



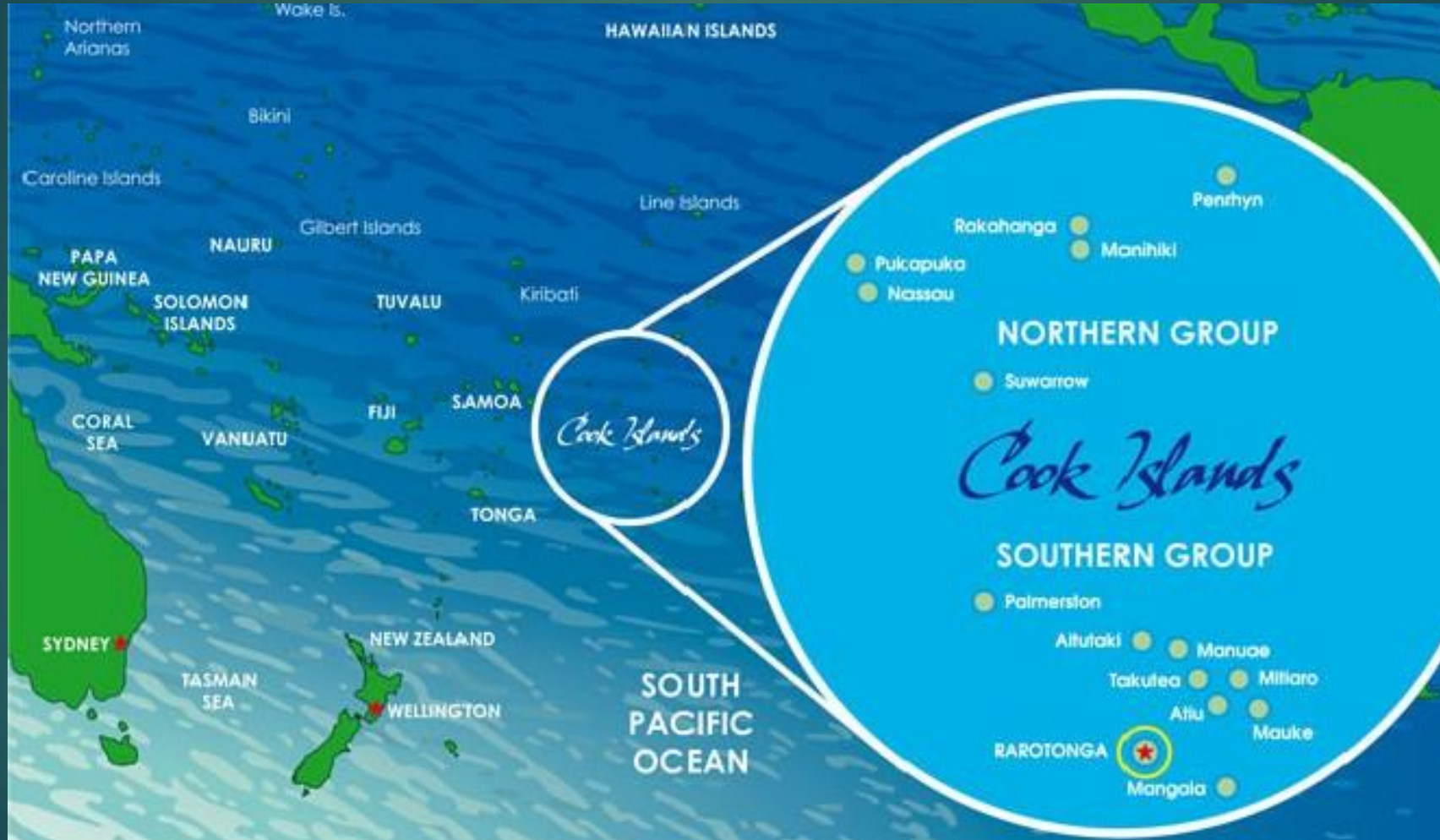
Deepening Understandings

A Participatory Action Research Study With *Te Vaerua*
Exploring Rehabilitation In The Cook Islands

Overview

- ▶ Background to study
- ▶ An overview of the study process and challenges
- ▶ Implications and learnings

Cook Islands





Community Based Rehabilitation (CBR)

- ▶ WHO initiative to address the needs of people with disabilities in their communities
 - ▶ Resulted from dissatisfaction or lack of successful implementation of Western aid projects and services
- ▶ Provides framework for aid projects
- ▶ Based on social theory of disability where the source of disability is external to the person, and created by social structures
 - ▶ That is, that environments and attitudes create facilitators or barriers to participation
- ▶ Is emancipatory

Community Based Rehabilitation (CBR)

- ▶ Locally based and run services in small or isolated communities
- ▶ Lead by people with disabilities and their families
- ▶ Should be set up as a result of locals identifying the need, but often external agencies will highlight an issue

- ▶ Rely on 'experts' to teach local providers skills
- ▶ May rely on external facilitators to provide structure to the project
- ▶ Require locals to have time, energy, focus and motivation to continue the project



Te Vaerua Rehabilitation Service

- ▶ A rehabilitation service set up in 2006
for all people in the Cook Islands “with a need”
- ▶ I was employed as a physiotherapist 2009/10



- ▶ CBR framework
 - ▶ Set up in 2006 as a result of locals identifying need
 - ▶ Run by Board of Cook Island residents
 - ▶ Funded by local fundraising and initial project support from NZAid



Is what I am doing....

useful

valuable

appropriate

worthwhile



Is what I am doing....

Recognised as rehabilitation
by Cook Islanders??

Participatory Action Research

- ▶ Good potential for sustainable and valuable outcomes
- ▶ Builds capacity in locals
- ▶ Literature suggests safe in cross cultural settings
- ▶ Similiar framework to CBR

Challenges for academic PAR studies (literature)

- ▶ ‘Fuzzy’ outcomes are challenging to write up – no set format
 - ▶ ‘journey is part of the research findings’
- ▶ Approvals required for academic study prior to establishing RQ
- ▶ Data collection and research process is time consuming
- ▶ Loss of researcher control of process difficult for time limited study



Community Consultation

- ▶ Agreed to the principle of research
- ▶ Board happy to be participants
- ▶ Keen on research alongside physiotherapy
- ▶ Agreed timeframe 'asap' or to overlap new contracted therapist

Community
Consultation



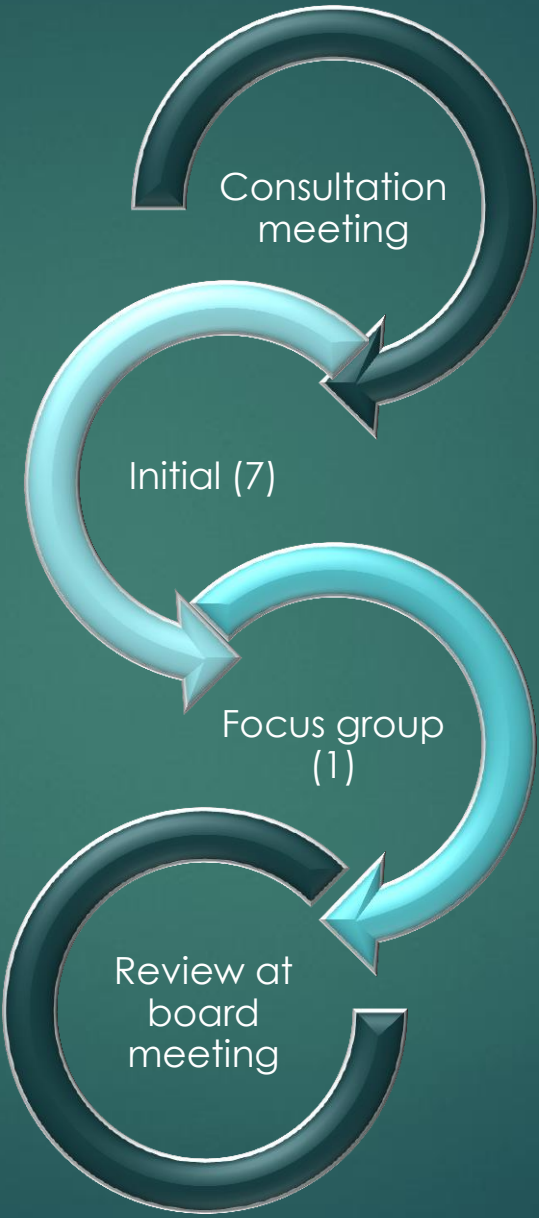
What is the ideal rehabilitation service and to identify the gaps in service?

We want to identify our core values and service and the key things that are important.

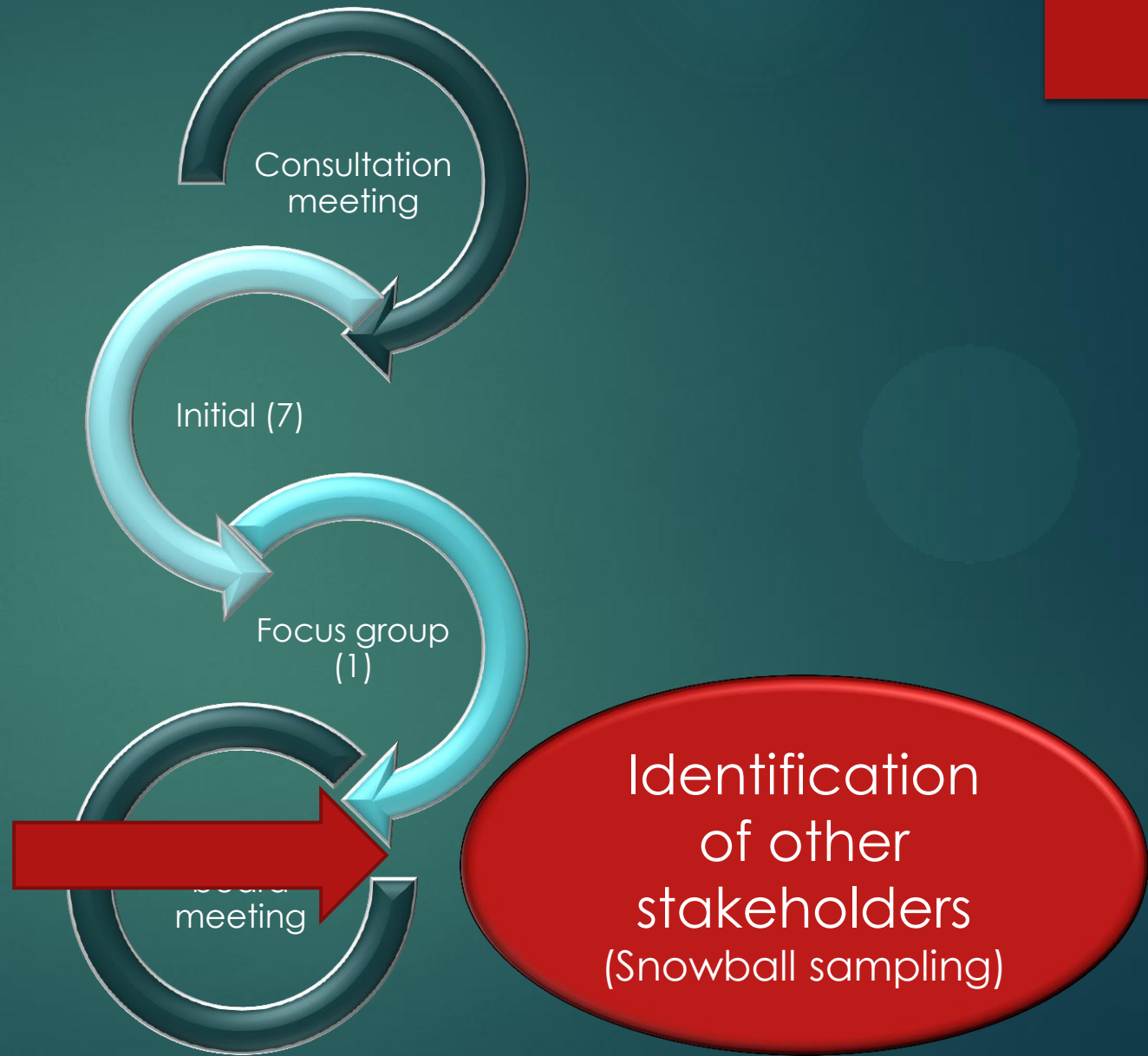
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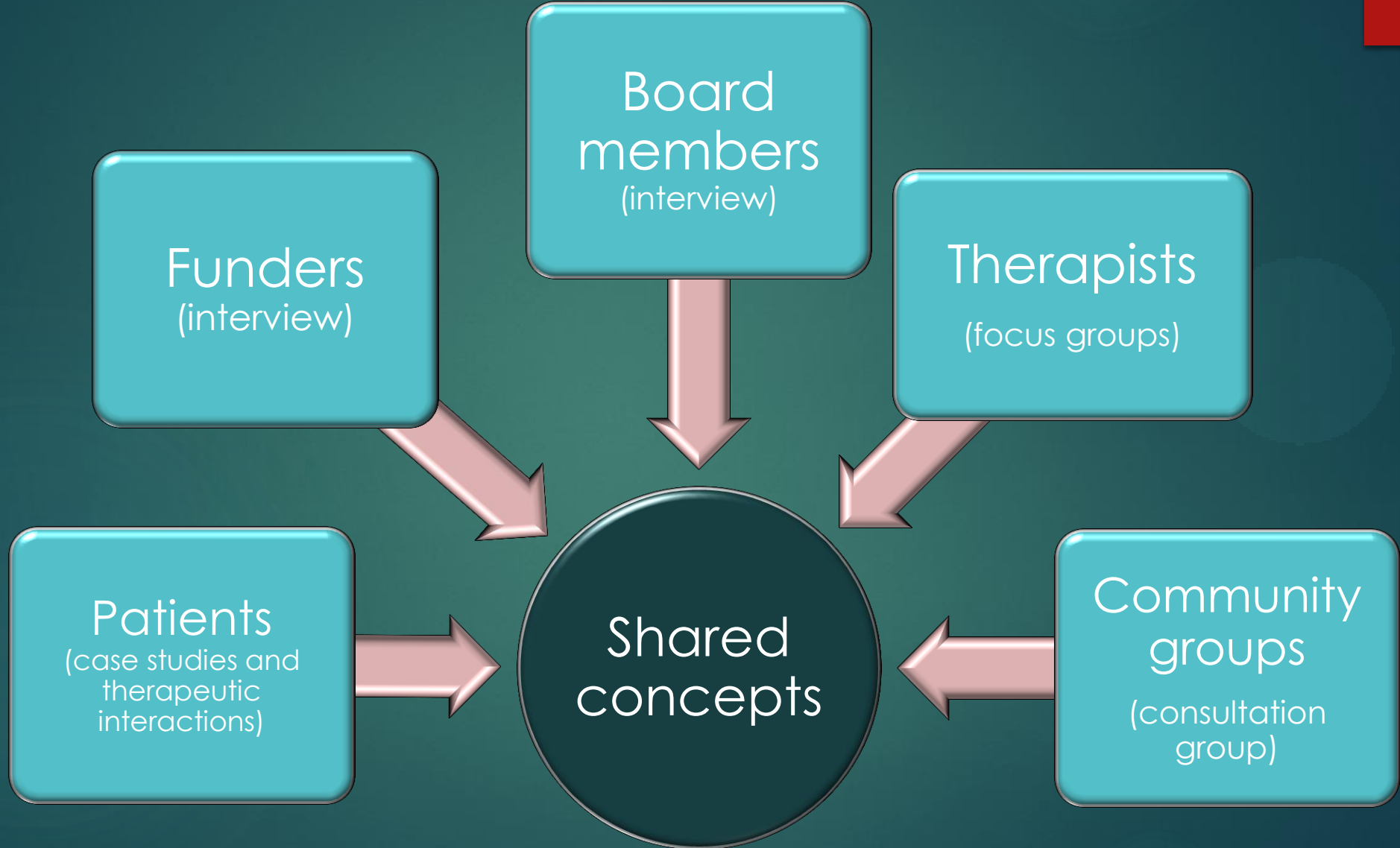
formulation of the 5 year strategic plan (2013-2018)

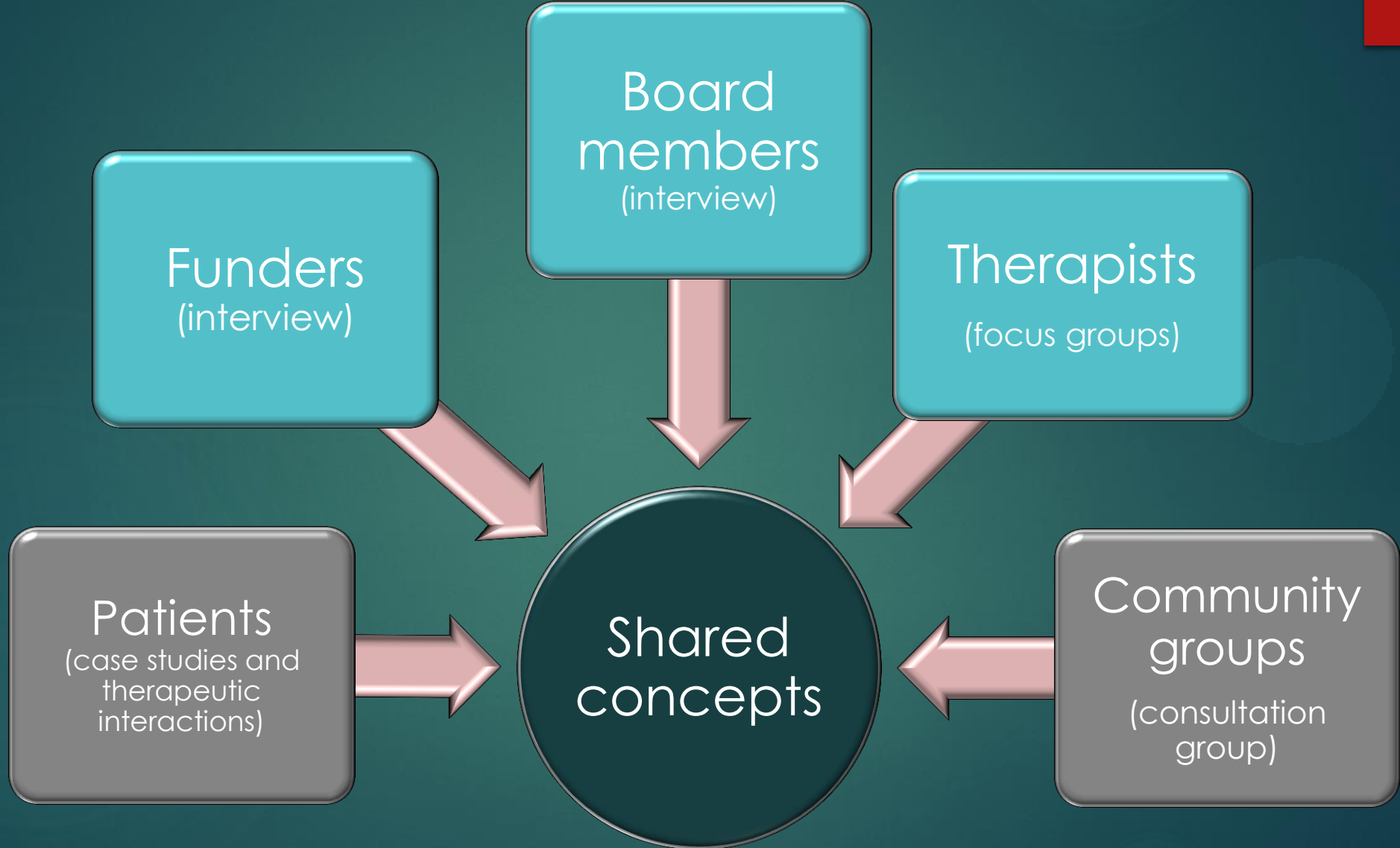
Community Consultation

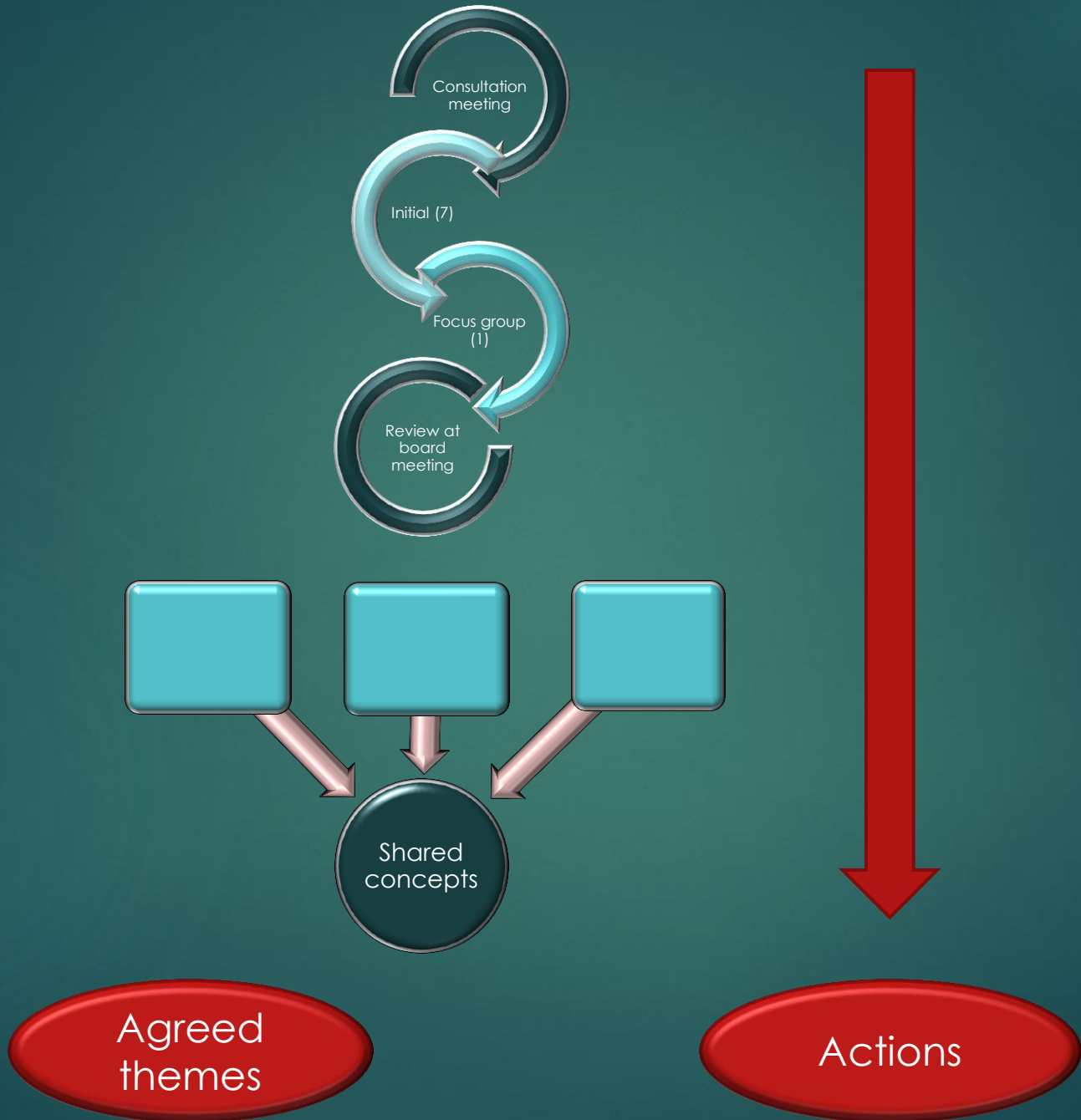


Useful meeting
Summary sheet:
-agreed action points
-thoughts to ponder









People are the most important thing

Rehab is available

Rehab has heart

Rehab gives hope

Agreed themes

People are the most important thing

Rehab is available

Rehab has heart

Rehab gives hope

Kote iti tangata te mea maata

“People are the most important thing”



Rehabilitation is available

...needs to be local

...needs to be visible

...needs to be practical

Rehabilitation is available

...needs to be **local**

...to support families

...to minimize emigration

Rehabilitation is available

...needs to be **practical**

- Equipment is tangible and visible



Rehabilitation has heart

... is **relational**

- Therapeutic relationship – personality of the therapist more important than clinical skills
- Community involvement of the therapist important
- Service stability
- Long term relationship between community and service important

My cross cultural challenges

- ▶ Local experiences of outsider research
- ▶ Understanding what the research process is for PAR
- ▶ Motivation for research
 - ✓ Physio contact hours
 - ✓ Validation of service for funding
 - × Not personally invested in process
- ▶ Small community = multiple roles, = limited time
- ▶ Reliance on 'expert' to implement service/action
- ▶ Internal culture of key individuals completing most aspects

My clinical learnings for Pacific services

Create relationship

Take time to establish

Importance of a key person or 'cultural mediator'

Offer personal stories to fit yourself into process

Reciprocal giving

Eg. Accept food

Be part of the community

Offer tangible services that can be recognized as useful

Doing PAR – my experience

- ▶ Participation is uncontrollable
- ▶ Consider how your contribution as a researcher adds value as a type of reciprocal giving
- ▶ PAR needs a lot of thought to be a useful framework for exploring cultural rehabilitation values and expectations

Meitaki maata – thank you for listening

