**Street Conversations** (“Can I just walk with you and chat?”)

**What is the** [**Community Connections Project**](https://arc-eoe.nihr.ac.uk/research-implementation/research-themes/inclusive-involvement-research-practice-led-health-and-5)**?** Together with residents, we’re learning about community connections and their impacts on wellbeing in a very local sense. We’re finding out more about the benefits that these connections bring, and learning how people and organisations could facilitate more connections.

 **How did you go about reaching people?** Local areas in greater need were identified through mapping health and disability deprivation statistics. We considered other ongoing initiatives to improve local health and wellbeing in various parts of the county and prioritised those areas where there were fewer additional interventions to improve health. We spoke with people who might not fill in surveys in their own time, attend online meetings or commit to prearranged sessions. The two researchers approached people in the street and asked if they would stop and talk for a few minutes or offered to walk with them to wherever they were going (walking the dog, walking to the shops etc.). People talked about whatever interested them.

**Lessons Learnt**: Researcher language needs to be as neutral and universal as possible: not linked to any particular community centres, groups, council or political group.

**Ethics:** In this project the researchers were able to be quite flexible in responding to (potential) participants requirements for information. In response to expressed wishes, the researchers shared varying levels of information about the project before and after conversations. They made efforts to ensure that participants were very clear that they were free to choose whether or not to take part. They explained that recording the conversation would assist the researchers in accurately writing notes, but that it was their choice as to whether they wanted to be recorded. Full consent (verbal or written) was gained before concluding the conversations, and participants were reminded that they could withdraw from the study and their data would be deleted at the close of the conversation. Participants were provided with a copy of the information sheet, consent form, including contact details, at the close of conversations.

People were given opportunity to ask questions and give consent at both beginning and end of conversations. Some participants needed time to gain a rapport with the interviewer and to actually take part in the interview before giving full consent for the interview to be used in the study. The approach, including timing, of gaining consent for participation and recording needs careful thought.

* *The consent process often deters the very participants we are trying to include in research.*
* HRA are currently updating their guidance on consent, to hopefully make consent easier.
* If information is being used to inform research development, it can be classified as Public Involvement when [Ethical permission](https://www.hra.nhs.uk/planning-and-improving-research/best-practice/public-involvement/what-do-i-need-do/) is not needed (but act in an ethical way).

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| **Advantages**  | **Disadvantages** |
| Most of those people approached stopped and talked for 5-10 minutes | Young men tended to refuse (often scooting/cycling past). Going to places where they hang out (eg the skate park) might encourage more conversations  |
| Talked to a range of people, including those * with various mental, emotional and physical disabilities,
* with different backgrounds, beliefs and behaviours, and
* with differing levels of involvement in community life – some had never spoken to others in their local area before
 | As conversations took place in the street, researchers did not feel it was appropriate to ask participants to provide information about protected characteristics. However, in order to consider the representativeness of their sample, the researchers did document estimated gender, broad age group, broad ethnicity, caring responsibilities, and disabilities. In some cases participants volunteered this information themselves. This helped the researchers to assess who was missing from the sample.  |
| Walking facilitates conversations about local place-based issues; fly tipping, mural, street lights, drug use, anti-social behaviour. | Trust/Suspicion – what is the information being used for? It is necessary to emphasise anonymity of responses and that there are no implications on receipt of benefits and so on. Mistaken for Chuggers or others raising money |
| Talk to people in their own environment, about what matters to them.  | Locals might not respond/relate to researchers due to differences in age, gender, ethnicity etc |
| Informal method, inclusive.  | Time of day, day of week might influence who is there.  |
| Area summaries can be shared back with those who have been involved if they would like to provide contact details | Those who don’t wish to share contact details have the opportunity to get key information from the project page.  |

**Next Steps**: There is opportunity for people who would like to be further engaged with the project to attend local meetings with statutory, voluntary and community partners. Residents have the opportunity to develop their ideas for community connections and groups with the support of statutory, voluntary and community partners, and to have further conversations with people living in their local area. Issues will continue to be fed back to the Council, with partners working together to enable people to have a voice. *Introduced by Sally Burrows and Clare Hammerton. (chamme@essex.ac.uk)*