



The Right Here Right Now Pilot Study
What did we learn?

May 2016



Summarising the Findings of RHRN

What is Right Here Right Now?

Right Here Right Now (RHRN) was a research project that aimed to develop a method for learning about what life is like for people living in Glasgow.

The RHRN team was made up of researchers from the Glasgow Centre for Population Health, NHS Health Scotland, the MRC/ CSO Social and Public Health Sciences Unit, University of Glasgow and The Glasgow School of Art.

We were interested in testing how we could go about collecting information from people living in Glasgow on a range of issues that affect people's lives, such as health, community and the economy. We were especially interested in trying to collect and summarise this information quickly, so that we could produce research findings on a particular topic within a couple of weeks. Producing research rapidly like this would be especially useful to decision makers who want to understand how issues affect people's lives and how they could best respond to these.

How was the RHRN pilot study developed?

Development of RHRN began with researchers from The Glasgow

School of Art holding workshops with stakeholders (including representatives from national and local government, the NHS and universities) and people living in Glasgow. There were a number of different phases, from early stage engagement generating lots of ideas, through to the latter stages which honed down these ideas into a deliverable project. In these workshops we gathered people's views on the types of information that we should collect, and explored different methods of how we could do so. The RHRN pilot study was based on the feedback that we received during these workshops, and was designed to meet the needs of both decision makers and stakeholders as well as members of the community.

What were the aims of the RHRN pilot study?

The RHRN pilot was designed to explore a number of questions, including:

- How can we recruit individuals to take part in RHRN?
- Which tools can be used to communicate with study participants to gather useful, high quality data?
- What are participants' views of taking part?
- How useful are the study findings to decision makers?

What did the RHRN pilot study involve?

The RHRN pilot study was conducted over six months, during which time we recruited a total of 180 individuals living in Glasgow to take part as Community Researchers (CRs). Community Researchers were recruited in two different ways. Some were visited at their homes and invited to take part by fieldworkers from the University of Glasgow, whilst others were approached by fieldworkers from The Glasgow School of Art in public places such as Buchanan Galleries and Kelvingrove Art Gallery.

Weekly questions, covering a range of social and public health issues, were sent to CRs by email, SMS, or post. Questions came from three sources: a panel of RHRN stakeholders from national and local government, the NHS, voluntary organisations and other groups, who could suggest topics of interest to them; questions drawn up by the RHRN team; and from topical news stories and events.

Researchers at the Glasgow Centre for Population Health analysed and summarised responses within two weeks. We then shared these summaries with both CRs and our group of stakeholders.

What were the outcomes of the RHRN pilot study?

We were able to recruit a total of 180 CRs over the course of the pilot study from all over Glasgow, 52% of whom were female.

We had hoped to recruit a group of CRs that would broadly reflect the wider population of Glasgow. Although we were able to recruit a diverse group of CRs from a broad range of backgrounds, we found that some groups of individuals were under-represented in the RHRN pilot study, including individuals with no educational qualifications.

Email was the most popular method of receiving the weekly questions, and was chosen by 49% of CRs. A further 39% of CRs chose to take part via SMS and only 12% chose postal questionnaires.

Each of the weekly questions was answered by just over half (54%) of the CRs who received it, and on average CRs responded to 10 weeks of questions. We also found that some CRs were more likely to respond to questions than others. For example, older CRs responded to more of the questions that they received than younger CRs.

Finally, although CRs were free to remove themselves from the RHRN

Age



18-29



30-44

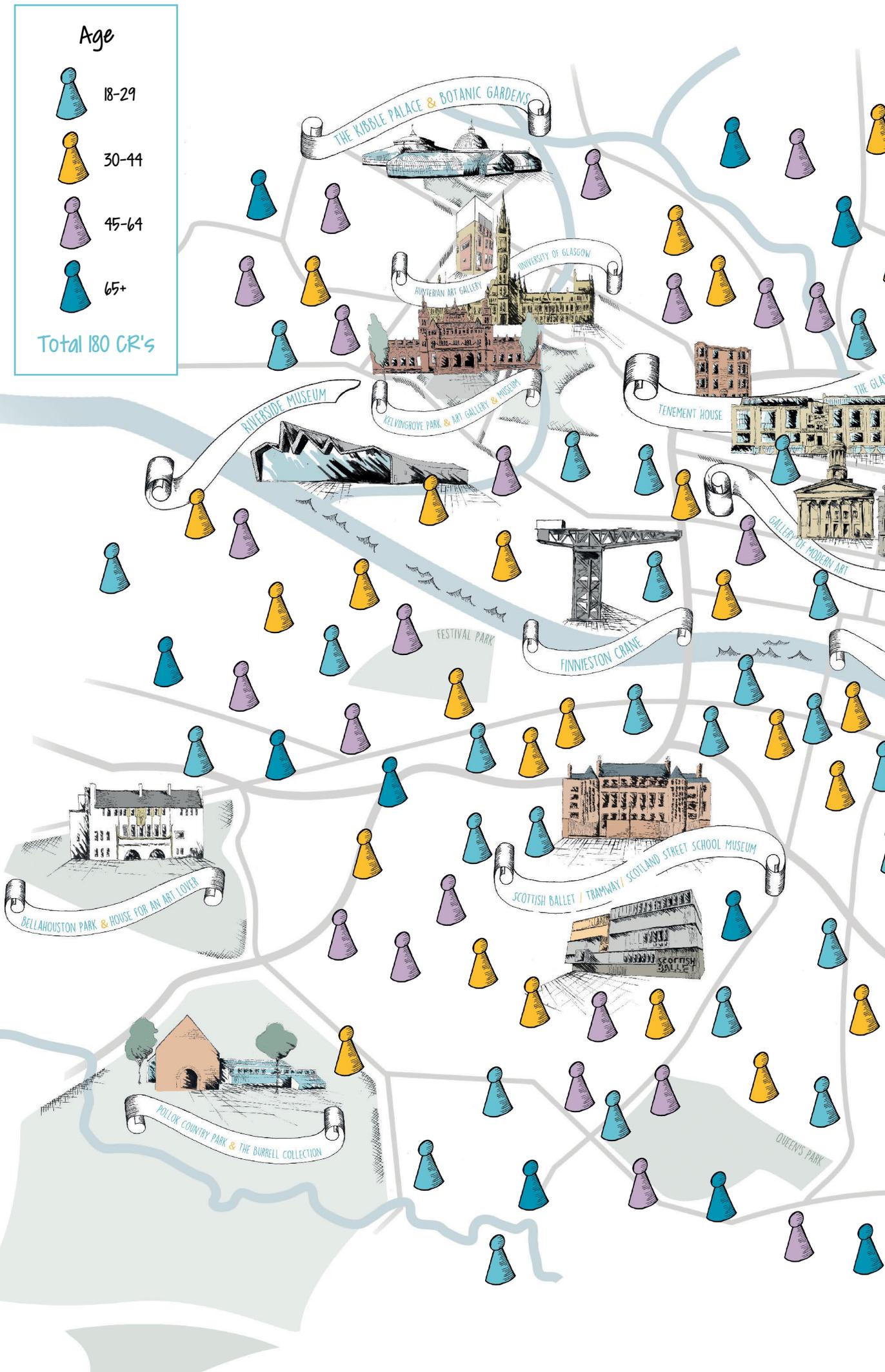


45-64



65+

Total 180 CR's





* CR icons have been positioned at random and do not describe where CRs live

pilot study, we found that only 25 CRs (14%) chose to do so.

What were CRs' views of taking part in the RHRN study?

During the course of the pilot study, we sent two evaluation questions to CRs asking about their experiences of taking part. We also carried out telephone interviews with 14 CRs to delve a bit deeper into what it was like to be a RHRN CR. Most CRs were satisfied with receiving one set of questions per week, and felt that this helped to keep them engaged with the study. CRs also told us how they valued having their voices heard, and potentially influencing change and making a difference. Finally, the range of topics covered over the course of RHRN had encouraged CRs to think about issues that they would not normally have thought about, and some described being surprised to learn that they had opinions on many of these topics.

How useful were the summaries of responses for decision-makers?

We held a workshop with our stakeholder group to discuss their views on the summaries of responses produced every week. These decision makers told us that the summaries of CRs' responses to questions were helpful in identifying important issues that

may not otherwise receive attention until evidence is gathered in more traditional ways. There were some concerns over the relatively small number of CRs who took part in the pilot however, and that some groups were under-represented.

They were interested in hearing people's stories about how they are affected by a range of social and public health issues and thought that in-depth information like this would fill a gap that exists in current sources of data.

Decision-makers also thought that receiving weekly information was perhaps too rapid to help them with decision making, and that research findings produced over a longer period of 6-8 weeks would be timely enough.

What have we learned from the RHRN pilot study

The RHRN pilot study has taught us a number of important things, such as:

- Although we are able to recruit individuals to participate in RHRN as CRs, we need to do more to ensure that everyone in the community is represented.
- It is possible to quickly collect and summarise information from people living in Glasgow, through tools such as the

- internet and SMS.
- The weekly question format was satisfactory to CRs, who also told us that they valued having the opportunity to share their views and experiences.
 - Engaging people in the design phase was valuable and resulted in a better designed outcome.
 - The information that we were able to collect in the pilot can be useful to decision-makers in highlighting important issues, and filling in gaps that exist in other data sources.

The RHRN team would like to extend our thanks to all of the CRs who took part in the RHRN pilot study. We are grateful to everyone who took the time to speak with fieldworkers about the project, and to those who chose to sign up as a CR. It would not have been possible to carry out this study if it were not for CRs taking the time to respond to questions, and share their views, opinions and experiences with us.

What will happen next with RHRN?

We have learned a lot from the RHRN pilot study that will help to develop future studies that aim to gather people's lived experiences in near to 'real-time'. Discussions are ongoing about how this learning could be used to shape future work.

