

PPI Knowledge Exchange Workshop notes

Wednesday 29th April 2026

This document provides a consolidated version of the group discussions which took place at the PPI Knowledge Exchange Workshop on 29th April 2026.

At the workshop, attendees were split into different groups and discussed three PPI focus areas. Four questions were included to help facilitate the discussion. Below, each focus area is outlined and the key discussion points have been summarised.

1. Avoiding Tokenistic PPI

Key discussion points

- There is a gap to bridge between existing good practice guidance and how PPI is implemented in practice.
- Early consideration of PPI, particularly at the pre-award stage, is critical to avoiding tokenistic approaches.
- Need for more pre-award funding opportunities is needed to allow the time and opportunity to build relationships.
- With regards PPI, are researchers delivering on what they have said they will do in their funding applications?
- Power dynamics and the use of language were highlighted as important factors influencing meaningful involvement.
- There is a shared responsibility across individuals and organisations to ensure PPI is meaningful, although accountability is not always clear.
- Existing resources are available but may not be widely known or effectively used.

Suggested actions / considerations.

- Strengthen accountability mechanisms to ensure PPI is meaningfully embedded in research.
- Increase opportunities for engagement, such as events that bring together researchers, funders and PPI contributors.

- Improve visibility and accessibility of existing PPI resources (e.g. through mapping or centralised signposting/active promotion).
- Promote earlier exposure to PPI through good quality training, including at undergraduate and postgraduate levels.
- Encourage the development of shared expectations and agreements between researchers and PPI contributors.

Potential leads / key stakeholders

- HSC R&D Division.
- Academic institutions.
- Research funders.
- Health and Social Care Trusts.
- PPI leads and coordinators.
- Strong need for a conduit between organisations and institutions – suggestion is that HSC R&D Division is best placed to take on this role.

2.PPI Training and Support for Researchers

Key discussion points:

- Need for training across career stages.
- Senior leaders in research also need PPI training.
- Early introduction to PPI. For example, introducing PPI at undergraduate and postgraduate so that PPI is not unfamiliar to people.
- PPI needs are different across disciplines and methodologies. A more tailored approach to training might be needed as we move forward.
- Current resources for training do exist and are excellent, however, are they too dense? Can they be hard for some people to access?
- PPI is about conversation and relationship building? Therefore, there is a need for practical skills (communication, media, storytelling, facilitation skills/managing group discussions) training, as well as training about PPI.
- Need to influence research ethics committees so they understand that co-produced information leaflets etc. are appropriate. There needs to be both transparency and consistency in how such materials are reviewed.
- Building Research Partnerships training is the foundation for PPI but need to consider what gets added to that.
- Develop a module that links to different aspects of PPI in both service development and research. There is clearly an overlap between the two.

Suggested actions / considerations

- Tailored training programmes.
- Embed PPI in education as early as possible (undergraduate, postgraduate).
- Improve access to and awareness of existing resources, but acknowledge that excellent resources already exist.
- Focus on training for practical skills.
- Increase collaboration between - Universities, HSC R&D Division, Public Health Agency, PPI Leads to share learnings and approaches.

Potential leads / key stakeholders

- Academic institutions.
- HSC R&D Division.
- Health and Social Care Trusts.
- Research funders.
- PPI leads and coordinators.

3. Effective Engagement with Underserved Communities

Key discussion points

- Building trust with underserved communities is essential and requires sustained engagement over time.
- Working with trusted partners can help make links with existing groups.
- Previous negative experiences with research may act as a barrier to involvement for people already in these communities and groups, and as researchers, we need to be sensitive to this.
- There is a need to clearly define what is meant by “underserved communities” in different contexts (who do we mean?). This may differ depending on the topic of the research itself.
- Power-sharing and co-ownership of research were identified as important principles – which ties in with early and sustained involvement.
- There is a need for a strengths-based approach and to democratise the research itself.
- Where possible, engagement approaches must be flexible and tailored to different communities.
- Development of a pathway to help guide how to engage effectively could be developed.

- Barriers such as financial concerns, including the impact of payments on benefits, may affect involvement in research, which ties into some of the difficulties discussed in the payment focus area.
- There is a need for roles or structures to support engagement, such as a “regional navigator”.

Suggested actions / considerations

- Invest in long-term relationship building with communities, supported by appropriate funding. This funding should be built into grant applications or pre-application funding could be made available to support this early work.
- Explore the feasibility of a regional navigator role to support connections between communities and opportunities to get involved in research projects.
- Embed equality, diversity and inclusion considerations into research from the earliest stages.
- Provide clear information and reassurance around payment and involvement to reduce barriers.

Potential leads / key stakeholders

- Health and Social Care Trusts.
- Community and voluntary sector organisations.
- Universities and academic institutions.
- HSC R&D Division.
- PPI leads and coordinators.

4. Fair Payment, Reimbursement and Recognition

Key discussion points

- Payment, reimbursement and recognition were identified as distinct but related issues.
- Recognition for involvement does not always need to mean payment and so should be considered separately
- There was interest in the group discussion in exploring alternative or creative approaches to recognition, e.g. payment for training courses, travel vouchers, access to a masters module.
- Seeing what changes have actually been made to the research based on the PPI input provided.
- Need organisations to communicate how they value involvement.
- Financial payment is important, but meaningful recognition also includes seeing contributions valued and acted upon.

- A lack of clear, consistent policy on payment for PPI in Northern Ireland within HSC structures was identified as a barrier.
- Concerns about the impact of payments on benefits may discourage involvement. *'People can't afford to become involved'*.
- Compared to other UK regions, there is a perception that Northern Ireland is not fully aligned in this area. This appears to be due to the distinction between PPI within HSC structures vs PPI within academic projects that have received external funding.
- Is there an opportunity to better engage with businesses and encourage volunteer models whereby staff get allocated a certain number of voluntary hours to undertake within working hours (and therefore not lose pay)?
- Resources exist to guide payment but there needs to be better signposting to these.

Suggested actions / considerations

- Promote the need for clear, consistent guidance or policy on PPI payment across HSC in Northern Ireland.
- Universities to have clear payment policies and procedures in place that are consistent across different departments.
- Provide clear information to PPI contributors about how payments may affect benefits. However, who is responsible for this? Is it the researcher, or should this ownership be given to the person getting involved?
- Consider a range of recognition approaches, including non-financial options where appropriate.
- Advocate for PPI to be prioritised at a policy level (it already is, but the language might be unclear in terms of what PPI means).
- Learn from approaches used in other UK regions – However, it is important to note here that the rest of the UK do struggle with similar issues. There can be a delay in paying PPI contributors and sometimes guidance is not always followed or well signposted. Moreover, researchers can cost PPI payments into grant applications and there is good guidance on this. It is within the HSC trusts that issues of payment may arise within NI as there is no policy direction on this (with only reimbursement for expenses available).

Potential leads / key stakeholders

- Department of Health – need to decide on the policy direction (for HSC) (otherwise it is limiting what other stakeholders can do and the advice they can offer).
- HSC R&D Division.
- Health and Social Care Trusts.
- Academic institutions.

- Community and voluntary sector organisations.

5. Respectful and Accessible Communication

Key discussion points

- Clear and respectful communication is essential to support meaningful involvement. This communication should work both ways.
- Setting shared *mutual* expectations and agreements and roles from the outset helps build effective relationships. Allows all stakeholders to be clear on expectations.
- PPI contributors may benefit from support to understand research processes and communicate confidently. There is probably an overlap here with payment for PPI contributors.
- Mentorship or “buddy” approaches were identified as helpful for both PPI contributors and researchers.
- There is a need for better signposting and access to existing resources. However, again we need to acknowledge that numerous excellent resources already exist.
- Need for a fully resourced and dedicated PPI infrastructure to bring things together and map out what’s already there, e.g. working within a network to know who all the key contacts are.
- In so far as it is possible, communication approaches should be inclusive and accessible to different groups.
- Need to consider different approaches to use e.g. townhall style meetings, monthly PPI meetings.
- Promote inclusive and accessible communication practices across all stages of research.

Suggested actions / considerations

- Develop guidance on setting clear expectations and roles within PPI partnerships.
- Provide support and training to enable effective communication between researchers and contributors.
- Explore mentorship or buddy schemes to support new contributors and researchers (it is important to recognise that it is often the case that researchers at any stage of their career might need help with PPI).
- Improve signposting and accessibility of existing PPI resources.
- Promote inclusive and accessible communication practices across all stages of research.

Potential leads / key stakeholders

- HSC R&D Division.
- Academic institutions.
- Health and Social Care Trusts.
- PPI leads and coordinators.
- Community and voluntary sector organisations.

6.Support for Relationship Building and PPI Support Structures

Key discussion points

- Strong relationships are central to effective PPI and require time and dedicated support.
- Mentorship and buddy systems were highlighted as valuable supports for both PPI contributors and researchers.
- For those for whom PPI is new (PPI contributors and researchers), pre-meets and de-briefs after meetings can be really useful. Getting all papers in advance etc. is viewed as supportive, and briefing the Chair of the meeting will help ensure they are clear about involvement.
- It is important to manage expectations and ensure we identify what people are comfortable with.
- Creating safe, inclusive environments is essential, including consideration of psychological safety. Who is responsible for this? Is it the researchers on an individual level or do they also need wider institutional support?
- Power dynamics and hierarchy can impact relationships and need to be actively addressed.
- Need to consider the language used within the involvement space.
- Access to resources and dedicated time for PPI are key enablers.
- There is a need for greater coordination and support structures, potentially including regional roles, e.g. a central hub/navigator/community of practice.

Suggested actions / considerations

- Invest in structures that support relationship building, including mentorship and peer support.
- Promote approaches that prioritise psychological safety and inclusive environments, (also be mindful that a trauma informed approach may be needed).

- Allocate dedicated time and resources for building and sustaining PPI relationships.
- Improve coordination and access to existing support structures and resources.
- Consider the development of roles to support and facilitate PPI activity across organisations.

Potential leads / key stakeholders

- Health and Social Care Trusts.
- Academic institutions.
- HSC R&D Division.
- PPI leads and coordinators.
- Community and voluntary sector organisations.

7. Raising Awareness of PPI Opportunities

Key discussion points

- Awareness of PPI opportunities is inconsistent and can be limited by how opportunities are communicated.
- There is a need to better understand and engage with “gatekeepers” or existing groups or networks who can help share opportunities.
- Recognition that this work may involve provision of funds to support his work. Community organisations will be linked to delivery of contracted projects and we can’t expect them to share involvement opportunities etc. if it takes time away from their main area of work.
- Need to go to where people are e.g. health centres, libraries, community centres, sure start centres, schools etc.
- Consider how to engage the media/local media so people can hear from those who have been already involved in research.
- Digital approaches alone may not be sufficient due to the potential for digital exclusion.
- Building relationships at a community level is key to increasing awareness. Opportunities can have a domino effect once relationships have been established.
- There is interest in more standardised or coordinated approaches to sharing opportunities. For instance, PPI Ignite have a dashboard where people can advertise opportunities. However, it is unclear how much this is used and how successful it is.

- Be Part of Research is being used to promote opportunities to take part in research. Could it also be used to advertise involvement opportunities? Are there existing platforms that could be used to better promote involvement opportunities?

Suggested actions / considerations

- Develop more consistent and accessible approaches (e.g. an agreed template) to communicating PPI opportunities.
- Work with community organisations and networks to identify how to best work together to improve reach and awareness.
- Use a combination of digital and non-digital approaches to ensure inclusivity.
- Explore opportunities for collaboration across organisations to share PPI opportunities.
- Scope out a dedicated function or platform to coordinate and promote opportunities more centrally across NI.

Potential leads / key stakeholders

- HSC R&D Division.
- Health and Social Care Trusts.
- Academic institutions.
- Community and voluntary sector organisations.
- PPI leads and coordinators.

8. Early and Sustained Involvement

Key discussion points

- Early involvement is critical to avoiding tokenistic approaches and ensuring meaningful contribution (a lot of this discussion overlapped with avoiding tokenistic PPI).
- Ongoing communication and engagement throughout the research lifecycle is essential. It was mentioned that it can be demoralising for PPI contributors to not have any communication and then to randomly find out the project has been completed or published.
- Clear expectations around roles, time commitments and contributions are important. Having a set template that researchers can use to '*make clear what the ask is*' would be useful: '*what are you asking me to do?*'
- There is a need to embed PPI within funding processes and research design from the outset.

- Opportunities to expand the pool of contributors were discussed in order to increase diversity, including the potential for more centralised approaches.
- Could PPI panels be developed for specific clinical speciality areas for example.

Suggested actions / considerations

- Promote early involvement of PPI contributors in research design and funding applications.
- Encourage ongoing communication and engagement throughout the research process.
- Provide clear information on roles, expectations and time commitments.
- Strengthen requirements for PPI within funding processes.
- Explore approaches to widen participation and increase the pool of PPI contributors.

Potential leads / key stakeholders

- HSC R&D Division.
- Research funders.
- Academic institutions.
- Health and Social Care Trusts.
- PPI leads and coordinators.

9. Training and Capacity Building for Public Contributors

Key discussion points

- There is a need for more structured and accessible training for public contributors.
- Training should be co-produced with public contributors so that any training developed accurately reflect the needs of different groups.
- Addressing power imbalances is an important consideration within training.
- Mentorship and peer support were identified as valuable approaches. Similar to other focus areas, a buddy or mentor approach was mentioned.
- Need training beyond what involvement and research is. This should extend to training around how to be a 'critical friend' and provide constructive feedback to researchers.
- Ensuring inclusivity and reaching a diverse range of PPI contributors remains a challenge.
- How can we break down barriers and work with trusted groups to help extend the reach of training for PPI contributors?

- A broad training package for PPI contributors could be developed and delivered using a 'train the trainer' approach. The specific research team or organisation could slot in specific information that PPI contributors would need to know about their own specific area.

Suggested actions / considerations

- Develop a co-produced training programme for public contributors.
- Incorporate mentorship and peer support into training approaches.
- Ensure training is inclusive and accessible to a wide range of PPI (or potential PPI contributors).
- Address power dynamics within training content and delivery.
- Explore "train the trainer" approaches to build capacity within the system. This is important so not just one person or organisation is responsible for delivering the training.

Potential leads / key stakeholders

- HSC R&D Division.
- Community and voluntary sector organisations.
- Academic institutions.
- Health and Social Care Trusts.
- PPI leads and coordinators.

10. Valuing the Impact of PPI

Key discussion points

- There are existing tools and frameworks to support evaluation of PPI impact, but awareness and use may be highly variable.
- Demonstrating impact is important for sustaining and strengthening PPI.
- Both quantitative and qualitative approaches are important in capturing impact.
- Storytelling, case studies and real-world examples were highlighted as effective ways of demonstrating impact.
- Exploration of other creative approaches to evaluate impact was discussed.
- There is a need to share examples of good practice more widely. The development of case studies could be helpful with this.
- The PHA have 'The Involvement Human Library'. A similar approach to this could be considered specifically for research.

Suggested actions / considerations

- Promote the use of existing tools and frameworks to evaluate PPI impact and demonstrate its impact.
- Encourage the use of both quantitative and qualitative approaches to evaluation.
- Develop and share case studies and examples of effective PPI.
- Support the communication of PPI impact to a wide range of audiences.
- Embed evaluation of PPI impact within research processes.

Potential leads / key stakeholders

- HSC R&D Division.
- Academic institutions.
- Health and Social Care Trusts.
- Community and voluntary sector organisations.
- Research funders.

Bringing all the PPI focus group discussions together

Several cross-cutting themes appeared in the discussions, which included

Early, Sustained and Meaningful Involvement which is not tokenistic

- A consistent message across all discussions was the importance of involving people at the earliest possible stage of the research process.
- Early involvement was seen as essential to avoiding tokenistic approaches and ensuring that PPI is embedded in the design and development of research. Attendees also emphasised the importance of sustained involvement throughout the research lifecycle.
- There was strong support for introducing PPI earlier in academic pathways, including at undergraduate and postgraduate levels.

Training, Capacity Building and Support

- The need for training and support was identified as a key priority for both researchers and public contributors. For researchers, it might not just be people at the start of their careers that need help, it could be more senior researchers too. Workshop attendees highlighted the importance of developing practical skills, including communication, facilitation, and partnership working.
- Training was seen as needing to be tailored to different roles and disciplines (although case studies of good PPI practice will also help with this), with particular gaps identified for certain research areas. Co-produced approaches, mentorship, and peer support were also highlighted as valuable.

Relationships, Trust and Inclusive involvement

- Building and sustaining relationships was identified as central to meaningful PPI, particularly when engaging with underserved communities. Workshop attendees highlighted the importance of trust, flexibility, and meeting people where they are.
- Barriers to inclusive involvement included issues relating to power dynamics and language, attendees emphasised the need to create safe and respectful environments.

Implementation, Recognition and Impact

- Across all discussions, participants highlighted a gap between existing PPI guidance and its implementation in practice. There was a strong emphasis on moving from principles to action, supported by clearer accountability and leadership.
- Issues relating to payment, reimbursement, and recognition were also discussed, alongside the importance of demonstrating the impact of PPI.

Collective responsibility, with HSC R&D Division as the conduit

- Finally, it is important to note that for each of the ten focus areas, no one person was identified as being solely responsible. Clearly, the responsibility for strengthening PPI does not sit with any single organisation or individual.
- Instead, strengthening PPI requires a collaborative approach across Health and Social Care organisations, universities, funders, the community and voluntary sector and PPI contributors.
- Workshop attendees highlighted the importance of, shared accountability, and continued partnership working to ensure that these focus areas can be implemented moving forward.
- Although no one person was seen as responsible for implementing the priorities for action, there was collective agreement that HSC R&D Division were best placed to act as a conduit to work collectively and collaboratively with other stakeholders.

Turning the discussions into priorities for action

While the workshop generated a wide range of ideas and suggested actions, a number of clear priorities for action emerged consistently across discussions. These represent key areas for action to strengthen PPI in health and social care research in Northern Ireland.

- Develop a co-ordinated approach to PPI across Northern Ireland. to promote better alignment, collaboration, and shared learning between Health and Social Care organisations, universities, funders, and the community and voluntary sector.
- Provide accessible and tailored training for researchers that is focused on developing practical skills, including communication, facilitation, and partnership working.
- Promote the inclusion of PPI within undergraduate and postgraduate education to build early awareness.
- Develop a 'train the trainers' training package for public contributors that is co-produced and incorporates mentorship or peer support models.
- Improve visibility, accessibility, and usability of existing PPI resources for both researchers and public contributors.
- Identify any gaps in existing PPI resources.
- Identify the most consistent and accessible approaches to promoting PPI opportunities within health and social care research in Northern Ireland.
- Develop case studies across a range of different research disciplines to highlight how PPI shaped the decisions made about the research project, and the impacts of this.
- Strengthen expectations from funders regarding PPI reporting within research projects and programmes.
- Have a recognised approach or pathway to engaging with community and voluntary partners to promote PPI opportunities within health and social care within Northern Ireland.