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Older co-researchers exploring age-friendly communities

An ‘insider’ perspective on the benefits and challenges of peer-research

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Abstract

**Background and objectives:** A growing body of work suggests that co- or peer-research may contribute to understanding the complex health and social problems experienced in later life. Yet, only a limited number of studies have involved older persons as partners in the research process. Moreover, in conflict with the philosophy of participatory research, the views of those acting as co-researchers tend to be ignored. This paper gives an ‘insider’ account of the process of co-research, drawing upon the experiences of older people trained to undertake a community-based research project.

**Research design and methods:** Eighteen older adults were recruited and trained as co-researchers to take a leading role in a study aimed at developing ‘age-friendly’ communities in Manchester, UK. The co-researchers completed 68 interviews with residents aged 60 and over who were experiencing isolation within their neighborhood. The findings are based upon four reflection meetings held with the co-researchers, all of which were transcribed with thematic analysis conducted using Atlas.ti. **Results:** Co-researchers identified a range of advantages associated with the co-research approach, these linked to the recruitment of participants, quality of data, potential for social change as well as personal benefits. They also identified ethical, methodological and practical issues encountered during the research. **Discussion and implications:** The study demonstrates the contribution of co-research for expanding methodological diversity, accessing seldom heard populations, and utilizing the skills and resources of older people. The research also highlights the opportunities for partnerships between older people and local stakeholders to facilitate community change and social action.

**Keywords:** Participatory research, qualitative methods, community-based research, co-research, empowerment
Older co-researchers exploring age-friendly communities

An ‘insider’ perspective on the benefits and challenges of peer-research

**Introduction**

A growing body of work has highlighted the value of research carried out ‘with’ or ‘by’ older people and its contribution to understanding the variety of health and social issues experienced in later life (Blair & Minkler, 2009; Ward & Barnes, 2016). Several factors have stimulated interest in the idea of co- or peer-research, including: first, the growth of self-advocacy movements, with different groups asserting their right to be active participants in research, policy and service design (Walker, 2007); second, pressure for more inclusive health and community services (Fudge, Wolfe, & McKevitt, 2007); third, policies coming under the banner of ‘active aging’ (in Europe) and ‘successful aging’ (in the USA) (World Health Organization [WHO], 2015; Pruchno, 2015); and fourth, the focus on ‘user engagement’ emphasized by funding bodies and policy organizations (Buffel et al., 2017).

Despite these influences, participatory methods remain under-developed within gerontology (Fortune, McKeown, Dupuis, & de Witt, 2015), with limited understanding of the opportunities as well as limitations of this type of work. To illustrate their potential, this article reports on a project which trained eighteen older people as co-researchers to lead a study aimed at developing what has been termed ‘age-friendly’ communities (Greenfield et al., 2015). Co-researchers took a leading role in developing, delivering, and disseminating the study. They conducted 68 qualitative interviews with older residents at risk of social isolation and jointly identified solutions for the challenges they face. The paper provides an account of this approach, discussing both the methodology developed and insights about the process from the co-researchers involved. This is especially important, given that ‘most existing evaluations are
conducted by academic researchers who tend to emphasize the positives based on retrospective narrative accounts, rather than critically appraising the impact on [those involved]’ (Littlechild et al., 2015, p. 19). Moreover, in conflict with the philosophy of participatory research, the views of older people themselves acting as co-researchers tend to be ignored (Buffel et al., 2015).

The paper is divided into four sections: first, the move towards co- and peer-research with older people is reviewed; second, the methodological approach developed for the study is outlined together with a description of the recruitment and training of co-researchers; third, findings are presented focusing on the challenges and opportunities associated with co-research methodology as experienced by the older people involved in the research; and fourth, the paper concludes with a discussion of the implications of the findings for developing co-research work with older people.

**Co-research with Older People**

Although research in partnership with older people has been slower to develop compared with other user ‘groups’, a variety of projects have involved older people as co-investigators at different stages of the research process (e.g. Tanner, 2012; Ward, & Gahagan, 2012). A large proportion of these have been in health-related areas such as: stroke, pain management, falls, and assistive technology (Fudge et al., 2007). Participatory research has also been used in nursing homes (Fortune et al., 2015; Shura, Siders, & Dannefer, 2010), as well as in low income neighborhoods (Ziegler, & Scharf, 2013) as a way of promoting social and cultural change.

Such work shares an interest in the value of what Devotta et al. (2016) term ‘insider research’, or research conducted by members of the community being studied. At its core is the concept of ‘expertise by experience’: ‘people considered “insiders”, [through] their personal experience, are considered to have information that traditional
researchers (“outsiders”) cannot access’ (Devotta et al., 2016, p. 664). Older people may be drawn into the research process in different ways: formulating research questions, interviewing their peers, analyzing data, and assisting dissemination. The rationale is that ‘the results of research conducted within a participative framework will be enriched by a dialogue based on older people’s interpretations of their own lives and [that of] the researcher’s’ (Walker, 2007, p. 482).

The benefits associated with co-research have been identified in several studies. Blair and Minkler (2009, p. 651) argue that the participatory approach ‘helps ensure that the topic under investigation matters locally; improves the relevance and cultural sensitivity of […] data collection tools; adds nuance to the interpretation of findings; and [assists] in the translation of findings into action’. Other advantages include: promoting the empowerment of those experiencing different forms of exclusion, including minority ethnic communities and LGBT groups (Littlechild et al., 2015); and contributing to the quality of community and health services drawing on the perspectives of users (Fudge et al., 2007).

Despite its potential, the ‘participatory turn’ in aging research has not gone unchallenged. Ray (2007, p. 79) notes that ‘many older people have been effectively prevented from participating in research […] because of assumptions about their ability to “meaningfully” engage in participation’. Littlechild et al. (2015) found that the most common forms of involvement are skewed towards a ‘tokenistic approach’ in which older people have little influence over the research process. The latter has been described by Beresford (2003, p. 1) as a ‘tick box approach to participation’, a tendency reinforced by the ‘time-consuming and under-funded’ (Walker, 2007, p. 482) nature of this type of work. Martinson and Minkler (2006) argue that more attention must be paid to the ways in which the ‘participatory turn’ may unwittingly devalue older people for
whom such engagement is either not possible or not chosen. In the absence of such critical awareness, particularly in times of economic austerity, participation and co-research may become a ‘normative expectation for “good” older citizens rather than a tool for questioning structural sources of inequality and injustice’ (Ziegler & Scharf, 2013, p. 161).

This paper provides an ‘insider’ (Devotta, 2016) account of the process of peer-research, i.e. one which draws upon the experiences and insights of older people trained to undertake a community-based research project. The term ‘insider’ is used to acknowledge the shared knowledge and experiences of co-researchers and their interviewees. This paper was produced by the lead academic, but other publications have been co-produced for dissemination to a wider audience beyond the academy (Buffel et al., 2015). The next section summarizes the background and research design for the study together with the methods adopted for training the co-researchers.

**Design and Methods**

**Background to the research**

The project discussed in this paper was unique in involving older people as co-investigators in a study aimed at developing ‘age-friendly communities’. These have been defined by the WHO (2007, p. 12) as ‘inclusive and accessible environments that promote active ageing’ by adapting structures and services to accommodate the varying needs and capacities of older people. The study built upon a community-academic partnership strategy for researching and working with older people in disadvantaged neighborhoods in Manchester (UK), aimed at improving the city’s ‘age-friendliness’ (McGarry & Morris, 2011). A priority in the Manchester work has been to make older people central to the development of evidence-based policy and practice at a local level. To achieve this goal, participatory methodologies were required to engage with older
residents, especially those deemed to be at risk of social exclusion (McGarry & Morris, 2011). The project addressed this need, working with older people in the development and implementation of research to promote ‘age-friendly’ practice in three inner-city neighborhoods. Older people took a leading role in each phase of the study (see Figure 1), from co-designing research objectives and conducting interviews with peers, to evaluating interventions.

[Figure 1]

Recruitment of co-researchers and sample description

Eighteen older adults were recruited and trained as co-researchers. The study used a purposeful sampling design, combining three strategies to recruit potential co-researchers: criterion sampling, snowball sampling, and maximum variation (Palinkas et al. 2015). Initially, co-researchers were drawn through a range of networks, including Manchester City Council’s Age-Friendly City program, voluntary organizations and a variety of community groups. A recruitment brochure was used to present the aims of the study and the criteria used to select ‘age-friendly co-researchers’ (i.e. criterion sampling) at various meetings and community fora in the study areas. Criteria included: good communication and listening skills; personal experiences of ageing; links with different groups of older residents; and participation in research training offered as part of the project. Following this initial recruitment phase, the co-researchers were asked if they knew of other people who would fit these criteria (i.e. snowball sampling). During this recruitment process, a maximum variation sampling strategy was used to ensure a variety of co-researchers reflecting the ethnic and social diversity of the research areas.

Table 1 indicates that the co-researchers were heterogeneous in terms of age, gender and ethnicity. Participants were aged between 58 and 74 years with ten females and eight males. Nine co-investigators described themselves as White British; four as
White Irish; two as Asian British; one as Black British; one as Black Caribbean; and one as Black African. Most co-researchers described themselves as being in (very) good health, with three of the participants experiencing mobility difficulties. The majority had been involved in professional/semi-professional roles during their working lives.

Training, reflection and collaborative learning formed key dimensions of the project. All co-researchers participated in two half-day training sessions, followed by four reflection meetings and three dissemination workshops (see further below). The training addressed all relevant stages of the research cycle (see Figure 1), from co-designing research objectives and research materials to dissemination and evaluating impact. Issues relating to interview techniques were an important feature of the meetings, with the areas discussed including: how to ask questions, how to listen, how to probe, how to raise sensitive issues, how to pick up cues about when to follow up, when to move on, and when to let the participant speak without guidance or interruption. The format of the workshops was designed to facilitate interaction and reflective conversation, with time allowed for co-researchers to practice their skills through interviewing one another in pairs. Co-researchers were also invited to conduct a pilot interview before attending the second training workshop, and to learn from each other through discussing the challenges they faced whilst conducting the pilot interview. The training workshops were provided by the lead academic with the support of a local community development worker, with each participant receiving a certificate from the University of Manchester following completion.

Following participation in the training workshops, the co-researchers, who themselves lived in the research neighborhoods, subsequently recruited and interviewed
older residents. The interviewees were purposively selected to reflect the different age, social and ethnic composition of the research area, but with a focus on those likely to be experiencing social exclusion and isolation. These individuals were identified through: relevant community organizations, neighborhood support groups, religious groups, co-researchers working as volunteers in the community, community development workers who were in contact with people experiencing social isolation, and finally through the informal networks of the co-researchers themselves. The co-researchers interviewed 37 women and 31 men (average age 75 years). Twenty-two older people from minority ethnic backgrounds participated in the study, with most interviewed by co-researchers from the same ethnic background. The majority (63%) of participants lived alone; nearly half of the participants identified their health as poor or fair; and 47% had some or much difficulty, or were unable, to walk for half a mile.

The interviews focused on the needs and conditions for aging well and developing the ‘age-friendliness’ of the neighborhood. Co-researchers used the interview guide developed during the training workshops, focusing on themes such as health services, transportation, public space and social participation.

Ethical approval for the research was given by the University of Manchester Committee on the Ethics of Research on Human Beings (ref. 14006, January 2014). The project used a form of negotiated consent, with co-researchers and academic researchers involved in a process of consensus-building around the role of the research team, the aim of group meetings, and ways of working. A report of the resulting agreement was provided in the form of group minutes together with a framework for ‘good care’ in developing research relationships (see also, Ward & Barnes, 2016), including principles such as respect, attentiveness, empathy, dignity, confidentially and trust. Written informed consent was obtained from both co-researchers and interviewees, with
pseudonyms being used for both groups in this paper. Co-researchers were reimbursed for the expenses they incurred and received a £15 sterling gift voucher for each interview conducted.

**Reflection Meetings and Dissemination Workshops**

In addition to the training workshops, the project ran *four reflection meetings* and *three dissemination workshops*. These were led by the lead academic with the support of a local community development worker, but designed in an open, participatory and interactive way, following the pace and issues raised by the group. The aim of the reflection meetings was to: encourage critical reflection on the project, identify challenges faced during interviewing, discuss any issues that needed signposting, and collectively analyze the data. The meetings were also used to facilitate discussion about the ways in which the data was affected by the co-researchers having similar backgrounds or experiences of aging as those they were interviewing. In some cases, this was viewed as contributing to building rapport; in others, that it had led to issues being overlooked or ignored. This aspect is explored in more detail in the findings section of this paper.

In terms of collectively analyzing the data, a joint coding framework for the interpretation of transcripts was negotiated and agreed by the group, and co-researchers worked in pairs to assign codes to segments of text and identify patterns in the data whilst paying attention to the different interpretations. The group also co-produced a brochure presenting key findings from the research.

The *dissemination workshops* brought together co-researchers with community stakeholders (e.g. voluntary organizations, care groups, health services), with the aim of developing partnerships and strategies to translate the research findings into practice and policy (see Buffel et al., 2015).
Data Analysis

The data used in this article come from the four reflection meetings held with the co-researchers, all of which were recorded and transcribed with data analysis involving the co-researchers starting simultaneously (see Table 2). For this paper, the academic researchers took the lead in organizing the data, with thematic analysis conducted using the Atlas.ti software package, but the selection of quotes was subject to review by the co-researchers. Twenty-two different codes were identified (i.e. ‘closeness’, ‘trust and rapport’, ‘hard-to-reach groups’), which were clustered into key themes (i.e. ‘benefits recruitment’, ‘challenges recruitment’, ‘benefits quality of data’, ‘limitations quality of data’, ‘benefits for co-researchers’, challenges for co-researchers’). The analysis in this paper concentrates on the opportunities and challenges associated with the methodological approach of the project.

[Table 2 here]

Findings

Benefits of Involving Older people as Co-researchers

Co-researchers saw the main benefit of their involvement as being able to empathize and develop trust with the interviewees because of shared experiences. Narratives about the advantages of the ‘closeness’ they felt to their peers centered on: first, *closeness in age*; and second, *closeness in terms of location*.

**Proximity in age** was viewed as beneficial in recruiting older interviewees as well as enabling them to discuss issues that may be viewed as ‘sensitive’ or less well-understood by younger researchers:
I don’t think the very elderly people would have disclosed as much to students or young academics, as they were often ashamed of their problems such as fear of computers, severe deafness, using a commode... (Margaret, 71 years-old).

Some co-researchers felt that, in preparing for the interviews, they were more likely to know what to ask if they had similar experiences to the interviewees. Roy suggested that this had helped his participants to feel more at ease:

If older people are co-researchers, then it’s more likely that interviewees will trust the process and be willing to come forward and open-up about their concerns (Roy, 59 years-old).

As indicated in Roy’s comment, the fact that co-researchers were older people themselves was seen as facilitating an emotional connection with interviewees:

There seemed far less barriers to communication with closeness in age. We were able to have quite deep and meaningful conversations (Judith, 63 years-old).

I think it’s easier to be interviewed by a person of a similar age... It enables them to be more relaxed and open with their views (Dorothy, 69 years-old).

Sharing local knowledge. A second theme was linked to the fact that co-researchers lived close to their interviewees. Hardy et al. (2016, p. 595) demonstrated the advantages of working with community researchers who bring ‘an abundance of local knowledge, community ties, or the ability to inspire participation and engagement from their fellow community members’. Sharing ‘local knowledge’ in this project was viewed as beneficial in creating trust and recruiting interviewees, and enabled co-researchers to reach a ‘deeper understanding’ about age-friendly issues in the neighborhood. Typical comments included:

It’s a big advantage that co-researchers live locally: it’s easier to relate to them and you’ve got more empathy with regards to their issues. It’s easier to engage
with someone and ask relevant follow-up questions when you know the context better (Roy, 59 years-old).

Also, like myself, when you live in an area you get a feel for it, you have an intuitive knowledge about the place: you read local papers and get local magazines, see notices, recognize faces, you know the place... All this helps when interviewing and trying to understand their perspective (Brenda, 70 years-old).

The co-researchers had lived in their neighborhoods for an average of 46 years, acquiring substantial knowledge about local social networks over this time. This familiarity was to prove invaluable in recruiting seldom heard groups such as those who were isolated within their community. Martha, who visited housebound older people as part of her volunteering role in a local care group, suggested that the people she interviewed would have never shared their views with someone they did not know personally:

The people I interviewed would not have participated in a study with academics or students as interviewers. Particularly Rose, who doesn’t even leave the kitchen, let alone the house. You would have never found her. But she’s used to me. I go and see her for an hour every Saturday and the interview was just an extension of that (Martha, 73 years-old).

In a similar fashion, Peter commented:

The man I interviewed...I think it’s very unlikely you would have found him if it hadn’t been for my neighbor who knew him and looks after him. He doesn’t feel any need to talk to people and would never participate in a study (Peter, 61 years-old).

Allan interviewed a woman with severe hearing loss. She had lived in his street for the past 57 years but had limited social contacts and appeared to live an isolated life:

I interviewed one particular lady... It was not easy because she's partially deaf. She has no contact, no family, nothing at all. She's 84 years of age. She hardly
speaks to anybody except me... And even if I go there myself, I have to go through the letterbox: "It's Allan. It's Allan. Come out." You know, to actually be able to interview her, that's good. She has no relationships. She doesn't know anybody else but me (Allan, 59 years-old).

For Ziina, engaging with women experiencing isolation was an important motivation to take part in the study as a co-researcher:

I wanted to interview women whose voices have not been heard, especially those who are economically disadvantaged and those from ethnic minority communities. It is painful when older people talk about how they feel ignored by officials such as councilors and the police who do not value their views and do not treat them as an equal member of the community (Ziina, 59 years-old).

Like Ziina, other co-researchers from black and minority ethnic groups mentioned that personal connections within their community, and links with the local mosque, church, and neighborhood groups, were helpful in overcoming recruitment barriers associated with mistrust of research and perceptions that participation may cause potential harm such as stigma, or the loss of benefits and entitlements.

**Recognizing and developing older people’s skills and networks.** Co-researchers also highlighted personal benefits arising from involvement in the project, notably in providing an outlet for their own expertise. This was illustrated in the following comments:

We [older people] have a wealth of skills, knowledge and experience we can share that would continue to improve this city (Peter, 61 years-old).

I value and enjoy working together with older people, we learn a lot from each other. Together we can influence the planning and development of services.... I welcomed the opportunity to learn from others in this project, and to learn new skills, and to have my contributions valued (Patricia, 74-years old).
Such comments suggest that the project provided an opportunity for co-researchers to build upon their existing skills, creating a bridge between working life and retirement.

Some participants had a background in public service, whilst others had experience conducting interviews:

*I was qualified to undertake interviews on an intimate level due to experience from my working life. I enjoyed being involved with research projects while at work and I thought this project was a good opportunity to use my skills in a local project* (Margaret, 71 years-old).

A similar comment was made by Dorothy, who felt that her involvement in the project had improved her confidence:

*I have been able to put into practice skills that I have learnt through my working life and I have found that being able to adopt these to this research has helped my confidence* (Dorothy, 69 years-old).

The training workshops and reflection meetings were seen as essential to further develop skills, with practical exercises, such as interviewing each other, and conducting data analysis, especially valued. A typical comment was:

*The training we received gave confidence to every one of us who was to embark on the project. During the training, I improved my listening, my communication and analysis skills. I see myself already using these skills in my other areas of work* (Christine, 70 years-old).

The dissemination activities following the research provided further opportunities for skill development. This included involvement of co-researchers at an overseas conference, contributing to a festival of social sciences, and producing a film about the project and its impact (Buffel et al., 2017). The project also stimulated the co-researchers’ interest in undertaking additional research projects. These have included participation in research on the role of the environment in contributing to health and
well-being in old age; a project using visual art and heritage practices to imaging an ‘age-friendly community for all ages’; and a study focused on preventing social isolation.

**Building ‘better connected’ ‘age-friendly’ communities.** A final benefit was linked to the project’s potential contribution to community change. For many of the co-researchers, being able to ‘make things better for older residents’ (Mary, 65 years-old), and assisting with building ‘better connected communities’ (Moreen, 66 years-old), represented key motives for participation in the study. The partnership with Manchester City Council, and the relationships with different community organizations developed throughout the project, contributed to feelings about being able to ‘make a difference’:

*I think we will make a difference to what happens in Manchester for older people, and to me, and in my life-time I hope* (Dorothy, 69 years-old).

As in this comment from Dorothy, co-researchers often used the plural pronoun ‘we’ when talking about their involvement, reflecting a sense of ‘ownership’ over the project and their idea that community change and political action was a collective responsibility:

*What particularly interests me is, you know, how are we going to keep older people involved throughout the process, which is not just about interviewing them, but it's about discussing with them what we're going to campaign on later* (Norman, 58 years-old, emphasis added).

The co-researchers’ commitment to building ‘better connected, age-friendly communities’ was also evident in their comments about the potential of the project ‘to signpost older people to appropriate services that will benefit them’ (Brenda, 70 years-old). An example of this was given by Paddy:

*One of the people I interviewed wanted to buy a hearing aid but then it cost forty-five pounds for it to be serviced and she can’t afford that. So I introduced her to*
Good Neighbors [a local care group]. They do a drop-in every first Thursday of the month: you can have your hearing aid serviced for free (Paddy, 60 years-old).

Brenda (70 years-old) saw ‘the most important achievement’ as ‘bringing about changes for older people living in our community, and discovering that we have the power to help’. An illustration of how the project had improved the lives of older people was given by Ahmed (62 years-old):

*I discovered that what people wanted were often small changes but that these could make a big difference to their lives. [Before the research] there was nowhere to go and have a cup of coffee, and now there is somewhere to go. There was a lack of transport so we campaigned for [the restoration of the local bus service].*

This paper has identified a range of advantages associated with the co-research approach, these linked to the research process, recruitment, quality of data, potential for impact as well as personal benefits for the co-researchers. At the same time, challenges can also be identified and are discussed in the next section of this paper.

**Challenges of Involving Older People as Co-researchers**

Three major concerns were identified by the co-researchers in the reflection meetings following the interviews: first, the ‘closeness’ of the co-researchers to their interviewees; second, managing expectations; and, third, ethical considerations. The first of these demonstrates that many of the challenges raised by co-research were also linked with some of the benefits, for example those arising from sharing local knowledge, and proximity in terms of age. Whilst valuable in acquiring rich data from marginalized groups, such similarities could also lead to issues being dismissed or overlooked by co-researchers:

*Unfortunately... the very factors which proved helpful, such as having local knowledge and contacts in the area, also represent the biggest drawback. The*
avoidance of asking leading questions becomes more difficult with the closeness of people taking part (Paddy, 60 years-old).

Similarly, Moreen suggested that co-researchers may miss opportunities to ask follow-up questions or explore a topic further when sharing similar experiences with the interviewee:

Co-researchers may be experiencing many of the same issues and problems as the people being interviewed. It may make you ignore some things as they are just an inevitable part of growing older in an inner-city in times of austerity (Moreen, 66 years-old).

Another challenge arose from the risk of losing focus during the interview. Given the conversational style of interviewing, the discussion often developed in unanticipated directions, with co-researchers finding it hard to ‘keep [their] interviewees on topic’ (John, 74 years-old), or resist the temptation to ‘swap anecdotes’ (Moreen, 66 years-old), or ask questions which satisfied their own curiosity instead of pursuing the aim of the study. Commenting on what she identified as the most challenging interview she had conducted, Patricia reflected on the dilemma of balancing between encouraging participants to share their stories whilst ensuring that the main research questions were addressed:

I mean it was very, very hard not to let her [interviewee] go on stories: every question was a story: about when she lived in Kenya; what her granddaughters did; how her bowels were... all sorts of stuff. It [the interview] just went all over the place... I mean, I know that part of being a good interviewer, is trying to get people back onto the point. But you feel very rude, you know, to ask the next question. Especially because she was restricted to the house... but then she could have rambled on with stories about all sorts of things that had nothing to do with the subject. (Patricia, 74 years-old).
Others reported difficulties in maintaining a neutral stance when particular views were expressed. Christine (70 years-old), for example, talked about one of her interviewees expressing racist views, commenting: ‘Shocking! I really had to bite my tongue’.

**Managing expectations.** Another issue concerned managing expectations about the potential benefits of the research. Some of the interviewees, for example, participated in anticipation that their comments and proposals would result in improvements to their neighborhood. Being transparent with communities about the potential limitations of the research was therefore seen as essential to prevent frustration and disillusion:

> It raises expectations – don’t get me wrong I think the project should try to raise expectations. But if they are not realistic, then this could lead to disillusion (Martin 58 years-old).

Ensuring realistic aspirations about building ‘age-friendly’ communities was especially challenging given funding pressures on local services. Many co-researchers discussed how cuts to leisure facilities, senior centers and public transport were negatively affecting older people’s quality life. The loss of the local bus service was often mentioned as one such example, and was seen to exacerbate already high levels of social exclusion in the participants’ neighborhoods:

> Some of the people I interviewed have been living in the area for over fifty years with vast experience of the developments in the area, including loss of facilities and services such as transport. Most of them are very upset by the recent loss of a bus service that allowed them to use their free bus pass to visit their relatives, the hospital, supermarkets (Roy, 59 years-old).

Some felt that ‘age-friendly’ interventions were unrealistic and unlikely to be implemented given restrictions on public spending:
We’re trying our best, but it’s difficult in the economic climate. There has been so much upheaval in the council. I remember when I first came here, you [to another co-researcher] were campaigning for years about getting a seat at the bus stop. Now there is no reason for the bloody bus stop [because the bus service had recently been cut]. So has it got better for older people? Will it get better? No (Judith, 63 years-old).

Is anyone going to pay any attention to it when we get the findings? Will the Local Authority actually pay any attention and do anything about what the people are saying?

**Ethical considerations and challenges.** An important issue for co-research with older people relates to research ethics and the impact of the study on participants. Both aspects formed a key theme in the training and reflection workshops. Discussions about strategies to minimize or mitigate risks to participants led to the development of a framework for ‘trustful and supportive research relationships’, including principles such as respect, attentiveness, empathy, dignity, confidentially and trust (see, also, Ward, & Barnes, 2016). These and related values were seen by co-researchers as vital to ensure that the research did not harm participants, and to prevent alienation and mistrust.

Reflecting upon his experience with interviewing peers, Norman observed that:

*Flexibility is important: for example, if an interviewee wants to focus on a particular concern, even if it doesn’t seem directly relevant, listen and note...It creates trust. Patience is also important: you have to be relaxed and able to put the interviewee at ease. Empathy: you may not agree with everything they say but you should encourage them to speak. Impartiality: just because you feel strongly about an issue doesn’t mean you should pressurize the older person you talk to to voice views you hold (Norman, 58 years-old).*

Against this, challenges to some of the ethical principles arising from the project’s approach were also identified. Moreen, in one of the reflection meetings, alerted the
group to potential issues around confidentiality when co-researchers and interviewees share the same neighborhood:

* Asking people to talk about growing older inevitably means considering one’s whole life experience, the kinship and neighborhood networks involved and the life events which have shaped them most. Though confidentiality is important, they are neighbors and the confidences given remain with the researcher. For example I did not know Jenny prior to the interview, but I see her out shopping now and we always stop to speak. I am aware that I know a great deal more about her than she does about me (Moreen, 66 years-old).

Similar concerns were expressed by co-researchers who conducted interviews with ethnic minority elders. Ziina suggested that whilst connections and relations with her own ethnic community had been instrumental in recruiting participants, she also felt that these raised concerns about confidentiality amongst some of her interviewees, who may therefore feel more hesitant to share their views:

* I think the ones [interviewees] that knew me personally tended to respond in a different way. They were more reserved and less open. I think because they’re sort of thinking, well, “who is she going to share this [information] with?” (Ziina, 59 years-old).

Other ethical concerns were linked to recruiting and interviewing older people experiencing social isolation and those with complex health needs. The project’s main concern was to ensure that none of the interviewees was negatively affected by taking part in the study, and that being involved as a co-researcher was a meaningful and worthwhile experience. These aspects required constant reflection and particular attention to developing the co-researchers’ skills in dealing with sensitive issues as well as offering opportunities for individual support to their interviewees. At the same time,
there was also a need for supporting the co-researchers who may be affected by the emotional impact of experiences disclosed by an interviewee.

**Discussion**

This article has provided insights into the experiences of older people as they move beyond the traditional role of ‘consultee’ to that of interviewer and researcher, acknowledging both the challenges and opportunities associated with the co-research methodology. Many of the issues raised by the project resonate with those associated with social science critiques of participatory work more generally, including: the challenge of developing collaborative partnerships and managing conflicting expectations and responsibilities in the research process; tensions arising from power differentials; and inequalities amongst community groups (Blair & Minkler, 2009; Hodge, 2005; Hardy et al., 2016).

The research discussed in this paper responded to some of the challenges identified in the literature on participation through, first, a comprehensive training program for developing research skills, and, second, addressing the ethical, methodological and practical issues involved in co-research. The project’s training workshops and reflection meetings encouraged what Easpaig (2017, p. 58) terms ‘reflexive practice’, and a critical awareness of the power differentials implied in co-produced research. Despite attempts to democratize knowledge production, asymmetries of power continue to exist, for example, between the professional research community and older co-researchers (Littlechild et al., 2015). However, this study also highlights power relationships between co-researchers and their interviewees, reflected in contrasts in resources, capabilities, and expertise. Indeed, projects which recruit and train older people to become ‘co-researchers’ run the risk of further empowering those with considerable social capital whilst adding to the exclusion of more vulnerable
groups. The argument here is that without recognition of such tensions, co-research may reinforce rather than reduce existing inequalities within communities (Ziegler & Scharf, 2013).

Second, this study developed a framework for ‘good care’ in developing research relationships, including principles such as confidentiality, consent, empathy, and emotional well-being (see also Ward & Barnes, 2016). The importance of developing a shared understanding of such principles was highlighted by the co-researchers, emphasizing the need for adequate time for reflection, reviewing and debrief throughout the process. The reflection meetings provided a ‘safe space’ (Easpaig, 2017, p. 58) for co-researchers to discuss ethical challenges arising from the work. They also provided a framework for discussing power differences as well as cross-cutting issues of gender, class, race and sexual orientation.

Along with the challenges, several opportunities associated with co-research may also be identified. First, the approach adopted in this study provides a response to the need for expanding methodological diversity and innovation in aging research. This last issue has become especially urgent given the way economic, health and social inequalities have contributed to increased diversity within the older population (Nazroo et al., 2017). Arising from this, new research methods are needed to capture the range of experiences characteristic of later life: from older people active in reconstructing what has been termed a new ‘third age’ (Gilleard & Higgs, 2005); to those living on the margins of society, experiencing intense forms of social exclusion (Phillipson, 2013). In this regard, co-research may provide a valuable tool for social scientists, faced with the challenge of documenting identities and statuses in later life now undergoing rapid change.
Second, the findings highlight the potential of co-research as a means of accessing and incorporating the views of ‘seldom heard’ (Hernandez, Robson & Sampson, 2010) or ‘hidden’ populations who are likely to be distrustful of, or skeptical towards, the value of research (Littlechild et al., 2015). Barriers to including vulnerable groups of older people in research have been widely reported, but may be especially prominent in the type of neighborhoods represented in this study (Buffel et al., 2017). In this context, the co-researchers highlight the benefits of sharing certain characteristics with interviewees (e.g. age, local knowledge, ethnicity) for engaging with those experiencing isolation and from minority ethnic backgrounds. The links and relationships that co-researchers had developed over time by living in their respective neighborhoods, as well as their voluntary and community activities, further facilitated access to such groups.

Third, and linked with the above, the argument of this paper is that older adults are an undervalued resource, bringing valuable skills and expertise into the research process. An important finding from the work reported here concerns the extent to which co-researchers drew upon education and training which they had received during, or in preparation for, their working lives. There is now a substantial number of people in their 60s and 70s who undertook various forms of professional training and education – much larger than was the case in previous generations. This represents a substantial group with human capital available to contribute to further understanding of the changes affecting older people and the communities in which they live. Moreover, the findings demonstrate both the willingness of older people to use such skills and the potential benefits for social scientists willing to support them with appropriate training and resources.
Finally, this project suggests that older people can play a crucial role, both in shaping research agendas, but also in developing ‘the goals and aspirations for dissemination and action from research’ (Ray, 2007, p. 74). For example, the work has influenced Manchester’s Age-Friendly program, providing the Council with an evidence-base for the strategic commissioning of services relevant to older people (McGarry, 2018). The project’s findings have also led to benefits within the community, including the restoration of a much-valued bus service. The co-researchers have now formed a permanent group and are applying for funding for age-friendly activities. Further evaluation and research will be necessary both to track the impact of the group and any long benefits for the communities in which they live.

**Conclusion**

This article highlights the benefits and challenges associated with co-research with older people. Findings from the project suggest that this method has the potential to engage with older residents in a way that can benefit them as individuals, as well as the communities in which they live. The value of research conducted in partnership with older people is at least threefold: first, it can play a vital role in challenging negative stereotypes of aging by emphasizing the skills and knowledge which older people can bring to research. Second, it offers a response to the challenge of understanding the experiences of a more diverse aging population, and provides a method for accessing and incorporating the views of seldom heard groups. Third, it presents opportunities for partnerships between older people and local stakeholders working together to develop new forms of community change and social action. Although the outcomes of this project are promising, further research is needed to test whether the results would be replicated in other settings, building upon evaluations from the different groups involved. Evaluating the potential and limitations of co-research with older people has
become an important task for social science, especially given the support for co-production that now exists within funding bodies and policy organizations.
References


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Table 1. Characteristics of co-researchers

<table>
<thead>
<tr>
<th>Co-researcher</th>
<th>Sex</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Self-rated health</th>
<th>Pre-retirement occupation</th>
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</thead>
<tbody>
<tr>
<td>Moreen</td>
<td>F</td>
<td>66</td>
<td>White British</td>
<td>Very good</td>
<td>Social worker</td>
</tr>
<tr>
<td>Roy</td>
<td>M</td>
<td>59</td>
<td>Black British</td>
<td>Very good</td>
<td>Marketing administrator</td>
</tr>
<tr>
<td>Dorothy</td>
<td>F</td>
<td>69</td>
<td>White Irish</td>
<td>Good</td>
<td>Nurse</td>
</tr>
<tr>
<td>Martin</td>
<td>M</td>
<td>58</td>
<td>White Irish</td>
<td>Excellent</td>
<td>Community nurse</td>
</tr>
<tr>
<td>Ahmed</td>
<td>M</td>
<td>62</td>
<td>Asian British</td>
<td>Fair</td>
<td>Community worker</td>
</tr>
<tr>
<td>Patricia</td>
<td>F</td>
<td>74</td>
<td>Black Caribbean</td>
<td>Very good</td>
<td>Nurse/community worker</td>
</tr>
<tr>
<td>Judith</td>
<td>F</td>
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<td>Good</td>
<td>Primary schoolteacher</td>
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<td>Margaret</td>
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<td>Clinical podiatrist</td>
</tr>
<tr>
<td>John</td>
<td>M</td>
<td>74</td>
<td>White British</td>
<td>Fair</td>
<td>Civil servant</td>
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<td>Brenda</td>
<td>F</td>
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<td>Black African</td>
<td>Good</td>
<td>Community worker</td>
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<td>Mary</td>
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<td>Very good</td>
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<tr>
<td>Martha</td>
<td>F</td>
<td>73</td>
<td>White Irish</td>
<td>Poor</td>
<td>Teaching assistant</td>
</tr>
<tr>
<td>Christine</td>
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<td>Very good</td>
<td>Nursery assistant</td>
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<tr>
<td>Ziina</td>
<td>F</td>
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<td>Good</td>
<td>Language trainer</td>
</tr>
<tr>
<td>Norman</td>
<td>M</td>
<td>58</td>
<td>White British</td>
<td>Very good</td>
<td>Local government worker</td>
</tr>
<tr>
<td>Allan</td>
<td>M</td>
<td>59</td>
<td>White British</td>
<td>Good</td>
<td>Unemployed civil engineer</td>
</tr>
<tr>
<td>Paddy</td>
<td>M</td>
<td>60</td>
<td>White Irish</td>
<td>Very good</td>
<td>Waiter</td>
</tr>
<tr>
<td>Peter</td>
<td>M</td>
<td>61</td>
<td>White British</td>
<td>Excellent</td>
<td>Graphic designer</td>
</tr>
</tbody>
</table>

*Pseudonyms are used to protect the identity of the co-researchers*
Figure 1. The different phases of the research

Stage 1: Co-designing research objectives
Stage 2: Co-producing research materials
Stage 3: Collecting data amongst peers
Stage 4: Collaboratively analysing data
Stage 5: Co-producing and sharing findings
Stage 6: Translating findings into practice
Stage 7: Evaluating impact in partnership
Table 2. Reflection meetings

<table>
<thead>
<tr>
<th>Reflection meeting</th>
<th>Participants</th>
<th>Duration</th>
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<tbody>
<tr>
<td>1</td>
<td>17 co-researchers</td>
<td>3-4 hours</td>
</tr>
<tr>
<td>2</td>
<td>11 co-researchers</td>
<td>2-3 hours</td>
</tr>
<tr>
<td>3</td>
<td>14 co-researchers</td>
<td>2-3 hours</td>
</tr>
<tr>
<td>4</td>
<td>9 co-researchers</td>
<td>3-4 hours</td>
</tr>
</tbody>
</table>
Manchester was among the first to be admitted into the WHO ‘Global Network of Age-friendly Cities’ in 2010. In October 2017, the Network had a membership of 500 cities and communities across the world and continues to grow as a movement which strives to meet the needs of older residents in terms of housing, transportation, outdoor spaces, social participation and community/health services.

The study built on a partnership between Manchester City Council, the University of Manchester, various community organisations and older people, committed to the goal of developing ‘age-friendly’ communities.

More detail about the selection and characteristics of the study neighbourhoods can be found in Buffel (2015).