

Visualising Findings in the Co-Design of Telepractice for the Disability Community

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Abstract. The methods and strategies utilised to facilitate focus group discussion within a co-design context have a fundamental impact on the opportunity for participants to actively engage with the content. This is a description of the strategies our project utilized including visual prompts and preparation guide to assist both service users and staff participants facilitate access to concepts discussed within our focus group sessions.

Keywords. Methods, qualitative research, citizen co-design, capacity building

1. Introduction

To gain genuine thoughts and responses, an issue particularly pertinent when working with people with disability, accessibility and inclusively must be prioritised to support equity and participation for all in a safe and respectful way [1]. The disability community is a diverse population and inclusive of all other minority groups [2]. Services including allied health, nursing, and others are accessed to respond to a heterogeneity of experiences and needs of people with disability and a myriad of therapy interventions are accessed and delivered both in person and via telepractice. The broad project aim was to co-design with people with disability & clinicians, a telepractice delivery pathway for partner organisation, Rocky Bay, a not-for-profit disability support provider in Perth, Australia. The current objective explored the challenge of communicating synthesised experiences collected during individual interviews to service users with disability (or carers) & clinicians during focus groups.

2. Methods

Study participants consisted of service users and staff of Rocky Bay, who initially completed an individual interview and were invited to a focus group to reflect on and

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discuss the synthesised interview findings. Focus groups were held on three consecutive days in Nov, 2022, hosted via MS Teams. Service users and clinician groups were held separately to support a comfortable environment with their peers. Three strategies were used to facilitate accessibility of the focus group sessions; firstly, flexible scheduling where participants were provided options and were asked to provide preferences. Secondly a strategy was an introduction video and information booklet provided one week prior to enable preparation if participants desired. Both resources were prepared and voiced by the peer researcher on the project (WSJ) to ensure that the information was genuinely voiced by people from the community for the community. The third strategy involved visual metaphors to represent themes and describe abstract concepts in physical terms to increase accessibility. Two of five metaphors used in the focus groups are shown in Figure 1, image (a) portrays the idea of choice, with most participants preferring to choose face to face but providing the caveat that they would prefer less time, money and energy wasted on travel, as would occur if teleportation existed. Unfortunately, teleportation does not yet exist and therefore telepractice is a good alternate option when specifics such as travel time, therapy budget, health concerns etc. make face to face impractical. Image (b) depicts the expectations versus reality of experiencing telepractice sessions. The prompt was to assist participants in thinking about the path taken to a telepractice session, with mixed messages as to which part of the image would represent the expectations vs. reality. The main impression was participants did not feel expectations matched with reality.



Figure 1. (a) Double Door Metaphor, making meaning of motivation for telepractice uptake and (b) Expectation vs reality of telepractice session as a visual representation.

Detailed auditory description of the visual material was utilised to accommodate one attendee with visual impairment, followed by a prompt question and opportunity for participants to respond their thoughts and feelings, and discuss within the group.

3. Results

Eight of ten service users who consented, attended a focus group, six of eight agreeing to continue to participate in the project. All available clinicians completed a focus group (11/12, 1 on personal leave), with managers the lowest attendees (3 of 6). Of 26 participants who consented across four groups, 22 attended, potentially supporting the use inclusion strategies. All five visual prompts were received positive feedback by both cohorts and enabled active discussion of the concept being portrayed through the images, with all participants in each focus group completing each activity or prompt.

4. Conclusions

The strategies employed throughout the focus groups ensured the content was accessible and equitable across all participants which empowered them to feel able to contribute.

References

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