarly, where  
37 substance use has embraced harm reduction and whole population agendas as a response to  
38 narrow disease model understandings, it has yet to fully reconcile itself with some of the  
39 newer debates and understanding about recovery and the increased control and involvement  
40 of those most affected. This paper simply seeks to contribute to these journeys.  
41  
42

## 43 44 45 46 47 48 49 50 51 52 53 54 55 **References** 56 57 58 59 60

- 1  
2  
3 Arnstein, S. R. (1969) "A Ladder of Citizen Participation," *JAIIP*, 35(4). 216-224  
4  
5 Biskin, S. Barcroft, V. Livingston, W. and Snape, S (2013). Exploring service user and care  
6 involvement on a social work degree programme, *Social Work Education: The International*  
7 *Journal*, 32(3), pp.301-316.  
8  
9  
10 Bradbury, H., and Reason, P. (2003). Action research: An opportunity for revitalizing  
11 research purpose and practices. *Qualitative Social Work*, 2(2), 155–175  
12  
13  
14 Brett, J., Staniszewska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C. and  
15 Suleman, R. (2014), Mapping the impact of patient and public involvement on health and  
16 social care research: a systematic review. *Health Expectations*, 17(5): 637–650  
17  
18  
19 Bryant, L. (2016) Introduction in Bryant, L. ed (2016) *Critical and Creative Research*  
20 *Methodologies in Social Work*, Routledge London (75-92).  
21  
22  
23  
24 Bryman, A. (2008) *Social Research Methods* Oxford, Oxford University Press.  
25  
26 Carey, M. (2010) Should I stay or should I go? Practical, ethical and political challenges to  
27 'Service User' Participation within Social work research. *Qualitative Social Work* 10(2):  
28 224–243.  
29  
30  
31 Ennis and Wykes (2013) Impact of patient involvement in mental health research:  
32 longitudinal study *The British Journal of Psychiatry* 203: 381–386.  
33  
34  
35 Fine, G. A and Hancock, B. H.(2017) The new ethnographer at work *Qualitative Research*  
36 17(2): 260 – 268.  
37  
38  
39 Fry, C.: Hall, W; Ritter, A and Jenkinson, R (2006) The ethics of paying drug users the ethics  
40 of paying drug users who participate in research: a review and practical recommendations  
41 who participate in research: a review and practical recommendations. *Journal of Empirical*  
42 *Research on Human Research Ethics*,. 21-36.  
43  
44  
45  
46 Gilbert, N (2008) *Researching Social Life* London, Sage.  
47  
48  
49 Humphries, B (2008) *Social Work Research for Social Justice* Basingstoke Palgrave  
50 Macmillan  
51  
52  
53 Livingston W. (2016) Responding to Orford: Diverse methodological aspirations *Alcohol*  
54 *Research UK Early Researcher Symposium*, March 15th Birmingham  
55  
56  
57  
58  
59  
60

1  
2  
3 [http://www.fead.org.uk/video/dr-wulf-livingston-responding-to-orford-diverse-](http://www.fead.org.uk/video/dr-wulf-livingston-responding-to-orford-diverse-methodological-aspirations/)  
4 [methodological-aspirations/](http://www.fead.org.uk/video/dr-wulf-livingston-responding-to-orford-diverse-methodological-aspirations/) [Accessed 01-08-2017]  
5

6  
7 Livingston, W (2017) Participatory Action Research (PAR) Research: Considerations for a  
8 qualitative methodological approach. *Kettil Bruun Society: Symposium* (Sheffield) June 5-9th  
9 (Paper available).

10  
11  
12 Livingston, W. Baker, M. Atkins, B and Jobber, S. (2011) 'A tale of the spontaneous  
13 emergence of a recovery group and the characteristics that are making it thrive: Exploring the  
14 politics and knowledge of recovery' *The Journal of Groups in Addiction and Recovery* 6(1),  
15 pp. 176-196.  
16  
17

18  
19 Livingston, W; Perkins, A; McCarthy, T; Madoc-Jones, I; Wighton, S; Wilson, F and  
20 Nicholas, D (2017). *Review of Working Together to Reduce Harm: Final Report* (Due for  
21 publication September 2017).  
22  
23

24  
25 NHS Health Scotland (2017) *Evaluation of minimum unit pricing*  
26 <http://www.healthscotland.scot/health-topics/alcohol/evaluation-of-minimum-unit-pricing>  
27  
28 [Accessed 01-08-2017]  
29

30  
31 Neale, J; Black, L; Getty, M; Hogan, C; Lennon, P; Lora, C; McDonald, R; Strang, J;  
32 Tompkins, C; Usher, J, Villa, G; and A, Wylie (2017): Paying participants in addiction  
33 research: is cash king?, *Journal of Substance Use* Advanced Online Access  
34 <http://dx.doi.org/10.1080/14659891.2016.1259367> [Accessed 01-08-2017].  
35  
36  
37

38  
39 Orford, J (2008) Asking the right questions in the right way: the need for a shift in research  
40 on psychological treatments for addiction *Addiction*, Volume 103, Number 6, pp875-85  
41

42 Reason, P and Bradbury H (Eds.) (2001) *The Handbook of Action Research*. London, UK;  
43 Thousand Oaks, CA: Sage  
44

45  
46 Sandberg, S. (2008) 'Black drug dealers in a white welfare state: Cannabis dealing and street  
47 capital in Norway', *British Journal of Criminology*, 48(5), pp. 604-619.  
48

49  
50 Tedmanson, D (2016) Ngapartji Ngapartji – Narratives of Reciprocity in 'Yarning Up'  
51 Participatory Research in Bryant, L. ed (2016) *Critical and Creative Research Methodologies*  
52 *in Social Work*, Routledge London (75-92).  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 Tolich, M. (2004) Internal Confidentiality: When Confidentiality Assurances Fail Relational  
4 Informants *Qualitative Sociology* 27(1): 101-106.  
5

6  
7 Voorberg, W. H.; Bekkers, V. J. J. M and Tummers, L.G.(2015) A Systematic Review of  
8 Co-Creation and Co-Production: Embarking on the social innovation journey, *Public*  
9 *Management Review*, 17(9), 1333-1357.  
10

11  
12 Whyte, W.F (1993) Street Corner Society: *The Social Structure of an Italian Slum* (4<sup>th</sup> edn)  
13 Chicago, University of Chicago Press.  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 Drugs and Alcohol Today Article – Response to Reviewers.  
4  
5

6 We are grateful to both reviewers for the positive responses. We are in broad agreement with the  
7 observations and suggestions made, and that they would improve the overall articles submission.  
8 We have made minor amendments accordingly.  
9

10 Reviewer: 1

11 Comments:

12  
13 I felt there could be a fuller discussion of the ethics of reimbursements see e.g. Ritter, 2003; fry et  
14 al., 2006; or Neale et al., 2017.  
15

16 **While two of these sources were already cited, we have revisited the section and looked in particular**  
17 **at the issue of cash as opposed to vouchers**

18  
19 Difficulties of Funding - I wondered whether the authors had any suggestions to overcome this?  
20

21 **Some suggestions are embedded in the applied considerations**

22  
23 Post data considerations – I think the authors' ideas regarding PAI involvement in writing-up papers  
24 and especially co-authorship is novel and important.  
25

26 **See point below in regards to this paper and reviewer 2's comments**

27  
28 Needs proof reading for a sporadic and overuse of commas.

29 **This has been attended to and each letter preceding deleted comma has been highlighted**  
30  
31

32  
33 Reviewer: 2

34  
35 Would it be worth including a reference on page 5 line 42 when referring to '..some might argue  
36 they need to be the majority...'  
37

38 **Added**

39  
40 The second paragraph on page 7 looks a little one sided, the limitations of 'non-participatory  
41 research' are highlighted, perhaps briefly balancing this with the strengths of such an approach  
42 might help even this section up a little.  
43

44 **Additional sentences added**

45  
46 The description of the process of applying for research funds in the last paragraph on page 8 is good  
47 but would benefit from another supporting reference.  
48

49 **Reference added**

50  
51 Is it worth referring to the British Medical Journal approach ? the BMJ has adopted a requirement  
52 that all papers submitted state clearly how patients/service users have been actively involved.  
53

54 **This is has been noted in the applied considerations**

55  
56 It wasn't clear if the authors had consulted service users or involved them in writing this paper ?  
57 there is a suggestion in the introduction that the writing is based on the authors' experience working  
58  
59  
60

1  
2  
3 with such people over some time but given the arguments raised in this paper some explanation of  
4 how the authors approached this (or not) is needed.

5  
6 **The wording in the introduction has been clarified**

7  
8 **A new paragraph added in post data considerations**

9  
10 The conclusion does bring together the main strands of the paper however the first of the three  
11 points referred to includes the issue of 'us and them' when referring to boundaries between  
12 researchers and service users - this is an interesting point which is only briefly explored in the main  
13 text when referring to researchers consuming alcohol, I think this line of thought is interesting and  
14 could be expanded a little in the main body of the paper.

15  
16 **Several additional sentences have been added/amended to reiterate this point in other sections –**  
17 **e.eg confidentiality, language etc**

18  
19 I wonder if there is scope to tailor or at least more directly relate the points made directly to drugs  
20 and alcohol. A few examples are given but I suspect there is potential to make more explicit  
21 reference and links.

22  
23 **Where possible, within word count we have tried to make this more overt**

## 24 25 26 27 28 **Participatory Action Research (PAR) Research – Critical methodological considerations**

29  
30  
31 Authors

32  
33  
34  
35  
36 Correspondence address –

### 37 38 **Abstract**

39  
40 Purpose: The purpose of this paper is to explore a range of key deliberations with regards to  
41 adopting Participatory Action Research (PAR) and Privileged Access Interviewer (PAI)  
42 approaches and methodologies within research on substance use

43  
44 Design/methodology/approach: This paper is a reflective piece, it adopts a mixture of applied  
45 practice and theory considerations. These conceptualisations capture what are still relatively  
46 early understandings and uses of such methodologies, acquired across several decades of  
47 research and service provision experiences. The paper is structured around some of the  
48 sequences of the research process and as such provides a broad framework for such  
49 approaches.  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

Findings: PAR and PAI approaches utilise several key theoretical considerations. There are many critical issues associated with adopting these approaches, including those of ethics, funding, involvement, language, resources and support. Three key principle reasons (moral, political and research based), help explain why we should see more adoption of such approaches in substance use related research.

Research limitations/implications: This paper represents author views which are by their nature very subjective.

Practical implications: Implementation of the key considerations highlighted within this paper can lead to an active adoption of PAR and PAI methodologies within alcohol and drug research. Increasing the use of such methodologies will allow commissioners, researchers and service providers to develop a more nuanced understanding of the experiences of and responses to alcohol and drug use.

Originality/value: This paper captures critical conversations at a time of increased calls for service user involvement across all aspects of alcohol and other drug provision, including evaluation and research.

Key Words: Alcohol and Drugs, Involvement, Participatory Action Research, Research Methodologies, Substance Use

## **Introduction**

This paper is explicitly the current views of its named authors. However, like all research papers, it builds upon previous experiences and projects (for example Bislin et al 2013, Author et al 2011) and previous writing (Author 2016, 2017). Therefore, much of what is offered emanates from co-production activities with other actors which have influenced its formulation. Given its nature, it would be inappropriate to not start by stating that this paper is the consequence of all the generous sharing by and with *all* those we have worked with across numerous years in research and service provision. We are grateful to them for educating us and as such we feel advocates rather than originators of the sentiments contained within this paper.

Participant Action Research (PAR) combines two separate research concepts:

- Participation - active involvement of 'subjects' in the research process; and
- Action - defining social problems and solving them.

1  
2  
3 It sits within a spectrum of what is considered patient, public or service user involvement.  
4 The movement to increased participation is often concentrated on provision and receipt of  
5 health and social care services, but also includes research into the effectiveness of services  
6 too (Brett et al 2014, Voorberg 2015). An early defining model of this spectrum was  
7 Arnstein's (1969) ladder of citizen participation which suggested a full spectrum from  
8 manipulation to citizen control. In research terms we might suggest some of the positions  
9 along the spectrum as:  
10  
11  
12  
13

- 14 • Non-Participation (manipulation) – service users partake purely as respondents from  
15 whom data is collected.
- 16 • Degrees of moderate involvement – consultation or involvement in steering groups  
17 only.
- 18 • Significant involvement - delegated and designated roles within the research as  
19 researchers.
- 20 • Participatory Research - involved in the need for and commissioning of research,  
21 and/or as full team members from research bid through to final report.  
22  
23  
24  
25  
26  
27

28 The two concepts of PAR bring different elements and understanding to the research process,  
29 including that of alcohol and drugs.  
30  
31

32 Firstly:

33  
34 *Participatory* - this is what Gilbert (2008) refers to as doing with and for, rather than on  
35 others. It is thus concerned with definitions of expertise and knowledge and who controls  
36 these. It comes with what Humphries (2008) identifies as having several principles:  
37  
38  
39

- 40 • a bottom up approach with a focus on locally defined priorities, processes and  
41 perspectives;
- 42 • striving for equalising power among researchers and researched;
- 43 • a process characterised by a genuine dialogue between researcher and researched;
- 44 • control over definition of problems, methods, analysis and actions is with those most  
45 affected by the study;
- 46 • the emphasis is on processes as much as on outcomes; and  
47 • the role of the researcher is one of facilitator and catalyst rather than director.  
48  
49  
50  
51  
52  
53

54 Secondly:  
55  
56  
57  
58  
59  
60



1  
2  
3 *Action* - proposes that action researcher and members of a social setting collaborate in the  
4 understanding of a problem and in the development of a solution based on this understanding  
5  
6 (Bryman 2008). This is supported by an emphasis on:

- 7  
8
- 9 • nonintrusive collaboration (including ownership of the project by the group);
  - 10 • mutual trust and genuine respect;
  - 11 • solidarity (all humanity is connected by a common journey and shared destiny);
  - 12 • mutuality and equality (everyone's interests are important);
  - 13 • a focus on process (informal interaction that goes beyond a detached working
  - 14 relationship and respects others' cultures); and
  - 15 • language as an expression of culture and power.
- 16  
17  
18  
19

20  
21 Action research seeks intended consequences and expects elements of change to be  
22 experienced by all. It pursues to overtly improve the social situation with explicit practical  
23 application and political activity. It can occur across several activities, for example:  
24 organisational change, community development, new projects, practitioner research and  
25 social injustice.  
26  
27

28  
29 The overall approach can be summarised as concerning itself with '*People, Power and*  
30 *Praxis*' (Gilbert 2008) where traditional academic researchers translate their role into one of  
31 facilitating the goals of their co-researchers. Carey (2010) echoes these sentiments in which  
32 three key considerations are raised: practical impediments, ethical implications and political  
33 dilemmas. He goes onto caution that there are possibilities that participation in research can  
34 mirror some of the current preoccupations in wider policy and provision, where participation  
35 may be encouraged or increased but not necessarily be successful in addressing the power  
36 dynamics; and may even exasperate them.  
37  
38  
39  
40  
41  
42

43 Privileged Access Interviewers (PAI) is a term that best captures why such methods are  
44 especially well suited for research inquiries into areas of activity and with people in  
45 experiences that are subject to societal marginalisation and often referred to as '*hard to*  
46 *reach*'. These include those of substance use. The approach is political apposite where there  
47 is a need to reach into certain populations who are perhaps not readily captured by traditional  
48 research methodology. There are distinct overlaps with the ethnographic approaches drawn  
49 from social anthropology (Fine and Hancock 2017), and the essential role of those with  
50 access as established through Whyte's (1993) seminal text and his relationship with Doc.  
51 Ennis and Wykes (2013) concluded that such involvement of service users in the research  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 process enabled greater levels of recruitment to projects. Further, participatory approaches  
4 (i.e. those emphasising what can be considered as co-production) have a resonance and value  
5 in understanding the experiences of marginalised populations (Tedmanson 2016), including  
6 alcohol and drug use.  
7  
8

9  
10 The principles of these approaches like most research techniques be applied to a range of  
11 design, data collection and analysis methods. This said, there is to some degree an inherent  
12 bias towards the subjective rather than the objective. Thus, many articulate for the use of an  
13 extensive range of qualitative written, visual and textual data collection methods (Bryant  
14 2016) to compliment the traditional dominant paradigm for random control trials, statistics  
15 and surveys.  
16  
17  
18  
19

20 Within these discourses the use of terminology implies ontological and methodological  
21 positions. The ethical, morale and methodological implications of this language are explored  
22 further on; but for consistency this paper, from hereon in, refers to those whom are actively  
23 involved in the research as participants and those who contribute or offer data examples as  
24 respondents. For expediency it adopts substance use to capture the diversity of both  
25 'substances' (alcohol, illicit, legal and illegal drugs) and 'use' (dependency, excessive,  
26 harmful, hazardous and recreational).  
27  
28  
29  
30  
31

### 32 **Starting Points**

33  
34 These approaches have several assumptions (or givens) that might be considered as pre-  
35 existing contextual considerations.  
36  
37

38 Whilst the idea that a group of alcohol and drug service users will just wander up to a  
39 university and ask for assistance in a research project might sound like the optimum and  
40 theoretical starting point (and indeed does occasionally happen), it is likely (and should be  
41 likely if co-production is indeed an increasingly wider commissioning, policy and service  
42 provision norm) that ideas are generated from within existing involvement activity. This  
43 could or should happen in substance use organisations or fora where meaningful participation  
44 is already well established with regards to other business or activities. This methodology  
45 therefore demands that initial conversations have been reciprocal and not unduly led by  
46 agencies/researchers to meet their own agendas. Thus, involvement prior to design or  
47 research bid application moves research further along the possible spectrum of participation.  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 From here it is appropriate to have one or two dedicated conversations/meetings that scope  
4 out a project. These might well want to involve others not deemed as participants as well as  
5 early project initiators. This is important to ensure that the research is supported, welcomed  
6 and has a good level of stakeholder engagement and involvement from the start. These early  
7 conversations need to include explicit exploration of ethical and resourcing issues. Such solid  
8 foundations of shared understanding are important to help ease future resistance when goals  
9 are directed towards political change.  
10  
11  
12  
13

14  
15 It is likely, if not desirable or expected, that such a stage maybe the precursor to a formal  
16 funding application. Although, as outlined below, acquiring funding is not without its  
17 difficulties. Ideally in such instances applications are made with participants rather than on  
18 their behalf.  
19  
20  
21

22 It feels important to emphasise that, in these early meetings, service user and participant  
23 voice is strong and not of a singular or representative type. Indeed, some might argue they  
24 need to be the majority for it to be truly participative, and the involvement of other  
25 professionals and researchers is for consultation (McLaughlin 2010).  
26  
27  
28

### 29 **Identifying and recruiting participants**

30

31 In many instances those individuals involved in the initial and scoping conversations may  
32 well be those identified as the participants or PAIs. It feels important that potential  
33 participation is invited across many roles and responding to a variety of interest and skills,  
34 such as: project advisories or consultants, full blown participants, advertisers, recruiters,  
35 respondents and supporters. While initial conversations may generate enough involvement, in  
36 many instances there is likely to be the need for further recruitment - especially for PAI type  
37 projects. This will need to follow a purposeful sampling methodology, using a combination  
38 of targeted advertisement (with active consideration given to mobile and social media  
39 methods) and snowballing through existing substance use networks, relationships and  
40 recovery organisations.  
41  
42  
43  
44  
45  
46

47  
48 There comes a point in participatory methods, if this has not happened fully at inception,  
49 where any project needs to ensure its direction is highly participant led. At this juncture the  
50 research team (PAI and supporting academics) need to possibly withdraw from wider  
51 stakeholder discussions and begin to enable an approach which is very much service led,  
52 rather than informed. The role of the (academic) researcher here is to facilitate discussions  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 and understanding among the participants, and support them to agree upon the specific  
4 methods of inquiry.  
5

6 Substance use research has the possibility to see co-production beyond the service user group  
7 and partnership could see carers, families, practitioners or students become the participant  
8 population.  
9  
10

### 11 **Language and Terminology**

12  
13  
14 Early formulations of this paper were borne out of and reflect struggles with language. Much  
15 research literature frequently refers to participants. When in the context of an understanding  
16 of genuine partnership involvement, what is being referred to is those from whom data has  
17 been collected. The use of participant almost seems a hangover of a subject involved in a  
18 controlled experiment, rather than any sense of any co-production; the exceptions perhaps  
19 being those engaged in ethnography or discourse analysis. For us, the ambiguity and  
20 confusion were cleared by choosing to be firm in distinguishing between those from whom  
21 we collect data (respondents), and those who actively participate in the other aspects of the  
22 research process (participants).  
23  
24  
25  
26  
27  
28

29 While such deliberations may appear of semantics, they are in fact rooted in issues of power.  
30 They challenge perceptions of 'us and them' populations. At the heart of them lies a  
31 transparent declaration of whether researchers are distinct from (expert and controlling), or  
32 sharing in the same human experience (indeed most alcohol researchers are drinkers). The  
33 latter position begins to ask fundamental questions of whether one truth or measurable  
34 actuality exists, rather than being a construct of any given (research) process. Furthermore, it  
35 raises questions of who is the expert and in what capacity. It also suggests the equal validity  
36 of all research methods, rather than supporting a hierarchy of the traditional or dominant.  
37 Finally, it implies the assumption of a sharing of access to resources and rewards from the  
38 research process.  
39  
40  
41  
42  
43  
44  
45

### 46 **Ethics**

47  
48  
49 As research, normal ethical considerations and processes must be accounted for. Projects will  
50 need to undertake appropriate due research ethics processes. It is possible that where ethics  
51 boards are predominantly used to, or dominated by traditional positivist and experimental  
52 type research approaches, that understanding of (and support for) PAR approaches maybe  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 more limited. However, it is our experience that ethical approval is gained when attention is  
4 paid to specific key considerations; notably issues of boundaries and researcher confidence.  
5

6  
7 These approaches have a resonance with ethnography, which in turn helps to inform the  
8 management (or not) of boundary issues. Researchers are considered, if not expected, to be  
9 an active part of the community. Indeed, it is the opposite of aloof non-participatory  
10 observation which, in terms of the politics of involvement, might be considered a more  
11 exploitative and unethical approach. Active researcher participation offers the opportunity of  
12 more realistic, transparent and trustworthy interactions. It works with continuums of  
13 populations and communities, rather than suggestions of 'us and them' populations. Working  
14 within discreet populations (as accessed via a PAI) challenges the boundaries of what is  
15 considered normal confidentiality for other research methodologies. Tolich (2004)  
16 acknowledges that an overt understanding of this helps accept the limits in the principles of  
17 confidentiality. Insiders are more likely to recognise what other insiders have said. He  
18 concludes that internal confidentiality is distinct from external confidentiality and suggests  
19 the assurances for protection against identification is with those who were not subjects of the  
20 research, rather than within the discreet population cohort or community.  
21

22  
23 Because the methodology described here is a) not as deterministic or predictable in its course  
24 of action and b) process orientated, then the ethical requirement is for confidence in the  
25 researcher and/or research team (as much as the prescription of methods) and the successful  
26 management of what can appear as more fluid boundaries between the researcher and the  
27 researched. Ethics committee confidence is often, as with other methods, about any relevant  
28 prior experience of the researcher. One of the authors (as a registered social worker) has  
29 found it is important to stress equally the oversight of practice and research ethics. Thus, the  
30 process of being held accountable to a professional regulatory body compliment those of  
31 research ethics, as might a social work qualification compliment a PhD. This is because many  
32 of the research ethics issues are foremost practice dilemmas.  
33

34  
35 As might be expected, there is also regular concern raised about the use of payments for  
36 participants in this area of research. The ethical concerns often fall into two considerations:  
37 those of undue incentive to participate (Ritter et al 2003), and/or payment leading to risk of  
38 harm, notably with the possibilities of monies being spent on substances. However, many  
39 researchers have now clearly articulated why genuine participation (issues of power) require  
40 this group of users to be treated the same as others and that payment is a requisite (Fry et al  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

2006, Neale et al 2017, Sandberg 2008). Fry et al (2006) in their article conclude “...research payments are ethically acceptable in most circumstances of addictions research, but should be closely scrutinized in situations where these may exacerbate existing harms or create additional risks for participants and investigators” (p21). This counter argument therefore stems around payments as justifiable and fair reimbursement for time given and expenses occurred. The concerns about cash being spent on substances is usually compromised by providing individuals with high street shopping vouchers that cannot be exchanged for alcohol or cigarettes. Participants in research studies have expressed that the use of vouchers can present implied lack of trust or feel paternalistic and may even in some instances increase (not decrease) risk (Neale et al 2017). For some individuals (i.e. street drug dealing or use of drugs by sex workers) payment maybe the only way individuals can viably participate without loss of income earning time; and reimbursement in cash rather than vouchers will be a necessity to enable participation (Sandberg 2008).

### **Funding and research bids**

If a bid for a participatory project is to be made with clear evidence of involvement having informed it, then this involvement also needs funding. For traditional research bid preparation activity is part of the paid job role for academics. To ensure a parity and active involvement of others, it seems to be an important and logical consideration that some of the substance use commissioning, policy and organisational fora (referred to above) is also able to create funds and resource capacity for appropriate involvement to inform potential research project starting points (Minkler et al 2003).

Even assuming this informed prior application involvement, one of the biggest barriers to getting such research projects off the ground is often the successful acquisition of external funding. Research funds often sit in a competitive bid process, including blind peer review processes. These processes aspire to establish exactly what a research project is going to do, so how well detailed and predictable and/or reliable the methodology described is. These scoring methods often have a bias towards predictive/positivist experimental research over methods where determining the methodology is a part of the process and not fully determined prior to. Truly iterative and participatory approaches cannot provide such clarity before they have begun. In addition, and much like the ethics committee, the bids are assessed by panels of experts whose own experiences and understanding lie with controlled experiments, quantitative surveys and statistical modelling rather than qualitative involvement. Thus, there

1  
2  
3 is a more inherent bias where participatory action approaches are neither understood, nor  
4 valued by those responsible for making such judgements. Typical of those sentiments is the  
5 following example that this author received from a recent ‘friendly’ reviewer post an award  
6 being made:  
7  
8

9  
10 *The use of participant researchers looks innovatory but pretty risky, and the sample*  
11 *size is very small. A small and potentially contentious methodology ... is unlikely to*  
12 *make a big difference to conclusions even if it worked.*  
13  
14

15 This situation was recently acknowledged at the 2017 Alcohol Research UK Annual  
16 Conference, that in part has led to this special edition<sup>1</sup>.  
17  
18

### 19 **Data collection and analysis**

20  
21 Whilst all forms of data collection tools can be used within participatory approaches there is  
22 often an inherent leaning towards the intrapersonal and relationship based inquires, so  
23 frequently qualitative methodology. Whilst this may regularly be done through focus groups  
24 and interviews with schedules and a range of semi-structured questions, participatory  
25 approaches also lend themselves to the use of arts and other creative data capture approaches  
26 (Bryant 2016). Iterative approaches (typical of highly qualitative methods to data collection  
27 and analysis, whereby the experience of one element feeds into and refines the next) feel  
28 highly resonant with involvement approaches that are seeking to develop collective  
29 understanding and inform change.  
30  
31  
32  
33  
34  
35

36  
37 It is possible that PAIs will at these junctures require some formative input from the  
38 academics or others within the research team. Thus, some of the research team need at times  
39 to translate facilitator into educator roles. So, the stage here is the sharing of expertise and  
40 knowledge about research techniques. Active consideration must be given to how material  
41 often used in other classroom settings might need to be adapted for different audiences and  
42 learning needs.  
43  
44  
45  
46

47 It can be useful for PAIs to conduct the data collection method on each other. This provides:  
48 a) safe space to practice and receive feedback on, and refine techniques; and b) potential  
49 initial data that can be used within the wider data collection set. It might be that where data  
50 has been collected via film or audio, that the experienced researcher facilitator also watches  
51 and listens to the data, to provide supportive feedback to PAIs. Similarly, methods of analysis  
52  
53  
54  
55

---

56 <sup>1</sup> <http://alcoholresearchuk.org/news/alcohol-research-uk-annual-conference-2017/>  
57  
58  
59  
60



1  
2  
3 might need to be explained or adapted to suit the needs of the PAI population. Consideration  
4 needs to be given to how best to support PAI involvement in analysis, so without assumption  
5 about access to and competence in IT. Some PAIs will want to be actively involved in the use  
6 of say SPSS or NVivo; but for others, a paper based or aural process maybe more suitable.  
7  
8 Added reliability can occur with dual analysis approaches and then comparison of  
9 interpretations, so one approach for some PAIs and then a complimentary or additional one  
10 from the experienced or academic team members. An active but supportive role of  
11 experienced researchers within the cohort can act as an additional process of quality  
12 assurance.  
13

14  
15  
16  
17  
18 Recruitment of respondents is likely to follow the same purposeful sampling methodology,  
19 using a combination of targeted advertisement (with active consideration given to mobile and  
20 social media methods) and snowballing through the existing substance use networks and  
21 relationships used in PAI recruitment. Research that utilises peer and recovery groups mean  
22 that individuals are known to each other within the community. Reflexive considerations of  
23 insider research approaches are required. Within this, identification of what proximity to  
24 potential respondents the PAIs are should be undertaken and used as inclusion or exclusion  
25 criteria; or passed onto another PAI within the project.  
26  
27

28  
29  
30  
31 As PAIs spread out into the respective community and collect data, the experienced members  
32 of the team must be available for ongoing mentoring and support.  
33

### 34 **Post data considerations**

35  
36  
37 Like other research methods, it is good to find a process by which emerging outcomes can be  
38 ‘tested’ out with those most likely to be impacted, and their responses to this can shape any  
39 final conclusions. This could include taking initial findings back to any initiating substance  
40 use fora or project advisory group. Active recovery communities are also likely to provide  
41 on-going spaces where PAIs can test and make sense of emerging findings and conclusions.  
42  
43

44  
45  
46 It is likely that commissioners of research will want to see traditional ‘research reports’.  
47 Further, any academics involved will want to, and be under pressure to, publish within peer  
48 review journals. In both these regards it is important that a) the opportunity to participate in  
49 ‘writing up’ is extended to PAIs, and b) irrespective of their involvement in the writing up,  
50 they are fully acknowledged (with consent) as co-authors. However, some projects, some  
51 groups etc., may also identify other non-written ways of wanting to present research findings.  
52  
53  
54  
55  
56 The adoption of these seems important, especially when considering research as both  
57  
58  
59  
60

involved and action orientated. The change implied in action is likely to come from the widest of dissemination approaches.

The implications suggest this paper, like other papers cited of the authors, might have involved some other substance use individuals as co-authors. However, we elected to be transparent in this being our thought piece and not a shared research project, but as in the introduction, to be clear we were not claiming originality of thought and indeed owed a debt to a vast number of previous collaborators.

Part of an action orientated methodology, which has process as important as outcomes, and considers outcomes for all, is about establishing sustainable PAI populations to then a) advise and support commissioning of future research, b) get involved in other projects, and c) act as peer mentors for future PAIs.

### **Applied Framework**

It is possible to synthesise these considerations into a broad or proximate framework (model) comprising multiple stages.

Table 1: Model of stages of Participant Action Research approach

*Insert table 1 here*

Stages are iterative and overlap.

\* These stages involve processes and organisations that are possibly external to the research team, so not fully within projects influence.

### **Applied considerations**

This paper has been influenced by a diversity of previous and on-going research projects. However, given the considerations described, it has equally (if not more so) been informed by: many unsuccessful research bids, policy conversations, recovery group deliberations and reflections on the limitations of other research (including ours). This final section offers some of the learning we have acquired through these experiences.

PAR projects require a lot of (and at times freely given) energy and time, to ensure they are successful and sustainable. Several of the recent projects we have contributed to have come out of long-term prior existing relationships. In other words, we have been actively involved in those fora discussed in the earlier part of this paper. This requires the academic researcher

1  
2  
3 to spend time out and about in the community. Notably, we have been active members of  
4 recovery group networks and partnerships, often giving skills and time just like any other  
5 volunteer. Successful bids and projects are far more likely to come from already established  
6 and trusting relationships. We have, as is consistent with other research approaches, spent  
7 time doing early, small and unfunded pilot formulations. There is a need to continue,  
8 especially in economic climates where organisations and universities increasingly seek to  
9 restrict activities to those associated with computerised workload management agendas, for  
10 researchers to articulate that such time spent is necessary and valuable - especially as this is  
11 required to be off site. There is scope here to use organisational good citizenship or social  
12 good agendas to help meet these goals.

13  
14  
15  
16  
17  
18  
19  
20 That participatory research, especially that involving action (for change), is as much a  
21 political as it is research activity, has therefore been one of the earliest and consistent  
22 messages. Biskin et al (2013) identify how even the simple task of social work students being  
23 encouraged in the classroom to expect service user and carer involvement then meet  
24 resistance when wanting to account for whether they actually experience such in practice  
25 through a research project. So, whilst the service user involvement agenda is well established  
26 in substance use policy and provision agendas, it has yet to fully impact on the research  
27 world. Service user involvement has tended to primarily focus on the active participation of  
28 'users' within treatment policy and provision agendas, rather than all users and ex users and  
29 including evaluation and research activities. In a recently completed review of the Welsh  
30 Governments 10-year alcohol (and drug) strategy there was no PAR material amongst the  
31 relevant data sets and evaluations (Author et al 2017).

32  
33  
34  
35  
36  
37  
38  
39  
40 PAR and PAI approaches require inclusivity (and measured risk taking) if they are to succeed  
41 in being different and provide alternative explanations. We have had expressed to us concerns  
42 about PAIs interviewing those who are still actively using and exposing their own  
43 vulnerability to relapse (which assumes that PAIs are abstinent – which need not necessarily  
44 be the case), and how rigid (or not) any criteria for PAIs needs to be. This in turn raises  
45 concerns for us about whether researchers could be tempted into using PAI recruitment  
46 methodologies which are too strict (or too controlling) unless they themselves are prepared to  
47 take a few risks. PAR research ought to have the capacity to involve the whole spectrum of  
48 use or not. It is by its nature risk taking rather than risk adverse. When working with those in  
49 recovery as PAIs it seems important to entrust to their already successfully developed notions  
50 of management and networks of support, rather than impose secondary researcher led  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 frameworks. In fact, this makes us think that the success of PAI methodologies is also  
4 shaped by the characteristics of the research facilitator as it those of the PAIs recruited.  
5  
6 Inclusivity and risk taking is thus required by those commissioning, evaluating, overseeing  
7 and undertaking research. This seems to be only a fair and reciprocal to the risk we ask of  
8 others in entrusting and sharing their experiences with us.  
9  
10

11 It feels as if over the last decade that the tide is finally turning. Indeed, the ARUK conference  
12 that is the precursor and inspiration for this special edition, is one obvious marker in this  
13 evolutionary journey. The explicit requirement to demonstrate involvement now appears to  
14 be a more regular element of research bid application and journal submission (i.e. British  
15 Medical Journal) process requirements. Indeed, we have had more bid success of late (albeit  
16 maybe it is just that we have got a bit better at that bit). Notably, and very recently, an  
17 acceptance of the validity of the contribution these methods can make to enhance a  
18 complexity of methods in understanding national policy, has been acknowledged by Health  
19 Scotland in its commissioning of participatory methods as one of the streams within the  
20 evaluation of the impact of minimum unit pricing on harmful drinkers (NHS Health Scotland  
21 2017).  
22  
23  
24  
25  
26  
27  
28  
29

### 30 **Concluding discussion**

31  
32 At one level there is nothing revolutionary in the principles of PAR or the methodological  
33 considerations explored within this paper. In part, they just feel like good conscious and  
34 reflexive research practices. However, at another level they seek to comprehensively resonate  
35 with aspirations for greater service user involvement in policy, practice and research  
36 activities. They have a feel of the ideological, a set of best laid aspirations and intentions. In  
37 this sense the revolutionary comes from trying to meet as many of the ambitions as possible  
38 within each project, while contributing to an overall picture of change and challenge to an  
39 existing order that places expert led controlling experimental research at the pinnacle of  
40 perceived research hierarchies.  
41  
42  
43  
44  
45  
46

47 It is possible to reduce these complex discussions into three clear reasons why we should do  
48 and see more PAR/PAI research within alcohol and other drug studies. Firstly, this feels like  
49 a moral imperative. It is just the right thing to do. There has been an explosion in service user  
50 involvement in policy and service provision for substance use, and this needs to be matched  
51 by those researching such. Substances are widely consumed in society, including by  
52 researchers. The boundaries between an 'us and them' population often maintained by  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 researchers in this instance seems particularly false. It maybe that we need to turn the  
4 traditional research ethics preoccupation with protecting the vulnerable on its head and into  
5 one of entrust, empower and respect. Secondly, this is a political issue. It raises fundamental  
6 questions of ontology and epistemology. A challenge to a dominant and vested interest about  
7 who does research and how. It asks questions of who is the 'expert'. It asks that research has  
8 an impact beyond the vested interest of the academic career and the research frameworks that  
9 academic institutions are increasingly judged by. Finally, and this is the purpose of research,  
10 new methodologies help create new understanding. There is more than one way to know how.  
11 It is a direct and appropriate response to Orford's (2008) seminal paper that argued for  
12 substance use research to move beyond its preoccupation with the randomised control trial.  
13 These are methodologies that enable us to gain a greater insight into the nature of experiences  
14 and relationships that are at the core of understanding why individuals develop difficulties  
15 regarding their substance use and how they might best be supported in developing healthier  
16 lifestyles.

17  
18 It is possible to see two overlapping 'new' waves at work here. Where research has accepted  
19 the role of the sociological and qualitative to compliment the experimental and quantitative, it  
20 has yet to fully embrace moves to take this outside of the academy. Similarly, where  
21 substance use has embraced harm reduction and whole population agendas as a response to  
22 narrow disease model understandings, it has yet to fully reconcile itself with some of the  
23 newer debates and understanding about recovery and the increased control and involvement  
24 of those most affected. This paper simply seeks to contribute to these journeys.

## 25 26 27 28 29 30 31 32 33 34 35 36 37 38 **References**

39 Author (2016)

40 Author (2017)

41 Author et al. (2011)

42 Author et al (2017).

43 Arnstein, S. R. (1969) "A Ladder of Citizen Participation," *JAIP*, 35(4). 216-224

44 Biskin, S. Barcroft, V. Livingston, W. and Snape, S (2013). Exploring service user and care  
45 involvement on a social work degree programme, *Social Work Education: The International  
46 Journal*, 32(3), 301-316.

- 1  
2  
3 Bradbury, H., and Reason, P. (2003). Action research: An opportunity for revitalizing  
4 research purpose and practices. *Qualitative Social Work*, 2(2), 155–175  
5  
6  
7 Brett, J., Staniszewska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C. and  
8 Suleman, R. (2014), Mapping the impact of patient and public involvement on health and  
9 social care research: a systematic review. *Health Expectations*, 17(5), 637–650  
10  
11  
12 Bryant, L. (2016) Introduction in Bryant, L. ed (2016) *Critical and Creative Research*  
13 *Methodologies in Social Work*, Routledge London (75-92).  
14  
15  
16 Bryman, A. (2008) *Social Research Methods* Oxford, Oxford University Press.  
17  
18 Carey, M. (2010) Should I stay or should I go? Practical, ethical and political challenges to  
19 ‘Service User’ Participation within Social work research. *Qualitative Social Work* 10(2),  
20 224–243.  
21  
22  
23 Ennis and Wykes (2013) Impact of patient involvement in mental health research:  
24 longitudinal study *The British Journal of Psychiatry* 203: 381–386.  
25  
26  
27 Fine, G. A and Hancock, B. H.(2017) The new ethnographer at work *Qualitative Research*  
28 17(2), 260 – 268.  
29  
30  
31 Fry, C.: Hall, W; Ritter, A and Jenkinson, R (2006) The ethics of paying drug users the ethics  
32 of paying drug users who participate in research: a review and practical recommendations  
33 who participate in research: a review and practical recommendations. *Journal of Empirical*  
34 *Research on Human Research Ethics*,. 21-36.  
35  
36  
37  
38 Gilbert, N (2008) *Researching Social Life* London, Sage.  
39  
40  
41 Humphries, B (2008) *Social Work Research for Social Justice* Basingstoke Palgrave  
42 Macmillan  
43  
44  
45 **McLaughlin, H. (2010) ‘Keeping service user involvement in research honest’, *British***  
46 ***Journal of Social Work*, 40(5),. 1591–1608.**  
47  
48  
49 **Minkler, M., Blackwell, A. G., Thompson, M., & Tamir, H. (2003). Community-Based**  
50 **Participatory Research: Implications for Public Health Funding. *American Journal of Public***  
51 ***Health*, 93(8), 1210–1213.**  
52  
53  
54 NHS Health Scotland (2017) *Evaluation of minimum unit pricing*  
55 <http://www.healthscotland.scot/health-topics/alcohol/evaluation-of-minimum-unit-pricing>  
56  
57  
58  
59  
60

1  
2  
3 [Accessed 01-08-2017]

4  
5 Neale, J; Black, L; Getty, M; Hogan, C; Lennon, P; Lora, C; McDonald, R; Strang, J;  
6  
7 Tompkins, C; Usher, J, Villa, G; and A, Wylie (2017): Paying participants in addiction  
8  
9 research: is cash king?, *Journal of Substance Use* Advanced Online Access  
10 <http://dx.doi.org/10.1080/14659891.2016.1259367> [Accessed 01-08-2017].

11  
12 Orford, J (2008) Asking the right questions in the right way: the need for a shift in research  
13  
14 on psychological treatments for addiction *Addiction*, 103(6), 875-85.

15  
16 Reason, P and Bradbury H (Eds.) (2001) *The Handbook of Action Research*. London, UK;  
17  
18 Thousand Oaks, CA: Sage

19  
20 Ritter, A., Fry, C. L., & Swan, A. (2003). The ethics of reimbursing drug users for public  
21  
22 health research interviews: What price are we prepared to pay? *International Journal of Drug*  
23  
24 *Policy*, 14(1), 1–3.

25  
26 Sandberg, S. (2008) 'Black drug dealers in a white welfare state: Cannabis dealing and street  
27  
28 capital in Norway', *British Journal of Criminology*, 48(5), 604-619.

29  
30 Tedmanson, D (2016) Ngapartji Ngapartji – Narratives of Reciprocity in ‘Yarning Up’  
31  
32 Participatory Research in Bryant, L. ed (2016) *Critical and Creative Research Methodologies*  
33  
34 *in Social Work*, Routledge London (75-92).

35  
36 Tolich, M. (2004) Internal Confidentiality: When Confidentiality Assurances Fail Relational  
37  
38 Informants *Qualitative Sociology* 27(1), 101-106.

39  
40 Voorberg, W. H.; Bekkers, V. J. J. M and Tummers, L.G.(2015) A Systematic Review of  
41  
42 Co-Creation and Co-Production: Embarking on the social innovation journey, *Public*  
43  
44 *Management Review*, 17(9), 1333-1357.

45  
46 Whyte, W.F (1993) Street Corner Society: *The Social Structure of an Italian Slum* (4<sup>th</sup> edn)  
47  
48 Chicago, University of Chicago Press.



## **Participatory Action Research (PAR) Research – Critical methodological considerations**

Authors

Dr. Wulf Livingston – Glyndwr University

Andrew Perkins – Figure 8 Consultancy Services Ltd.

Correspondence address – Wulf Livingston, Glyndwr University, School of Life and Social Sciences, PP13, Plas Coch Campus, Mold Road, Wrexham, Wales, LL11 2AW.

W.livingston@glyndwr.ac.uk

### **Abstract**

**Purpose:** The purpose of this paper is to explore a range of key deliberations with regards to adopting Participatory Action Research (PAR) and Privileged Access Interviewer (PAI) approaches and methodologies within research on substance use

**Design/methodology/approach:** This paper is a reflective piece, it adopts a mixture of applied practice and theory considerations. These conceptualisations capture what are still relatively early understandings and uses of such methodologies, acquired across several decades of research and service provision experiences. The paper is structured around some of the sequences of the research process and as such provides a broad framework for such approaches.

**Findings:** PAR and PAI approaches utilise several key theoretical considerations. There are many critical issues associated with adopting these approaches, including those of ethics, funding, involvement, language, resources and support. Three key principle reasons (moral, political and research based), help explain why we should see more adoption of such approaches in substance use related research.

**Research limitations/implications:** This paper represents author views which are by their nature very subjective.

**Practical implications:** Implementation of the key considerations highlighted within this paper can lead to an active adoption of PAR and PAI methodologies within alcohol and drug research. Increasing the use of such methodologies will allow commissioners, researchers and

1  
2  
3 service providers to develop a more nuanced understanding of the experiences of and  
4 responses to alcohol and drug use.  
5

6  
7 Originality/value: This paper captures critical conversations at a time of increased calls for  
8 service user involvement across all aspects of alcohol and other drug provision, including  
9 evaluation and research.  
10

11  
12 Key Words: Alcohol and Drugs, Involvement, Participatory Action Research, Research  
13 Methodologies, Substance Use  
14

### 15 16 **Introduction**

17  
18 This paper is explicitly the current views of its named authors. However, like all research  
19 papers, it builds upon previous experiences and projects (for example Biskin et al 2013,  
20 Livingston et al 2011) and previous writing (Livingston 2016, 2017). Therefore, much of  
21 what is offered emanates from co-production activities with other actors which have  
22 influenced its formulation. Given its nature, it would be inappropriate to not start by stating  
23 that this paper is the consequence of all the generous sharing by and with *all* those we have  
24 worked with across numerous years in research and service provision. We are grateful to  
25 them for educating us and as such we feel advocates rather than originators of the sentiments  
26 contained within this paper.  
27  
28  
29  
30  
31  
32

33 Participant Action Research (PAR) combines two separate research concepts:  
34

- 35 • Participation - active involvement of ‘subjects’ in the research process; and
- 36 • Action - defining social problems and solving them.  
37  
38

39  
40 It sits within a spectrum of what is considered patient, public or service user involvement.  
41 The movement to increased participation is often concentrated on provision and receipt of  
42 health and social care services, but also includes research into the effectiveness of services  
43 too (Brett et al 2014, Voorberg 2015). An early defining model of this spectrum was  
44 Arnstein’s (1969) ladder of citizen participation which suggested a full spectrum from  
45 manipulation to citizen control. In research terms we might suggest some of the positions  
46 along the spectrum as:  
47  
48  
49  
50

- 51 • Non-Participation (manipulation) – service users partake purely as respondents from  
52 whom data is collected.  
53  
54  
55  
56  
57  
58  
59  
60

- 1
- 2
- 3 • Degrees of moderate involvement – consultation or involvement in steering groups
- 4 only.
- 5
- 6 • Significant involvement - delegated and designated roles within the research as
- 7 researchers.
- 8
- 9 • Participatory Research - involved in the need for and commissioning of research,
- 10 and/or as full team members from research bid through to final report.
- 11
- 12

13 The two concepts of PAR bring different elements and understanding to the research process,  
14 including that of alcohol and drugs.

15  
16  
17 Firstly:

18  
19 *Participatory* - this is what Gilbert (2008) refers to as doing with and for, rather than on  
20 others. It is thus concerned with definitions of expertise and knowledge and who controls  
21 these. It comes with what Humphries (2008) identifies as having several principles:

- 22
- 23
- 24
- 25 • a bottom up approach with a focus on locally defined priorities, processes and
- 26 perspectives;
- 27
- 28 • striving for equalising power among researchers and researched;
- 29
- 30 • a process characterised by a genuine dialogue between researcher and researched;
- 31
- 32 • control over definition of problems, methods, analysis and actions is with those most
- 33 affected by the study;
- 34
- 35 • the emphasis is on processes as much as on outcomes; and
- 36
- 37 • the role of the researcher is one of facilitator and catalyst rather than director.
- 38

39 Secondly:

40  
41 *Action* - proposes that action researcher and members of a social setting collaborate in the  
42 understanding of a problem and in the development of a solution based on this understanding  
43 (Bryman 2008). This is supported by an emphasis on:

- 44
- 45
- 46
- 47 • nonintrusive collaboration (including ownership of the project by the group);
- 48
- 49 • mutual trust and genuine respect;
- 50
- 51 • solidarity (all humanity is connected by a common journey and shared destiny);
- 52
- 53 • mutuality and equality (everyone's interests are important);
- 54
- 55 • a focus on process (informal interaction that goes beyond a detached working
- 56 relationship and respects others' cultures); and
- 57
- 58
- 59
- 60

- language as an expression of culture and power.

Action research seeks intended consequences and expects elements of change to be experienced by all. It pursues to overtly improve the social situation with explicit practical application and political activity. It can occur across several activities, for example: organisational change, community development, new projects, practitioner research and social injustice.

The overall approach can be summarised as concerning itself with '*People, Power and Praxis*' (Gilbert 2008) where traditional academic researchers translate their role into one of facilitating the goals of their co-researchers. Carey (2010) echoes these sentiments in which three key considerations are raised: practical impediments, ethical implications and political dilemmas. He goes onto caution that there are possibilities that participation in research can mirror some of the current preoccupations in wider policy and provision, where participation may be encouraged or increased but not necessarily be successful in addressing the power dynamics; and may even exasperate them.

Privileged Access Interviewers (PAI) is a term that best captures why such methods are especially well suited for research inquiries into areas of activity and with people in experiences that are subject to societal marginalisation and often referred to as '*hard to reach*'. These include those of substance use. The approach is political apposite where there is a need to reach into certain populations who are perhaps not readily captured by traditional research methodology. There are distinct overlaps with the ethnographic approaches drawn from social anthropology (Fine and Hancock 2017), and the essential role of those with access as established through Whyte's (1993) seminal text and his relationship with Doc. Ennis and Wykes (2013) concluded that such involvement of service users in the research process enabled greater levels of recruitment to projects. Further, participatory approaches (i.e. those emphasising what can be considered as co-production) have a resonance and value in understanding the experiences of marginalised populations (Tedmanston 2016), including alcohol and drug use.

The principles of these approaches like most research techniques be applied to a range of design, data collection and analysis methods. This said, there is to some degree an inherent bias towards the subjective rather than the objective. Thus, many articulate for the use of an extensive range of qualitative written, visual and textual data collection methods (Bryant

1  
2  
3 2016) to compliment the traditional dominant paradigm for random control trials, statistics  
4 and surveys.  
5

6  
7 Within these discourses the use of terminology implies ontological and methodological  
8 positions. The ethical, morale and methodological implications of this language are explored  
9 further on; but for consistency this paper, from hereon in, refers to those whom are actively  
10 involved in the research as participants and those who contribute or offer data examples as  
11 respondents. For expediency it adopts substance use to capture the diversity of both  
12 'substances' (alcohol, illicit, legal and illegal drugs) and 'use' (dependency, excessive,  
13 harmful, hazardous and recreational).  
14  
15  
16  
17

### 18 **Starting Points**

19  
20  
21 These approaches have several assumptions (or givens) that might be considered as pre-  
22 existing contextual considerations.  
23

24  
25 Whilst the idea that a group of alcohol and drug service users will just wander up to a  
26 university and ask for assistance in a research project might sound like the optimum and  
27 theoretical starting point (and indeed does occasionally happen), it is likely (and should be  
28 likely if co-production is indeed an increasingly wider commissioning, policy and service  
29 provision norm) that ideas are generated from within existing involvement activity. This  
30 could or should happen in substance use organisations or fora where meaningful participation  
31 is already well established with regards to other business or activities. This methodology  
32 therefore demands that initial conversations have been reciprocal and not unduly led by  
33 agencies/researchers to meet their own agendas. Thus, involvement prior to design or  
34 research bid application moves research further along the possible spectrum of participation.  
35  
36  
37  
38  
39  
40

41  
42 From here it is appropriate to have one or two dedicated conversations/meetings that scope  
43 out a project. These might well want to involve others not deemed as participants as well as  
44 early project initiators. This is important to ensure that the research is supported, welcomed  
45 and has a good level of stakeholder engagement and involvement from the start. These early  
46 conversations need to include explicit exploration of ethical and resourcing issues. Such solid  
47 foundations of shared understanding are important to help ease future resistance when goals  
48 are directed towards political change.  
49  
50  
51  
52

53  
54 It is likely, if not desirable or expected, that such a stage maybe the precursor to a formal  
55 funding application. Although, as outlined below, acquiring funding is not without its  
56  
57  
58  
59  
60

1  
2  
3 difficulties. Ideally in such instances applications are made with participants rather than on  
4 their behalf.  
5

6  
7 It feels important to emphasise that, in these early meetings, service user and participant  
8 voice is strong and not of a singular or representative type. Indeed, some might argue they  
9 need to be the majority for it to be truly participative, and the involvement of other  
10 professionals and researchers is for consultation (McLaughlin 2010).  
11  
12

### 13 **Identifying and recruiting participants**

14  
15  
16 In many instances those individuals involved in the initial and scoping conversations may  
17 well be those identified as the participants or PAIs. It feels important that potential  
18 participation is invited across many roles and responding to a variety of interest and skills,  
19 such as: project advisories or consultants, full blown participants, advertisers, recruiters,  
20 respondents and supporters. While initial conversations may generate enough involvement, in  
21 many instances there is likely to be the need for further recruitment - especially for PAI type  
22 projects. This will need to follow a purposeful sampling methodology, using a combination  
23 of targeted advertisement (with active consideration given to mobile and social media  
24 methods) and snowballing through existing substance use networks, relationships and  
25 recovery organisations.  
26  
27  
28  
29  
30  
31

32  
33 There comes a point in participatory methods, if this has not happened fully at inception,  
34 where any project needs to ensure its direction is highly participant led. At this juncture the  
35 research team (PAI and supporting academics) need to possibly withdraw from wider  
36 stakeholder discussions and begin to enable an approach which is very much service led,  
37 rather than informed. The role of the (academic) researcher here is to facilitate discussions  
38 and understanding among the participants, and support them to agree upon the specific  
39 methods of inquiry.  
40  
41  
42  
43  
44

45 Substance use research has the possibility to see co-production beyond the service user group  
46 and partnership could see carers, families, practitioners or students become the participant  
47 population.  
48  
49

### 50 **Language and Terminology**

51  
52 Early formulations of this paper were borne out of and reflect struggles with language. Much  
53 research literature frequently refers to participants. When in the context of an understanding  
54 of genuine partnership involvement, what is being referred to is those from whom data has  
55  
56  
57  
58  
59  
60

1  
2  
3 been collected. The use of participant almost seems a hangover of a subject involved in a  
4 controlled experiment, rather than any sense of any co-production; the exceptions perhaps  
5 being those engaged in ethnography or discourse analysis. For us, the ambiguity and  
6 confusion were cleared by choosing to be firm in distinguishing between those from whom  
7 we collect data (respondents), and those who actively participate in the other aspects of the  
8 research process (participants).  
9  
10  
11

12  
13 While such deliberations may appear of semantics, they are in fact rooted in issues of power.  
14 They challenge perceptions of 'us and them' populations. At the heart of them lies a  
15 transparent declaration of whether researchers are distinct from (expert and controlling), or  
16 sharing in the same human experience (indeed most alcohol researchers are drinkers). The  
17 latter position begins to ask fundamental questions of whether one truth or measurable  
18 actuality exists, rather than being a construct of any given (research) process. Furthermore, it  
19 raises questions of who is the expert and in what capacity. It also suggests the equal validity  
20 of all research methods, rather than supporting a hierarchy of the traditional or dominant.  
21 Finally, it implies the assumption of a sharing of access to resources and rewards from the  
22 research process.  
23  
24  
25  
26  
27  
28

### 29 30 **Ethics**

31  
32 As research, normal ethical considerations and processes must be accounted for. Projects will  
33 need to undertake appropriate due research ethics processes. It is possible that where ethics  
34 boards are predominantly used to, or dominated by traditional positivist and experimental  
35 type research approaches, that understanding of (and support for) PAR approaches maybe  
36 more limited. However, it is our experience that ethical approval is gained when attention is  
37 paid to specific key considerations; notably issues of boundaries and researcher confidence.  
38  
39  
40  
41

42 These approaches have a resonance with ethnography, which in turn helps to inform the  
43 management (or not) of boundary issues. Researchers are considered, if not expected, to be  
44 an active part of the community. Indeed, it is the opposite of aloof non-participatory  
45 observation which, in terms of the politics of involvement, might be considered a more  
46 exploitative and unethical approach. Active researcher participation offers the opportunity of  
47 more realistic, transparent and trustworthy interactions. It works with continuums of  
48 populations and communities, rather than suggestions of 'us and them' populations. Working  
49 within discreet populations (as accessed via a PAI) challenges the boundaries of what is  
50 considered normal confidentiality for other research methodologies. Tolich (2004)  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60



1  
2  
3 acknowledges that an overt understanding of this helps accept the limits in the principles of  
4 confidentiality. Insiders are more likely to recognise what other insiders have said. He  
5 concludes that internal confidentiality is distinct from external confidentiality and suggests  
6 the assurances for protection against identification is with those who were not subjects of the  
7 research, rather than within the discreet population cohort or community.  
8  
9  
10

11 Because the methodology described here is a) not as deterministic or predictable in its course  
12 of action and b) process orientated, then the ethical requirement is for confidence in the  
13 researcher and/or research team (as much as the prescription of methods) and the successful  
14 management of what can appear as more fluid boundaries between the researcher and the  
15 researched. Ethics committee confidence is often, as with other methods, about any relevant  
16 prior experience of the researcher. One of the authors (as a registered social worker) has  
17 found it is important to stress equally the oversight of practice and research ethics. Thus, the  
18 process of being held accountable to a professional regulatory body compliment those of  
19 research ethics, as might a social work qualification compliment a PhD. This is because many  
20 of the research ethics issues are foremost practice dilemmas.  
21  
22  
23  
24  
25  
26  
27

28 As might be expected, there is also regular concern raised about the use of payments for  
29 participants in this area of research. The ethical concerns often fall into two considerations:  
30 those of undue incentive to participate (Ritter et al 2003), and/or payment leading to risk of  
31 harm, notably with the possibilities of monies being spent on substances. However, many  
32 researchers have now clearly articulated why genuine participation (issues of power) require  
33 this group of users to be treated the same as others and that payment is a requisite (Fry et al  
34 2006, Neale et al 2017, Sandberg 2008). Fry et al (2006) in their article conclude “...*research*  
35 *payments are ethically acceptable in most circumstances of addictions research, but should*  
36 *be closely scrutinized in situations where these may exacerbate existing harms or create*  
37 *additional risks for participants and investigators”* (p21). This counter argument therefore  
38 stems around payments as justifiable and fair reimbursement for time given and expenses  
39 occurred. The concerns about cash being spent on substances is usually compromised by  
40 providing individuals with high street shopping vouchers that cannot be exchanged for  
41 alcohol or cigarettes. Participants in research studies have expressed that the use of vouchers  
42 can present implied lack of trust or feel paternalistic and may even in some instances increase  
43 (not decrease) risk (Neale et al 2017). For some individuals (i.e. street drug dealing or use of  
44 drugs by sex workers) payment maybe the only way individuals can viably participate  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 without loss of income earning time; and reimbursement in cash rather than vouchers will be  
4 a necessity to enable participation (Sandberg 2008).  
5

### 6 **Funding and research bids**

7  
8  
9 If a bid for a participatory project is to be made with clear evidence of involvement having  
10 informed it, then this involvement also needs funding. For traditional research bid preparation  
11 activity is part of the paid job role for academics. To ensure a parity and active involvement  
12 of others, it seems to be an important and logical consideration that some of the substance use  
13 commissioning, policy and organisational fora (referred to above) is also able to create funds  
14 and resource capacity for appropriate involvement to inform potential research project  
15 starting points (Minkler et al 2003).  
16  
17  
18  
19

20  
21 Even assuming this informed prior application involvement, one of the biggest barriers to  
22 getting such research projects off the ground is often the successful acquisition of external  
23 funding. Research funds often sit in a competitive bid process, including blind peer review  
24 processes. These processes aspire to establish exactly what a research project is going to do,  
25 so how well detailed and predictable and/or reliable the methodology described is. These  
26 scoring methods often have a bias towards predictive/positivist experimental research over  
27 methods where determining the methodology is a part of the process and not fully determined  
28 prior to. Truly iterative and participatory approaches cannot provide such clarity before they  
29 have begun. In addition, and much like the ethics committee, the bids are assessed by panels  
30 of experts whose own experiences and understanding lie with controlled experiments,  
31 quantitative surveys and statistical modelling rather than qualitative involvement. Thus, there  
32 is a more inherent bias where participatory action approaches are neither understood, nor  
33 valued by those responsible for making such judgements. Typical of those sentiments is the  
34 following example that this author received from a recent 'friendly' reviewer post an award  
35 being made:  
36  
37  
38  
39  
40  
41  
42  
43  
44

45  
46 *The use of participant researchers looks innovatory but pretty risky, and the sample*  
47 *size is very small. A small and potentially contentious methodology ... is unlikely to*  
48 *make a big difference to conclusions even if it worked.*  
49  
50

51 This situation was recently acknowledged at the 2017 Alcohol Research UK Annual  
52 Conference, that in part has led to this special edition<sup>1</sup>.  
53  
54

55  
56 

---

<sup>1</sup> <http://alcoholresearchuk.org/news/alcohol-research-uk-annual-conference-2017/>  
57  
58  
59  
60

### **Data collection and analysis**

Whilst all forms of data collection tools can be used within participatory approaches there is often an inherent leaning towards the intrapersonal and relationship based inquires, so frequently qualitative methodology. Whilst this may regularly be done through focus groups and interviews with schedules and a range of semi-structured questions, participatory approaches also lend themselves to the use of arts and other creative data capture approaches (Bryant 2016). Iterative approaches (typical of highly qualitative methods to data collection and analysis, whereby the experience of one element feeds into and refines the next) feel highly resonant with involvement approaches that are seeking to develop collective understanding and inform change.

It is possible that PAIs will at these junctures require some formative input from the academics or others within the research team. Thus, some of the research team need at times to translate facilitator into educator roles. So, the stage here is the sharing of expertise and knowledge about research techniques. Active consideration must be given to how material often used in other classroom settings might need to be adapted for different audiences and learning needs.

It can be useful for PAIs to conduct the data collection method on each other. This provides: a) safe space to practice and receive feedback on, and refine techniques; and b) potential initial data that can be used within the wider data collection set. It might be that where data has been collected via film or audio, that the experienced researcher facilitator also watches and listens to the data, to provide supportive feedback to PAIs. Similarly, methods of analysis might need to be explained or adapted to suit the needs of the PAI population. Consideration needs to be given to how best to support PAI involvement in analysis, so without assumption about access to and competence in IT. Some PAIs will want to be actively involved in the use of say SPSS or NVivo; but for others, a paper based or aural process maybe more suitable. Added reliability can occur with dual analysis approaches and then comparison of interpretations, so one approach for some PAIs and then a complimentary or additional one from the experienced or academic team members. An active but supportive role of experienced researchers within the cohort can act as an additional process of quality assurance.

Recruitment of respondents is likely to follow the same purposeful sampling methodology, using a combination of targeted advertisement (with active consideration given to mobile and

1  
2  
3 social media methods) and snowballing through the existing substance use networks and  
4 relationships used in PAI recruitment. Research that utilises peer and recovery groups mean  
5 that individuals are known to each other within the community. Reflexive considerations of  
6 insider research approaches are required. Within this, identification of what proximity to  
7 potential respondents the PAIs are should be undertaken and used as inclusion or exclusion  
8 criteria; or passed onto another PAI within the project.

9  
10  
11  
12  
13 As PAIs spread out into the respective community and collect data, the experienced members  
14 of the team must be available for ongoing mentoring and support.

### 15 16 17 **Post data considerations**

18  
19 Like other research methods, it is good to find a process by which emerging outcomes can be  
20 'tested' out with those most likely to be impacted, and their responses to this can shape any  
21 final conclusions. This could include taking initial findings back to any initiating substance  
22 use fora or project advisory group. Active recovery communities are also likely to provide  
23 on-going spaces where PAIs can test and make sense of emerging findings and conclusions.

24  
25  
26  
27  
28 It is likely that commissioners of research will want to see traditional 'research reports'.  
29 Further, any academics involved will want to, and be under pressure to, publish within peer  
30 review journals. In both these regards it is important that a) the opportunity to participate in  
31 'writing up' is extended to PAIs, and b) irrespective of their involvement in the writing up,  
32 they are fully acknowledged (with consent) as co-authors. However, some projects, some  
33 groups etc., may also identify other non-written ways of wanting to present research findings.  
34 The adoption of these seems important, especially when considering research as both  
35 involved and action orientated. The change implied in action is likely to come from the  
36 widest of dissemination approaches.

37  
38  
39  
40  
41  
42  
43 The implications suggest this paper, like other papers cited of the authors, might have  
44 involved some other substance use individuals as co-authors. However, we elected to be  
45 transparent in this being our thought piece and not a shared research project, but as in the  
46 introduction, to be clear we were not claiming originality of thought and indeed owed a debt  
47 to a vast number of previous collaborators.

48  
49  
50  
51  
52 Part of an action orientated methodology, which has process as important as outcomes, and  
53 considers outcomes for all, is about establishing sustainable PAI populations to then a) advise  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 and support commissioning of future research, b) get involved in other projects, and c) act as  
4 peer mentors for future PAIs.  
5

### 6 **Applied Framework**

7  
8  
9 It is possible to synthesise these considerations into a broad or proximate framework (model)  
10 comprising multiple stages.  
11

12 Table 1: Model of stages of Participant Action Research approach

13  
14  
15 *Insert table 1 here*

16  
17 Stages are iterative and overlap.

18  
19 \* These stages involve processes and organisations that are possibly external to the research  
20 team, so not fully within projects influence.  
21

### 22 **Applied considerations**

23  
24  
25 This paper has been influenced by a diversity of previous and on-going research projects.  
26 However, given the considerations described, it has equally (if not more so) been informed  
27 by: many unsuccessful research bids, policy conversations, recovery group deliberations and  
28 reflections on the limitations of other research (including ours). This final section offers some  
29 of the learning we have acquired through these experiences.  
30  
31

32  
33  
34 PAR projects require a lot of (and at times freely given) energy and time, to ensure they are  
35 successful and sustainable. Several of the recent projects we have contributed to have come  
36 out of long-term prior existing relationships. In other words, we have been actively involved  
37 in those fora discussed in the earlier part of this paper. This requires the academic researcher  
38 to spend time out and about in the community. Notably, we have been active members of  
39 recovery group networks and partnerships, often giving skills and time just like any other  
40 volunteer. Successful bids and projects are far more likely to come from already established  
41 and trusting relationships. We have, as is consistent with other research approaches, spent  
42 time doing early, small and unfunded pilot formulations. There is a need to continue,  
43 especially in economic climates where organisations and universities increasingly seek to  
44 restrict activities to those associated with computerised workload management agendas, for  
45 researchers to articulate that such time spent is necessary and valuable - especially as this is  
46 required to be off site. There is scope here to use organisational good citizenship or social  
47 good agendas to help meet these goals.  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 That participatory research, especially that involving action (for change), is as much a  
4 political as it is research activity, has therefore been one of the earliest and consistent  
5 messages. Biskin et al (2013) identify how even the simple task of social work students being  
6 encouraged in the classroom to expect service user and carer involvement then meet  
7 resistance when wanting to account for whether they actually experience such in practice  
8 through a research project. So, whilst the service user involvement agenda is well established  
9 in substance use policy and provision agendas, it has yet to fully impact on the research  
10 world. Service user involvement has tended to primarily focus on the active participation of  
11 'users' within treatment policy and provision agendas, rather than all users and ex users and  
12 including evaluation and research activities. In a recently completed review of the Welsh  
13 Governments 10-year alcohol (and drug) strategy there was no PAR material amongst the  
14 relevant data sets and evaluations (Livingston et al 2017).  
15  
16  
17  
18  
19  
20  
21

22  
23 PAR and PAI approaches require inclusivity (and measured risk taking) if they are to succeed  
24 in being different and provide alternative explanations. We have had expressed to us concerns  
25 about PAIs interviewing those who are still actively using and exposing their own  
26 vulnerability to relapse (which assumes that PAIs are abstinent – which need not necessarily  
27 be the case), and how rigid (or not) any criteria for PAIs needs to be. This in turn raises  
28 concerns for us about whether researchers could be tempted into using PAI recruitment  
29 methodologies which are too strict (or too controlling) unless they themselves are prepared to  
30 take a few risks. PAR research ought to have the capacity to involve the whole spectrum of  
31 use or not. It is by its nature risk taking rather than risk adverse. When working with those in  
32 recovery as PAIs it seems important to entrust to their already successfully developed notions  
33 of management and networks of support, rather than impose secondary researcher led  
34 frameworks. In fact, this makes us think that the success of PAI methodologies is also  
35 shaped by the characteristics of the research facilitator as it those of the PAIs recruited.  
36 Inclusivity and risk taking is thus required by those commissioning, evaluating, overseeing  
37 and undertaking research. This seems to be only a fair and reciprocal to the risk we ask of  
38 others in entrusting and sharing their experiences with us.  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48

49  
50 It feels as if over the last decade that the tide is finally turning. Indeed, the ARUK conference  
51 that is the precursor and inspiration for this special edition, is one obvious marker in this  
52 evolutionary journey. The explicit requirement to demonstrate involvement now appears to  
53 be a more regular element of research bid application and journal submission (i.e. British  
54 Medical Journal) process requirements. Indeed, we have had more bid success of late (albeit  
55  
56  
57  
58  
59  
60



1  
2  
3 maybe it is just that we have got a bit better at that bit). Notably, and very recently, an  
4 acceptance of the validity of the contribution these methods can make to enhance a  
5 complexity of methods in understanding national policy, has been acknowledged by Health  
6 Scotland in its commissioning of participatory methods as one of the streams within the  
7 evaluation of the impact of minimum unit pricing on harmful drinkers (NHS Health Scotland  
8 2017).

### 13 **Concluding discussion**

14  
15 At one level there is nothing revolutionary in the principles of PAR or the methodological  
16 considerations explored within this paper. In part, they just feel like good conscious and  
17 reflexive research practices. However, at another level they seek to comprehensively resonate  
18 with aspirations for greater service user involvement in policy, practice and research  
19 activities. They have a feel of the ideological, a set of best laid aspirations and intentions. In  
20 this sense the revolutionary comes from trying to meet as many of the ambitions as possible  
21 within each project, while contributing to an overall picture of change and challenge to an  
22 existing order that places expert led controlling experimental research at the pinnacle of  
23 perceived research hierarchies.

24  
25 It is possible to reduce these complex discussions into three clear reasons why we should do  
26 and see more PAR/PAI research within alcohol and other drug studies. Firstly, this feels like  
27 a moral imperative. It is just the right thing to do. There has been an explosion in service user  
28 involvement in policy and service provision for substance use, and this needs to be matched  
29 by those researching such. Substances are widely consumed in society, including by  
30 researchers. The boundaries between an 'us and them' population often maintained by  
31 researchers in this instance seems particularly false. It maybe that we need to turn the  
32 traditional research ethics preoccupation with protecting the vulnerable on its head and into  
33 one of entrust, empower and respect. Secondly, this is a political issue. It raises fundamental  
34 questions of ontology and epistemology. A challenge to a dominant and vested interest about  
35 who does research and how. It asks questions of who is the 'expert'. It asks that research has  
36 an impact beyond the vested interest of the academic career and the research frameworks that  
37 academic institutions are increasingly judged by. Finally, and this is the purpose of research,  
38 new methodologies help create new understanding. There is more than one way to know how.  
39 It is a direct and appropriate response to Orford's (2008) seminal paper that argued for  
40 substance use research to move beyond its preoccupation with the randomised control trial.  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60



1  
2  
3 These are methodologies that enable us to gain a greater insight into the nature of experiences  
4 and relationships that are at the core of understanding why individuals develop difficulties  
5 regarding their substance use and how they might best be supported in developing healthier  
6 lifestyles.  
7  
8

9  
10 It is possible to see two overlapping 'new' waves at work here. Where research has accepted  
11 the role of the sociological and qualitative to compliment the experimental and quantitative, it  
12 has yet to fully embrace moves to take this outside of the academy. Similarly, where  
13 substance use has embraced harm reduction and whole population agendas as a response to  
14 narrow disease model understandings, it has yet to fully reconcile itself with some of the  
15 newer debates and understanding about recovery and the increased control and involvement  
16 of those most affected. This paper simply seeks to contribute to these journeys.  
17  
18  
19  
20

## 21 22 **References**

23  
24 Arnstein, S. R. (1969) "A Ladder of Citizen Participation," *JAIP*, 35(4). 216-224

25  
26 Biskin, S. Barcroft, V. Livingston, W. and Snape, S (2013). Exploring service user and care  
27 involvement on a social work degree programme, *Social Work Education: The International*  
28 *Journal*, 32(3), 301-316.  
29

30  
31 Bradbury, H., and Reason, P. (2003). Action research: An opportunity for revitalizing  
32 research purpose and practices. *Qualitative Social Work*, 2(2), 155–175  
33

34  
35 Brett, J., Staniszewska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C. and  
36 Suleman, R. (2014), Mapping the impact of patient and public involvement on health and  
37 social care research: a systematic review. *Health Expectations*, 17(5), 637–650  
38

39  
40 Bryant, L. (2016) Introduction in Bryant, L. ed (2016) *Critical and Creative Research*  
41 *Methodologies in Social Work*, Routledge London (75-92).  
42

43  
44 Bryman, A. (2008) *Social Research Methods* Oxford, Oxford University Press.  
45

46  
47 Carey, M. (2010) Should I stay or should I go? Practical, ethical and political challenges to  
48 'Service User' Participation within Social work research. *Qualitative Social Work* 10(2),  
49 224–243.  
50

51  
52 Ennis and Wykes (2013) Impact of patient involvement in mental health research:  
53 longitudinal study *The British Journal of Psychiatry* 203: 381–386.  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 Fine, G. A and Hancock, B. H.(2017) The new ethnographer at work *Qualitative Research*  
4 17(2), 260 – 268.  
5

6 Fry, C.: Hall, W; Ritter, A and Jenkinson, R (2006) The ethics of paying drug users the ethics  
7 of paying drug users who participate in research: a review and practical recommendations  
8 of paying drug users who participate in research: a review and practical recommendations. *Journal of Empirical*  
9 *Research on Human Research Ethics*,. 21-36.  
10  
11

12  
13  
14 Gilbert, N (2008) *Researching Social Life* London, Sage.

15  
16 Humphries, B (2008) *Social Work Research for Social Justice* Basingstoke Palgrave  
17 Macmillan  
18

19  
20 Livingston W. (2016) Responding to Orford: Diverse methodological aspirations *Alcohol*  
21 *Research UK Early Researcher Symposium*, March 15th Birmingham  
22 [http://www.fead.org.uk/video/dr-wulf-livingston-responding-to-orford-diverse-](http://www.fead.org.uk/video/dr-wulf-livingston-responding-to-orford-diverse-methodological-aspirations/)  
23 [methodological-aspirations/](http://www.fead.org.uk/video/dr-wulf-livingston-responding-to-orford-diverse-methodological-aspirations/) [Accessed 01-08-2017]  
24  
25

26  
27 Livingston, W (2017) Participatory Action Research (PAR) Research: Considerations for a  
28 qualitative methodological approach. *Kettil Bruun Society: Symposium* (Sheffield) June 5-9th  
29 (Paper available).  
30

31  
32 Livingston, W. Baker, M. Atkins, B and Jobber, S. (2011) ‘A tale of the spontaneous  
33 emergence of a recovery group and the characteristics that are making it thrive: Exploring the  
34 politics and knowledge of recovery’ *The Journal of Groups in Addiction and Recovery* 6(1),  
35 176-196.  
36  
37  
38

39  
40 Livingston, W; Perkins, A; McCarthy, T; Madoc-Jones, I; Wighton, S; Wilson, F and  
41 Nicholas, D (2017). *Review of Working Together to Reduce Harm: Final Report* (Due for  
42 publication January 2018).  
43  
44

45 McLaughlin, H. (2010) ‘Keeping service user involvement in research honest’, *British*  
46 *Journal of Social Work*, 40(5),. 1591–1608.  
47  
48

49 Minkler, M., Blackwell, A. G., Thompson, M., & Tamir, H. (2003). Community-Based  
50 Participatory Research: Implications for Public Health Funding. *American Journal of Public*  
51 *Health*, 93(8), 1210–1213.  
52  
53

54 NHS Health Scotland (2017) *Evaluation of minimum unit pricing*  
55 <http://www.healthscotland.scot/health-topics/alcohol/evaluation-of-minimum-unit-pricing>  
56  
57  
58  
59  
60

1  
2  
3 [Accessed 01-08-2017]

4  
5 Neale, J; Black, L; Getty, M; Hogan, C; Lennon, P; Lora, C; McDonald, R; Strang, J;  
6  
7 Tompkins, C; Usher, J, Villa, G; and A, Wylie (2017): Paying participants in addiction  
8  
9 research: is cash king?, *Journal of Substance Use* Advanced Online Access  
10 <http://dx.doi.org/10.1080/14659891.2016.1259367> [Accessed 01-08-2017].

11  
12 Orford, J (2008) Asking the right questions in the right way: the need for a shift in research  
13  
14 on psychological treatments for addiction *Addiction*, 103(6), 875-85.

15  
16 Reason, P and Bradbury H (Eds.) (2001) *The Handbook of Action Research*. London, UK;  
17  
18 Thousand Oaks, CA: Sage

19  
20 Ritter, A., Fry, C. L., & Swan, A. (2003). The ethics of reimbursing drug users for public  
21  
22 health research interviews: What price are we prepared to pay? *International Journal of Drug*  
23  
24 *Policy*, 14(1), 1–3.

25  
26 Sandberg, S. (2008) 'Black drug dealers in a white welfare state: Cannabis dealing and street  
27  
28 capital in Norway', *British Journal of Criminology*, 48(5), 604-619.

29  
30 Tedmanson, D (2016) Ngapartji Ngapartji – Narratives of Reciprocity in ‘Yarning Up’  
31  
32 Participatory Research in Bryant, L. ed (2016) *Critical and Creative Research Methodologies*  
33  
34 *in Social Work*, Routledge London (75-92).

35  
36 Tolich, M. (2004) Internal Confidentiality: When Confidentiality Assurances Fail Relational  
37  
38 Informants *Qualitative Sociology* 27(1), 101-106.

39  
40 Voorberg, W. H.; Bekkers, V. J. J. M and Tummers, L.G.(2015) A Systematic Review of  
41  
42 Co-Creation and Co-Production: Embarking on the social innovation journey, *Public*  
43  
44 *Management Review*, 17(9), 1333-1357.

45  
46 Whyte, W.F (1993) Street Corner Society: *The Social Structure of an Italian Slum* (4<sup>th</sup> edn)  
47  
48 Chicago, University of Chicago Press.  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60