NIHR | Applied Research Collaboration Kent, Surrey and Sussex

A Guide to Co-production for Researchers, Services and Commissioners

ARC KSS Co-production theme | March 2021, updated April 2025

A Guide to Co-production for Researchers, Services and Commissioners

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Introduction

This guide was produced after discussion with a range of people involved in the Applied Research Collaboration Kent, Surrey and Sussex (ARC KSS) including Implementation Leads, the Public Community Involvement and Engagement team, project managers, clinicians, researchers and doctoral students. The ARC KSS is one of 15 across England, each made up of local providers of health and social care, commissioners, universities and third sector organisations. These collaborations work together to conduct high quality applied health and social care research that address questions specific to their region. The ARC KSS has eight themes of which co-production is a crosscutting theme, applicable to all areas of research and its implementation. Many people expressed interest in a short guide that clarified what co-production really means, how we are interpreting it within the ARC KSS, and how to distinguish it from Public and Community Involvement and Engagement (PCIE). We launched the guide in April 2021 and it has now been downloaded nearly 10,000 times!

The guide is intended as an introduction to co-production and its conceptualisation in research and service delivery. It serves to provide a springboard for researchers, service providers and commissioners enthusiastic to learn about and embed co-production in their work. Within the guide we set out how the co-production theme can support you and signpost useful resources and further reading. By working in partnership with those commissioning, providing or using services, we can ensure that we are asking the right questions and delivering services that meet the needs of the local population. Additionally, we aim to promote outputs that can be implemented locally, are sustainable and become embedded into practice.

How to use this guide

We have covered a lot of ground in this guide. You can work through the guide or jump to specific sections, for example if you want to:

- Get a sense about what co-production is, turn to page 3
- Think about getting started with co-production, turn to page 7
- Know how the co-production team can help you, turn to page 9
- Know how co-production differs from PCIE, turn to page 10
- Find some quick answers, see our FAQ on page 14

We hope you find our guide helpful, if you have any questions or want to discuss how we can help, please get in touch!

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Webpage: Co-production | NIHR ARC | Kent, Surrey & Sussex

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What is co-production?

There are different interpretations and therefore definitions of co-production, but we have selected two to share with you in our guide. We believe they encapsulate the underpinning values of co-production - that any activity (within research, services or commissioning) is enhanced by working in partnership with people who are the intended beneficiaries. This includes members of the public (see our glossary), those who use specific services and/or have lived experience of, for example, long-term conditions, as well as people from groups whose voices are seldom heard in research. The first definition we provide relates to research (INVOLVE, 2018) and the second to delivering public services (Nesta, 2013).

Definition 1: NIHR - co-production in research

The National Institute of Health and Care Research (NIHR, 2024) definition of co-production relates to research and reflects the belief that members of the public have skills and knowledge of equal value with which to design and deliver applied research:

> *'Co-producing a research project is an approach in which researchers, practitioners and the public work together, sharing power and responsibility from the start to the end of the project, including the generation of knowledge.'* (NIHR, 2024)

This incorporates the following principles:

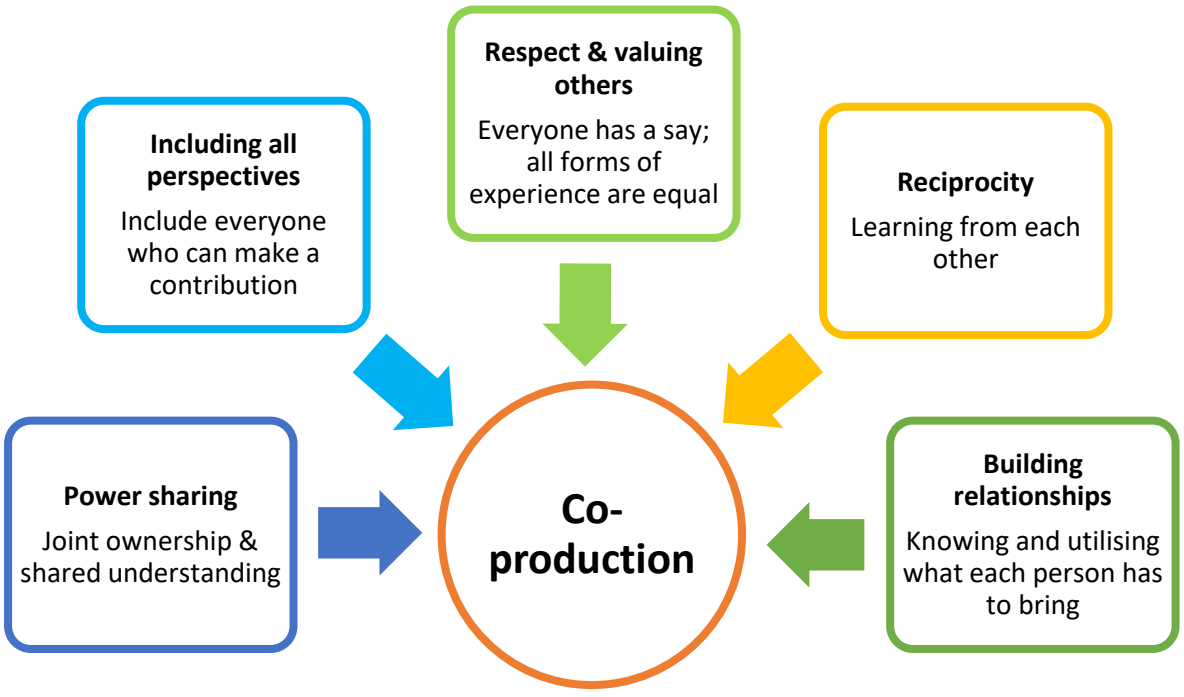


Figure 1: The principles of co-production in research (NIHR, 2024)

Definition 2: Nesta - co-production of services

Nesta's (2013) definition of co-production is targeted at public services (not solely health and social care):

> *Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbourhoods. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change* (Nesta, 2013, p5).

The focus is an orientation to action, a coming together of people (public contributors and professionals) to produce public services designed with the communities that use them as equal partners. Moving from a position of seeing members of the public who access services as dependent on the service/its staff, to a position of co-dependency, where both are reliant on one-another and together can utilise different knowledge and experience to create, improve or deliver services for everyone concerned. Key principles of co-production in service development are depicted in Figure 2.

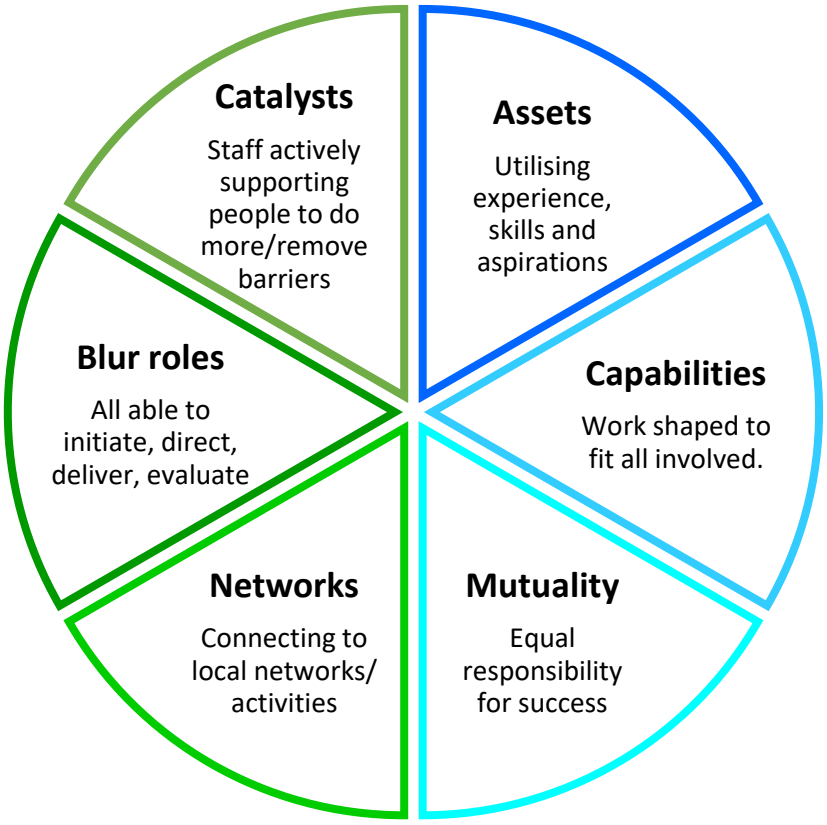


Figure 2: Principles of co-production in service development (adapted from Nesta, 2012, p7)

Reflective Activity:

1. Compare the two definitions and associated principles. What are the similarities and differences? What resonates with your own experiences? Is there anything you would like to add or amend?
2. Nesta (2013) has a range of excellent case studies which demonstrate their principles. Have a look at a couple and compare against one of your projects. Which of the principles are most embedded in your project? What might be useful for your next project?

The relationship between research and service delivery

Implementation of applied research is a core function of ARC KSS, translating and implementing research evidence into practice (see ARC KSS website). Key to this is the co-development of ARC KSS's themes and a focus on the views and needs of those accessing and delivering health and social care services driving the research undertaken. This includes members of the public who are part of shaping priorities, developing ideas, conducting and implementing research. Figure 3 depicts a cyclical relationship between research and services: research focused on local priorities provides evidence of what works for whom and in what context which can inform effective service development and provision.

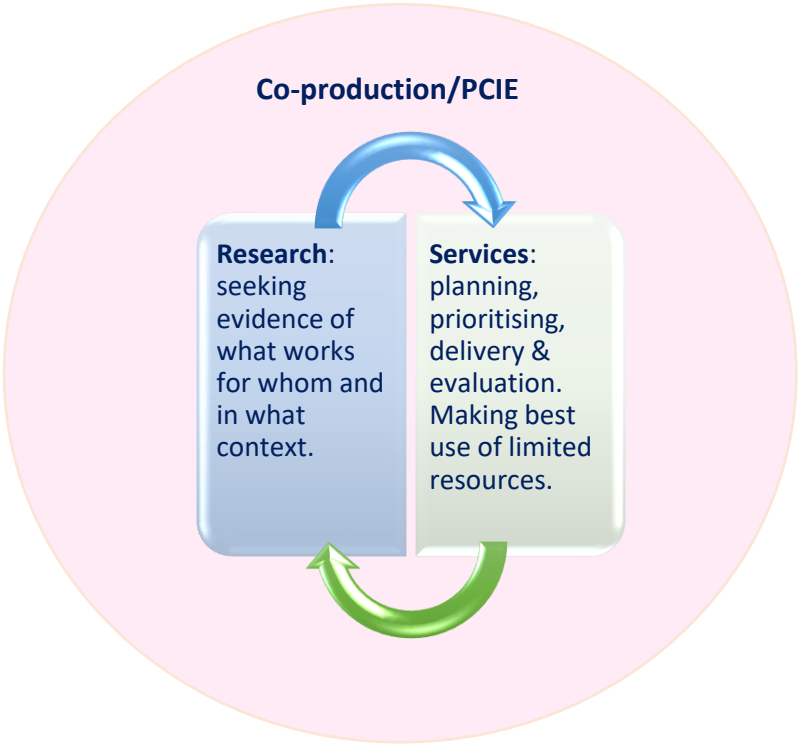
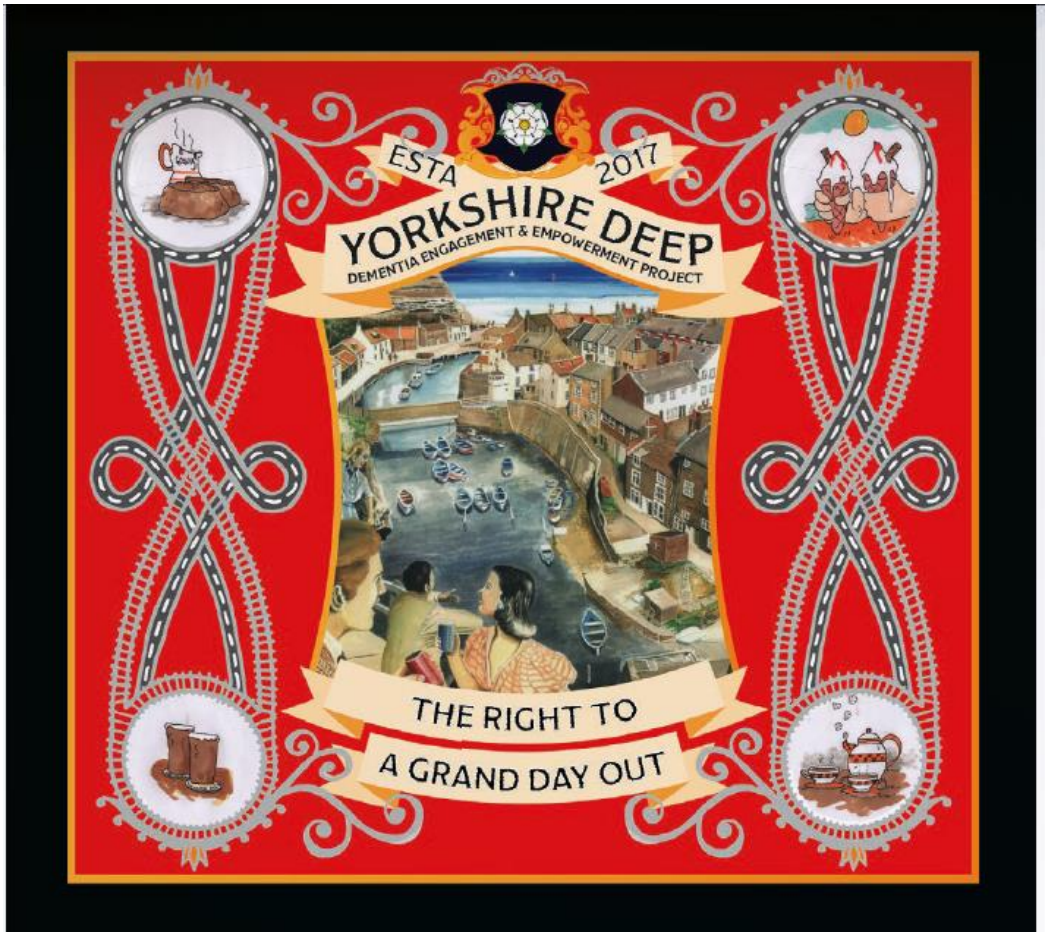


Figure 3: The relationship between services and research

Services concerned with being person-centred and effectively managing resources may pose interesting questions that can be answered by research. Co-production or PCIE are central to both research and service development/provision, from priority setting through to implementation and evaluation.

Reflective Activity:

1. **Service providers/clinicians**: think about a problem in your current setting that you would like to address, for example, high numbers of missed appointments and long waiting lists. How might research help you identify strategies to address these issues?
2. **Researchers**: think of a project where you have worked closely with service providers. How and when did you develop the relationship? What worked well? What would you do (or have you done) differently? Did this lead to a fruitful partnership and further research?



The UK Network of Dementia Voices (2020) A Story of Co-Production: The Right to a Grand Day Out. Appendix 2 has further information. http://www.innovationsindementia.org.uk Grand Day Out

Co-production: putting it into practice

As a starting point, it is important to consider why you are seeking to involve public contributors and what exactly you want to co-produce. Perhaps the public have been involved in a research priority-setting event, or posed a research question or an idea for service improvement? Perhaps the team have identified the seed of an idea and want to co-produce the work? Once you are clear about why you want to involve public contributors, you can then think about the details. The ARC West guide (2020, p3) provides useful prompts to help consider the issues, which we have summarised here:

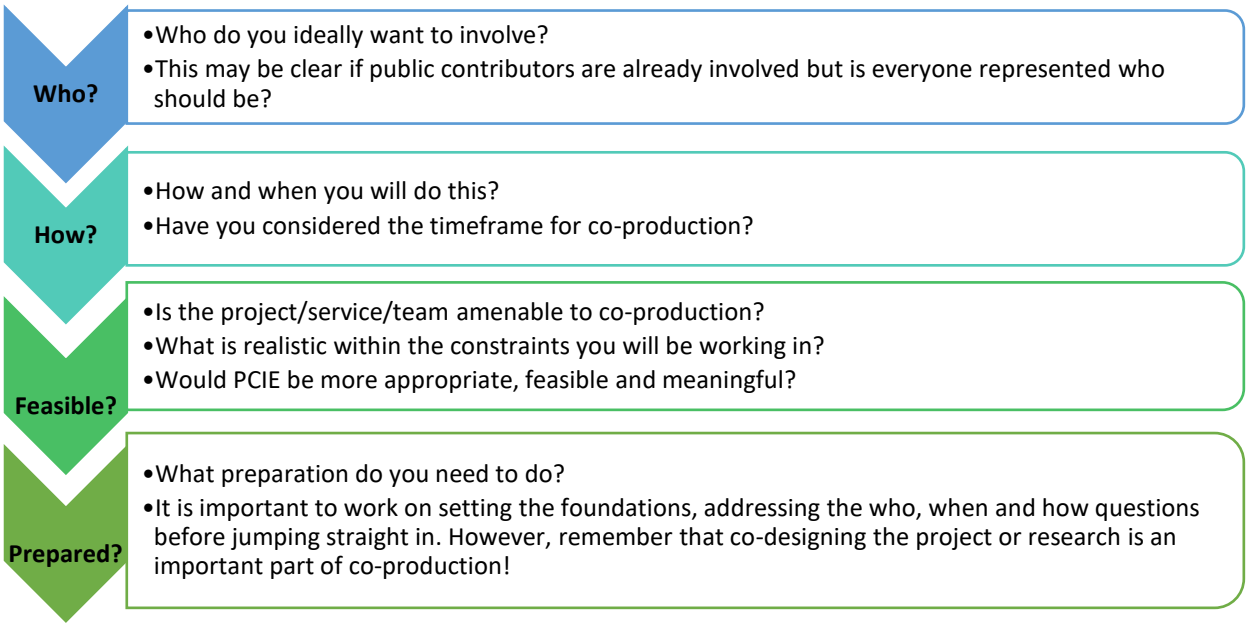


Figure 4: Putting co-production into practice (adapted from ARC West, 2020)

There is no neat road map for co-production, it does not have a clear procedure to follow, and its nature is such that you cannot always anticipate the direction it will take. This requires all involved to adopt and embrace a 'not knowing stance' and tolerate the uncertainty inherent in co-production and sharing power. Being curious and open to taking new directions or adopting new ideas that arise throughout the collaboration is a vital mind-set too! However, be aware of straying too far off track and revisit joint aims of the project to ensure any change in direction aligns well with these.

For those of us (most of us more or less) who benefit from a structure to guide our work, the Social Care Institute for Excellence (SCIE) 2013 (updated 2015) suggest breaking down co-production into the following stages which are worth considering before starting any project. The stages as SCIE intended them (Figure 5) are orientated to service development and design but could equally apply to research (as added to Figure 5 in *italics*).

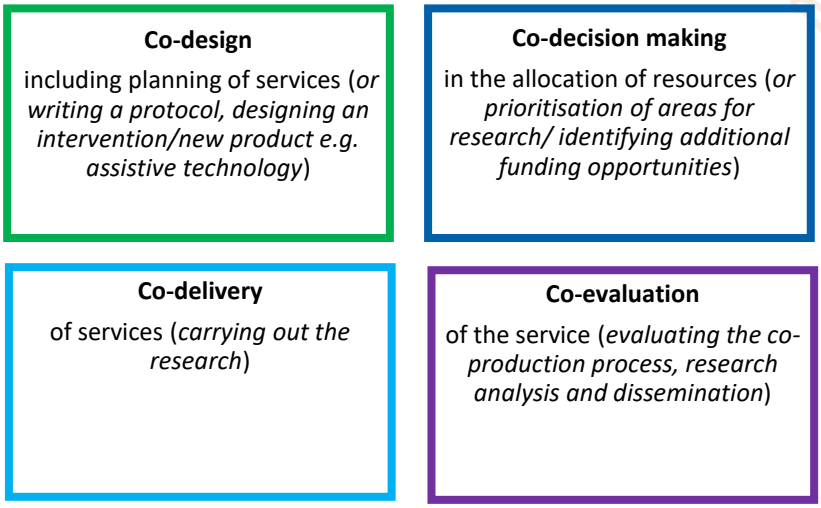
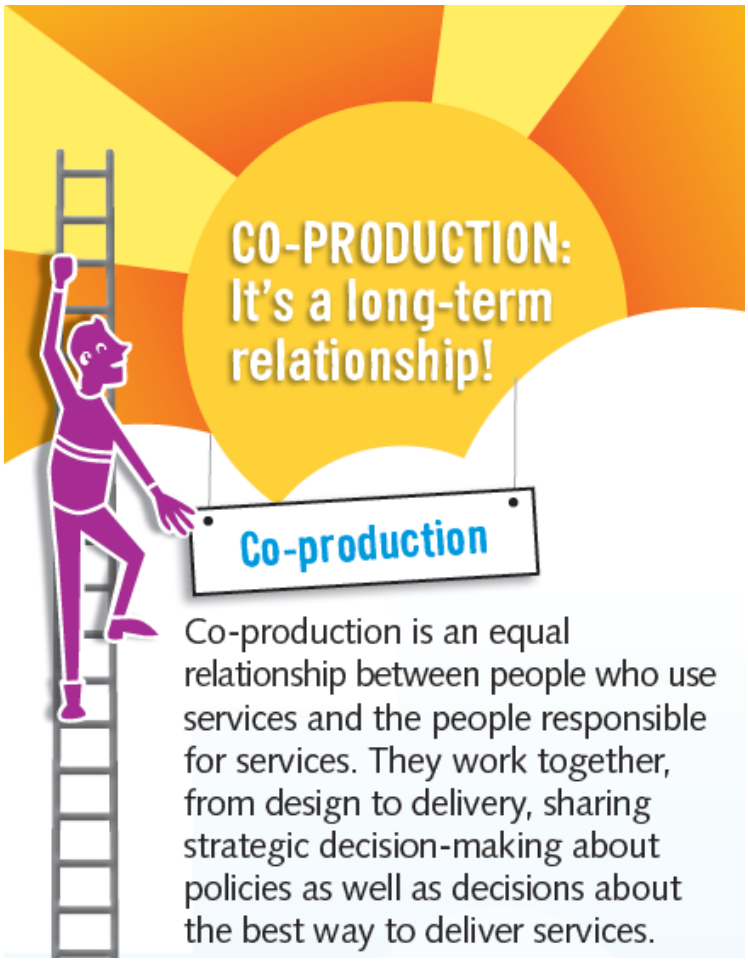


Figure 5: Stages of co-production (adapted from SCIE 2013)

This guide focuses on the principles, but we also need to consider how to put them into practice and evaluate the outcomes. This document (already long enough) will link to our next guide, which will provide practical information and case studies.



Excerpt from 'The Ladder of co-production', SCIE 2021

The role of the ARC KSS Co-production team and how we can help

Figure 6 provides an overview of our role within the ARC KSS. You might also want to look at our webpage: https://arc-kss.nihr.ac.uk/research-knowledge-mobilisation/co-production

Who can we help?

- **RESEARCHERS:** any within ARC KSS including PhD students & early career researchers.
- **PROVIDERS:** any working within or in partnership with ARC KSS (health, social care or voluntary sector).
- **OTHER PARTNERS:** commissioners, policy makers or local communities working in partnership with ARC KSS.

What do we want to achieve?

Build relationships within and across the ARC with researchers, providers, commissioners and the local community to:

- ✓ Develop understanding of how the co-production (and PCIE) theme can help your project.
- ✓ Ensure everyone is aware of who is doing what across KSS and/or knows how to find out, avoiding duplication.
- ✓ Promote a culture of shared learning.

Promote a culture of shared learning and innovation across sectors, organisations and KSS to:

- ✓ Build collective understanding around the benefits of co-production.
- ✓ Embed co-production in research and service provision including planning, design, implementation, evaluation and knowledge transfer between researchers and service leads/providers.
- ✓ Promote the value of co-production to commissioners and policy makers to inform strategic planning across KSS.

How can we help?

Provide information, advice and guidance to:

- ✓ Develop your understanding of the principles of co-production and how to embed the approach within a research project or service.
- ✓ Provide guidance and training on co-production, particularly implementation and evaluation.
- ✓ Help you network with other similar projects and researchers or service providers.
- ✓ Help guide dissemination, impact activities and knowledge transfer between researchers and service providers.

Figure 6. ARC KSS Co-production theme remit

Public and Community Involvement and Engagement and Co-production

There is an arguable overlap between co-production and PCIE, which can be a source of controversy and confusion! We aim to set out some of the similarities and differences in this section. In comparing, we do not intend to imply one is better or worse than the other, rather we seek to acknowledge convergences and to highlight some of the structural constraints others and we have experienced in the endeavour of both co-production and PCIE.

Co-production is not simply 'good PCIE', nor is high quality PCIE co-production (although they may share some common features) and they are not interchangeable terms. Both PCIE and co-production are highly regarded and valued approaches to working with the public and communities. The ARC KSS co-production and PCIE teams work closely together to foster best practice in both endeavours, to ensure high quality research and service provision.

ARC KSS draws on NIHR's (2021, updated 2024) definition of Public Involvement in research:

> *Research being carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them. It is an active partnership between patients, carers and members of the public with researchers that influences and shapes research… we include patients, potential patients, carers and people who use health and social care services as well as people from specific communities and from organisations that represent people who use services. Also included are people with lived experience of one or more health conditions, whether they're current patients or not.* (NIHR 2021)

ARC KSS places great value on *meaningful* public and community involvement and engagement which is central to all our health and social care research activities. That is to say, the public and communities of Kent, Surrey and Sussex should be involved and engaged in research and its implementation. PCIE is also important to good research governance within the ARC KSS but is beyond the remit of this guide. More information and resources can be found on the ARC KSS's PCIE webpage: ARC KSS - PCIE.

PCIE typically involves researchers consulting members of the public, ideally over as much of the research process as possible. Involvement in research can include any aspect from co-design of an intervention/technology, guiding approaches to recruitment, reviewing information or reports through to roles such as co-researchers to dissemination. In our experience, the aspects of the research process that public contributors are invited to collaborate with may be determined in advance, particularly when a research team has developed a funding proposal and the PCIE plan and budget has to be decided in advance to secure funding. To maximise opportunities for PCIE and for public contributors and communities to influence research, it is important to plan PCIE activities with them from the start. Typically, power still resides within a professional team (researchers, service professionals, commissioners) when deciding which PCIE approaches to incorporate and how to utilise public members' contributions. In this sense, public involvement has been likened to a 'consumer model' (Williams et al, 2020, p11).

Conversely, co-production has its origins in collective rights (Williams et al, 2020) and in a variety of rich research traditions, such as Participatory Action Research (see Facer and Enright, 2016, p83-89 for a review). Co-production is a different approach to conducting research, service design and delivery; it attempts to dismantle existing notions of how projects are undertaken, and by whom (relationships and responsibilities). In co-production, public contributors are respected as equal team members, collaborating, sharing power and having agency to determine the direction of work (Figure 7). This often requires a blurring of roles that is not usually expected or seen in PCIE, although it may be an aspiration to work towards. Again, Facer and Enright (2016), provide a helpful insight into the types of roles/relationships that develop within co-produced projects (see pp. 58-79).

Coalition for Personalised Care (2020) A Co-Production Model. Appendix 2 has further information. https://www.coalitionforpersonalisedcare.org/co-production/

It is important to remember that not all research or service development will be suited to using co-production but all projects can benefit from PCIE, within the limits of what is feasible or pragmatic. There is always scope to consult and/or engage members of the public so that those who use a service have their voices heard.

Figure 7 provides a visual representation of the research/service pathway, to help you consider your approach to working with public contributors. The aim is to prompt you to consider which aspects of PCIE or co-production are appropriate and feasible, and to make explicit your decisions about the approach you adopt.

Further detail for those interested in thinking through some of the structural barriers can be found in Appendix 1 although we appreciate that our linear representation in Figure 7, and the suggested structural limits to PCIE in Appendix 1, are a simplification.

Stage of a project:	Co-production: anyone with a vested interest including members of the public.	PCIE: stakeholders refer to members of the public.
Determining priorities and aims:	Stakeholder consultation will inform priorities and aims.	Ideally, but limited scope e.g. if the funder or team has already set the scope and aims.
Design: How will stakeholders be consulted/part of this process?	Requires involvement from the start so stakeholders co-design the study.	Requires early involvement but may be limited e.g. for clinical trials.
Decision-making: how are decisions make and by whom?	Stakeholders are integral to the team; joint decision making throughout.	Stakeholders are consulted but final say can often sit with the professional team.
Delivery: doing the research, implementing research findings or a new service/intervention	Role depends on stakeholder's choice and capacity; may need skills development.	Likely a limited role such as commenting on plans and resources (unless a co- researcher role).
Evaluating, analysis and sharing	Stakeholders' choice re role in analysis and sharing findings/learning.	Invited to contribute to report writing (e.g. lay summary). Analysis depends on agreed role.

Figure 7. Co-production and PCIE at different stages of projects (research or services)

Reflective Activity:

1. For an excellent and highly readable discussion of the PCIE compared to co-production debate dip into Williams et al (2020). Have a look at Figure 1 to see how the authors have mapped different aspects of co-production.
2. Watch The World of Co-Production & QI – it's one of several from NHS England co-production resources and thinks about barriers and facilitators. What are the key messages, and do they resonate with your experiences of co-production? How could you 'sell' the approach to colleagues in your setting?

In this final part of the guide, we cover some frequently asked questions, selected to cover topics that we are often asked about in relation to operationalising the co-production process. Our further guides and Appendix 2 will also help as they provide a range of reading from theoretical, to practice examples and materials to use with members of the public.

***Boingboing** staff, volunteers and friends come from all walks of life – children and young people, academics, practitioners, vulnerable adults, parents and carers. We co-design, co-produce and co-deliver everything we do. As a Community Interest Company (CIC) we have declared that the company's activities will be carried out for the benefit of practitioners, academics, parents, carers and young people, interested in developing knowledge and skills about resilience.*

Boingboing is an organisation that aims to model and promote the benefits and practice of meaningful co-production with a focus on building resilience. Appendix 2 has further details.

Frequently asked questions

What information is available for public contributors co-producing research?

Once you come to know the people you are working with, you will have a sense what relevant skills and experience they may already have. To help guide the process of co-designing a research project you may want to share or work through together the Dementia-Enquirers-Research-Pack (2019). This guide breaks down the approach to designing a project and the different ways you might think about doing the research. The pack would be suitable as an accessible tool for many people, not only those with dementia.

If members of the public choose or wish to become co-applicants to a research project (not essential to co-production, but may strengthen the power sharing and valuing principles of the approach), it could be helpful to share and discuss together NIHR guidance to being a co-applicant: NIHR public-co-applicants.

We want to take a co-production approach, but how can we do this 'remotely'?

The ARC West map of co-production resources (pages 13-18) you will find lots of practical advice and resources for working remotely with public contributors. Co-production is a relational endeavour but establishing and maintaining positive working relationships in an online world can bring additional challenges. Some people will thrive in this context and others will not find it satisfying or feel excluded. Not everyone uses the internet or can afford broadband. In a blog from ARC East of England we are reminded that providing choice is key: Don't let-zoom become the default.

What should we do if there are conflicts or different points of view?

As already stated, co-production and involvement are all relational activities and as with every relationship sometimes things go wrong or there can be disagreements. The best way to manage this is try to pre-empt problems, getting to know the public contributors you are working with, agreeing roles, responsibilities and processes in advance, and negotiating as you move forward with a project and new tasks or considerations. Communication is key, and you may want to think through how you are making information and communication accessible. There are useful suggestions around meetings in ARC West's map of resources (pages 12-13).

A central tenet of co-production is sharing power and this can require a culture shift within the environment that the changes are taking place. Constant attention is needed to monitor relationships and shifting power at different stages of the work. ARC West's guide has some useful information on pages 10-11.

There are a lot of 'unknowns' with co-production requiring all parties to tolerate uncertainty, but it can also be one of the most rewarding parts, the joint discovery and realisation of everyone's potential. Disagreements in themselves should not be regarded negatively, just part of the process and an opportunity for shared learning and innovation.

Do we need ethical approval to co-produce research?

In co-produced research, public contributors are working as part of the team therefore, ethical approval is not required, as with PCIE. However, the expectation is that teams take an ethical approach to working with public contributors, as discussed in an interesting article by Pandya-Wood et al (2017).

How can we take stock of how we are getting on with working in co-production?

To help build and maintain relationships and ensure reciprocity, it is a good idea to have a continuous cycle of reviewing how the project is developing and to ensuring the approach remains true to the principles of co-production.

You may also find this reflective tool from our colleagues in ARC West helpful in supporting this process. ARC West also provide links to other helpful resources in their map of resources (p20-21). Additionally, Nesta have set up a list of critical learning questions on page 7 of their catalogue.

ARC West's (2020) guide to support co-production

Glossary

Community: We use the term community to define a social unit with commonality such as norms, religion, values, customs or identity. Communities may share a sense of place situated in a geographical area or in a virtual space through communication platforms.

Engagement: Providing the opportunity to share information and knowledge about research, to explore debate and shape research. It is a two-way process, involving interaction and listening, with the goal of generating mutual benefit. The National Coordinating Centre for Public Engagement has lots of resources.

Involvement: Typically refers to doing *with,* for example undertaking research with the involvement of the public or consulting the public about service delivery (see also patient and public involvement below).

Participation: While used to mean taking part in research as a research participant, it is also often used interchangeably with involvement. Third sector organisations typically use participation rather than involvement especially with children, for example when discussing matters that affect them and ensuring their voices are being heard, whether research, services or policy decisions. See Kidsrights for a global perspective. It can also be used to reflect everyone's rights to participation in society.

Public: When using the word 'public', or the phrase 'members of the public', we are including people who use health and social care services (sometimes these people may have lived experience of a specific health condition and therefore specific services); unpaid family or friends who look after them; people from organisations that represent those who access services; or members of the public with an interest in research. This is distinct from those who have a professional role in health or social care services. Those who become involved in research are often called public contributors.

Patient and Public Involvement (PPI): defined as research carried out 'with' or 'by' members of the public (who are sometimes patients when health services research is considered, but not in social care), rather than research done 'to', 'about' or 'for' them. It does not include recruitment of patients or members of the public participating in research, for example taking part in a drugs trial.

Patient and Public Involvement and Engagement (PPIE): sometimes PPI and engagement are talked about together as two distinct, but often interrelated activities.

Public and Community Involvement and Engagement (PCIE): ARC KSS uses a broader term to talk about involvement or PPI, as applied research seeks to address and provide innovative solutions to everyday problems affecting individuals *and* communities in Kent, Surrey and Sussex.

References

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Appendix 1: Co-production or PCIE?

The table below demonstrates different stages of a research project or service development. It demonstrates where you might expect to see public contributions in a co-produced project versus one that adopts PCIE, and the structural challenges facing both approaches.

Stage of research	Stage of service development	Co-production	PCIE
Generating ideas, setting priorities	Generating ideas, setting priorities	Considered essential for full co-production, this requires approaching the work from a blank slate, which may not always be possible or desirable.	Sometimes: this might depend on when involvement is sought. The decision to do so typically sits within professional teams.
Design and development of research proposal or 'product' (e.g. assistive technology)	Design and development of services/ intervention/ innovation/ technology	Considered essential for full co-production. Requires a dismantling of power structures and blurring of roles. This is challenging work, as it requires relationship building skills and trust. Involves negotiating roles, responsibilities and decision-making.	It depends! Tends to be limited scope such as reviewing the lay summary. Project ideas/priorities may be generated from policy needs, practice/service requirements or researchers past work. This can affect when public contributors are consulted and their level of involvement. Early involvement, using principles of 'co-design' may be feasible alongside involving people to plan PCIE throughout the project.
Applying for funding (completing funding applications)	Seeking funding or resources	Often: depends on who is taking what role within the project and the type of funding being applied for (e.g. within the organisation, community funding etc.). This produces new areas to negotiate and decide on together.	Generally not expected unless acting as a co-applicant on the funding bid. Although PCIE plans are a requirement of funding bodies and ideally, public members would contribute, funding is often scarce, thus limiting involvement.
Carrying out the research	Service or programme delivery	Often depends on individual choice and so should be determined in the design phase.	Sometimes, depends on individual choice (public contributor and research team) and allocated budget.
Analysis and interpretation	N/A	Considered essential for full co-production, although it also depends on the research methodology. Again, this requires a blurring of roles and	Sometimes, but often depends on the research methodology and what has been included in the PCIE plans. Unless involved as co-researchers/ co-applicants,

		expertise, and mutual skill development.	public contributors are typically not involved in data analysis. However, they are more often consulted on interpreting the findings and implications for services/ service users.
N/A	Process and outcome evaluations or audit. E.g. Action Learning Sets, Schwartz Rounds, Quality Improvement	Often: any form of reflective practice is critical to co-production of services. Service ethos and resources may impact on how/if this happens.	Sometimes: usually at distinct time points and depending on service ethos and resources for PCIE.
Report writing/ publications	Reporting of the work (internally/to funders)	Often: again, an area to be negotiated within the team.	Sometimes: may depend on the audience, although there is always scope for lay summary reports or co-writing sections of reports on involvement.
Dissemination activities	Communication/ dissemination. Sharing and learning from success; demonstrating effectiveness and/or added value	Again, an area to be negotiated within the team. Important to draw on everyone's networks to maximise engagement with the research findings.	Sometimes: depends on individual choice (public contributors and research team) and allocated budget.
Knowledge exchange	Implementing change or implementing the findings beyond the life of the project and using them to inform practice or service development	Often: depends on individual choice of public representative(s) and what is decided in the design phase. Important to draw on everyone's networks to maximise engagement with the research findings.	Sometimes: depends on individual choice (public contributors and research team) and allocated budget.

Appendix 2: Recommended reading

We have combed the co-production literature and there is a huge amount including theory; comparisons with PCIE, community engagement or participation; small scale research or reports; large interventions; and systematic reviews. We have selected articles that we found helpful and have divided them into a few key theoretical articles, some creative examples of putting theory into practice, and some visual/straightforward resources to share with anyone new to co-production. We have not included literature already referred to in the main guide, or systematic reviews given their rather different remit. We will update this regularly so please email your suggestions.

	Type of literature	Aim	Method	Findings, focus or comments
Theoretical papers discussing and defining co-production				
Allen, K. et al. (2019) Participatory research meets validated outcome measures: Tensions in the co-production of social care evaluation. *Social Policy & Administration*, 53(2), pp. 311-325. PDF link	Single case study	Explore the tensions between co-producing research with the public and evaluation methodologies that use standardised outcome measures.	Case study used data from a wider study evaluating public involvement. Used data from three group interviews with 15 co-researchers, and interviews with 3 researchers. Data analysis was coded thematically using the principles of decentred theory.	• An interesting article that debates the tensions inherent in participatory research. It explores how the expectations of research funding (that researchers should use qualitative and quantitative methods and involve the public/service users) were interpreted by academics and co-researchers (people with lived experience). • It uses the English Adult Social Care Outcomes Toolkit (ASCOT), developed by PSSRU at University of Kent to measure social care related quality of life. • Makes the point that it is important not to conflate good participatory research practice with qualitative research. Illustrates practical and epistemological tensions including feasibility (e.g. limited training of co-researchers), limitations in the usefulness of the data collected and the (greater) benefits of qualitative data collected alongside reflecting 'qualitative–quantitative friction' (p320). • Provides useful ideas around what researchers should consider in advance of combining co-production/participatory approaches with standardised outcome measures or similar 'hard' data.
Coutts, P. (2019) *The Many Shades of Co-Produced Evidence*. https://www.carnegieuktrust.org.uk	Briefing paper	To explore challenges and opportunities around co-producing evidence in social policy.	N/A	• An easy-read report with figures/tables that could be useful to support bid writing. It covers co-production of evidence and service evaluation. Explores some of the difficulties (p10-11) and has a few useful resources/references. • Table 1, p6, has a helpful comparison of seven different co-production definitions and key principles/features. • Figure 2, p9, provides an overview of co-producing research.
Filipe, A., Renedo, A. and Marston, C. (2017) The co-production of what? Knowledge, values, and social relations in health care. *PLoS Biology*, 15(5), e2001403. PDF link	Opinion	Aims to clarify what counts as co-production: what is being produced, in what context and with what implications.	N/A	• Proposes that co-production can be understood as an 'exploratory space and a generative process that leads to different, and sometimes unexpected, forms of knowledge, values, and social relations' (p1). • Argues that the 'co-production of value and services in health care cannot be dissociated from the values and implications of co-producing knowledge or the meanings of participation as a social and political process' (p2) thus endorsing the iterative process between research and practice.

				• Short, readable, and thought provoking.
Lember, V., Brandsen, T. and Tõnurist, P. (2019) The potential impacts of digital technologies on co-production and co-creation. *Public Management Review*, 21(11), pp. 1665-1686. PDF link	Opinion	Identifies four elements of the co-production/co-creation process and discusses their relationship with developing new technologies.	Theoretical discussion drawing on literature on elderly care, youth and policing.	• A heavily theoretical article but with an interesting differentiation of co-production and co-creation, based on their different histories and processes. • Divides digital technologies into four areas: sensing, communication, processing and actuation, while acknowledging that most have parallel functions. Table 1 is helpful, summarising potential positive and negative impacts of digital technologies on co-production/co-creation, divided into four areas (interaction, motivation, resources and decision making). • Ends with discussion of three possible scenarios, whereby digital technologies could enable co-production/co-creation; diversify co-production practices; or substitute for co-production. It concludes that there is no reason to assume that digital technologies will always encourage coproduction or co-creation and could be used to bypass interaction with citizens altogether.
Loeffler, E. and Bovaird, T. eds. (2020) *The Palgrave Handbook of Co-Production of Public Services and Outcomes*. Cham: Palgrave Macmillan.	Book	To provide a comprehensive account of the movement towards co-production of public services and outcomes.	N/A	• Explores the roots of co-production in the social sciences, the growth of co-production in policy and practice, its implementation and management in the public domain, and its governance, including its negative aspects. • The chapters are not downloadable (and costs £127 for paperback) but several chapters by key authors draw on previous papers so it is worth Googling the chapter you are interested in for an earlier paper.
Liabo, K. and Roberts, H. (2019) Coproduction and coproducing research with children and their parents. *Archives of Disease in Childhood*, 104(12), pp. 1134-1137. PDF link	Commentary	Discusses the concept, and the opportunities and practical challenges it can bring to research with children and their parents.	N/A	• Provides clear rationale on working with children (e.g. UK average reading age is 9yrs old) and interprets the characteristics of co-production in relation to child health research. • Recommends that researchers need to practice talking to children, take them seriously and draw on published methods for how to talk with children prior to designing tools for how to work with children and their parents in designing research. • Provides useful references.
Palumbo R and Manna R (2018) What if things go wrong in co-producing health services? Exploring the implementation problems of health care co-production, *Policy and Society*, 37:3, pp. 368-385. PDF link	Opinion	Explores the risks of 'value co-destruction' in the patient-provider relationship and suggests a theoretical framework which highlights implementation issues with health	N/A	• A thought-provoking article that perhaps overstates the case but draws together individual and organisational health literacy, power relationships and the impact on co-production. • Argues that a healthcare context is particularly liable to 'value co-destruction' whereby patients and professionals are likely to bring diverging aims and conflicting perspectives which act as obstacles when establishing an equal partnership. • Discusses the impact of poor health literacy, not only of patients but also of organisations that are unable to establish a setting which empowers patients and enables them co-produced care. Figure 3 (p377) is helpful. • Argues that individual and organisational health literacy are two essential requisites to patient empowerment and health services' co-production. Both are needed to enhance the

		services' co-production.		patient-provider relationship and to pave the way for the establishment of a co-creating partnership.
Park, S.E. (2019) Beyond patient-centred care: a conceptual framework of co-production mechanisms with vulnerable groups in health and social service settings, *Public Management Review* 22:3, 452-474. PDF link	Opinion and case study	Proposes a framework theorising various service co-production mechanisms that providers may use with vulnerable and stigmatised service users.	N/A	• Highlights (a perceived) gap in the literature regarding service user–provider tensions that could undermine engagement and collaboration; explores why co-production approaches in one setting may not work in another setting; and differentiates collective level co-production from individual level, which this paper focuses on. • Draws parallels between patient-centred care and co-production. Useful discussion of three models: provider-driven service production, user-driven co-production, and user–provider co-production (see Table 1, p9). • Provides a case study in Substance Use Disorder (SUD) treatment fields where SUD patients may be perceived as 'untrustworthy and manipulative' and collaborating with them could be perceived as 'unprofessional' (p13). Looks to the USA where staff members with lived experience of addiction is embedded in the development of treatment approaches. Proposes a model of peer co-production (and discusses the limitations) whereby staff with personal history of substance disorder are well placed to mediate dialogues and power relationships between clinicians and service users.
Slay, J. and Penny, J. (2014) *Commissioning for Outcomes and Co-Production. A New Model for Commissioning Public Services*. https://neweconomics.org	Handbook by New Economics Foundation (NEF, an independent think tank)	A practical guide for local authorities to promote co-production.	Result of eight years of collaboration between NEF and local authorities	• At 100 pages it is a meaty guide to designing, commissioning and delivering services which aims to: focus on commissioning for 'outcomes' (defined as achieving long-term changes); promote co-production with service users; and promote social value 'by placing social, environmental and economic outcomes at the heart of commissioning' (p4). • Divided into 3 chapters: developing insight into what outcomes are important to service users; plan support and activities to meet the needs and build on the assets of local people; improve delivery, including monitoring. • We have included this, even though it's now 10yrs old, because it gives a good overview of the issues from a commissioning perspective, helpful references and useful for writing the impact section of a bid.
Soklaridis, S., et al. (2024) A balancing act: navigating the nuances of co-production in mental health research. *Research Involvement and Engagement*, 10:1, 30. PDF link	Qualitative/ opinion	Explores the nuances of co-production in health research.	Mental health participatory action research project.	• Context: Canadian healthcare system, Addiction and Mental Health, a recovery programme orientated to health and well-being and based on the principles of peer support and co-production. • Considers two dominant perspectives on co-production: the first supports co-production, pointing to the transformative value for those involved, the quality of services developed through this process, and broader system-level impacts; the second stance expresses scepticism about the capacity of co-production to engender genuine collaboration given deeply ingrained power imbalances. • Explores these issues through four values: navigating power relations together; multi-directional learning; slow and steady wins the race; and connecting through vulnerability.

	Type of literature	Aim	Method	Findings, focus or comments
Selected examples focused on implementing a co-production approach, all open access and UK based (alphabetical)				
				•
Clabburn, O. et al (2025) Co-production in practice: A qualitative study of the development of advance care planning workshops for South Asian elders. *Palliative Medicine*, *39*(1), pp.126-138. PDF link	Qualitative	To explore and describe how two charities used co-production to develop and deliver community-based advance care planning workshops for South Asian elders.	Exploratory approach (underpinned by social constructionism). Workshops and focus groups co-produced by two charities, facilitated by community co-researchers in range of languages; thematic analysis.	• **Topic: advance care planning & minoritised ethnic communities** • Method provides guidance on how they carried out the activities. • Key to success was the community-led approach of the local charities, that they had a positive relationship with each other, and were able to build and maintain community trust. Good range of language skills (English, Hindi, Urdu and Punjabi) and flexible approach also important. • That workshops were facilitated by someone from the same or similar cultural background seemed to play a key role, reinforcing trust. The workshops were reported to be useful and enjoyable, prompting a sense of agency and connection, and helped disseminate awareness and knowledge through the community. • Clear outputs e.g. information about advance care planning in visual formats and short videos, in community languages.
Demkowicz, O. et al (2025) Adolescent girls' explanations of high rates of low mood and anxiety in their population: a co-produced qualitative study. *BMC Women's Health*, *25*, p.49. PDF link	Qualitative	Examined the factors potentially related to the high rates of low mood and anxiety from the perspective of adolescent girls themselves.	Co-produced qualitative design, guided by ecological systems theory; online focus groups with 32 adolescent girls (16-18 years); UK; reflexive thematic analysis.	• **Topic: adolescent mental health** • The project was co-produced with two young researchers to embed young people's perspectives throughout project design, implementation, and interpretation, to facilitate better engagement and more meaningfully interpretation of their experiences. • Young researchers were active members in all stages of the project and although the study has certain limitations, acknowledged by the authors (what they call 'light touch') it is worth looking it to glean useful pointers to meaningful engagement. • Able to demonstrate that the insights gained through exploration with the girls themselves held policy and practical relevance to enhance systems to meet their needs.
Hartworth, C., Simpson, D. and Attewell, H. (2021) Coproduction, participation and empowerment: A participatory evaluation of a young care leavers project in prison. *Probation Journal*, 68(1), pp. 107-115. PDF link	Qualitative	Describes a participatory approach with young offenders aiming to assist resettlement and reduce re-offending.	Participatory evaluation. Two small groups of young men, and women, 6 sessions each in two Young Offender Institutions in North East England.	• **Topic: young care leavers/prison** • Provides background to participatory terminology and places co-production under the umbrella of participatory research and development (see Fig 1). • An interesting combination of a charity (Nepacs) delivering the project and a social research organisation (Barefoot Research) evaluating it. • A short article with limited details but a clear description of *how* a trusting relationship was established within each group. The impact was evaluated with a voting exercise to prioritise benefits. These included being recognised as a care leaver; having a voice; knowing your entitlements; and helping other people who have grown up in care.

				• The last point, developing empathy and a desire to help each other was attributed to the participatory approach.
Ikhile D et al. (2023) A virtuous cycle of co-production: Reflections from a community priority-setting exercise. *Health Expect*. 26(6), pp. 2514-2524. PDF link	Qualitative	To refine the research priorities of the ARC KSS Public Health Theme, and to ensure they were defined by local communities.	Collected data through written & verbal reflections from collaborators involved in the priority-setting exercise. Used Gibbs' model of reflection to guide data collection and analysed thematically.	• **Topic: Public health** • Took place during COVID-19 so all interactions were virtual. A good example of reflecting on the process, what worked well and how this shaped the outcomes. An interesting discussion that considers different perspectives on co-production. • Highlighted importance of starting with a clear purpose and why this should be co-produced. • Six themes denoted the iterative process of a shared approach: shared values, shared understanding, shared power, shared responsibilities, shared ownership and positive outcomes. • Recommends the need for a shared understanding of co-production from the start of a project, in a general sense and applied to the specific research activity. • This shared understanding gave collaborators the power to contribute in a way that made best use of their strengths and expertise. The public advisors felt the process sparked their creativity, gave them a voice, and reinforced their role as boundary spanners, linking between the ARC and local communities.
Johnsson, C. et al. (2025) Refining the Make My Day stroke prevention intervention for primary healthcare through co-creation with stakeholders. *Res Involv Engagem* 11, 10. https://rdcu.be/etHvQ	Qualitative	To describe and explore the refinement of a stroke prevention intervention and its implementation in primary healthcare.	Iterative co-creation process of workshops with mixed group of stakeholders (10 healthcare professionals & 7 people at risk of stroke).	• **Topic: stroke prevention intervention in primary healthcare** • The co-creation process was divided into three stages: an evidence review and stakeholder consultation (health professionals and people at risk of a stroke); 5 collaborative workshops (face-to-face) to develop a prototype for a stroke prevention intervention in primary healthcare; and iterative analysis during and between workshops. • Outlines the activities used (e.g. storyboards & vignettes) and has a helpful discussion around the process, what worked (or did not) and how this informed the intervention. Suggests that the co-creation process 'can contribute to a commitment and increased implementation effectiveness of the intervention in practice and motivation among stakeholders' (p10).
Jones, F. et al. (2020) Using co-production to increase activity in acute stroke units: the CREATE* mixed-methods study. *Health Services and Delivery Research*, 8(35). PDF link *Collaborative Rehabilitation in Acute Stroke	Mixed methods	Aimed to evaluate the feasibility and impact of patients, carers and staff co-designing and implementing changes to increase patient activity on acute stroke units.	The intervention was an experience-based co-design cycle in four acute stroke units (London and Yorkshire). The evaluation was a case comparison using interviews, observations,	• **Topic: acute stroke wards/improving activity levels** • This is a huge study! Lots of different methods and a creative approach to reducing boredom on acute stroke wards (a long-standing problem). Worth looking at for the methodology alone. Large numbers of patients, carers and staff involved. • As well as a focus on activity levels, the study aimed to understand the experience of taking part in experience-based co-design (EBCD, provides references) and whether the interventions developed and implemented during a full co-design cycle (in 2 stroke units) could be transferred and accelerated elsewhere (2 other stroke units). • Asserts that the nature of the co-design 'work' was fundamentally different from usual staff-led or externally driven quality improvement initiatives in stroke.

			behavioural mapping and self-report surveys.	• Qualitative findings showed that it was feasible to co-design changes to increase patient activity. Reports no significant differences in experiences or outcomes between the full and the accelerated forms of EBCD. • Patients and families perceived positive benefits from participating in the co-design groups, felt that they were equal and valued members, and gained satisfaction from seeing improvements implemented. Staff also reported a positive experience and valued the time for creative thinking and relational activities.
MinD (2020) *Designing with and for People with Dementia: Design Guidelines*. Designing for dementia	Report	To bring together designers, healthcare professionals, technologists and people with dementia to identify and develop design solutions to help people with dementia manage and daily life.	Three stages of 'mindful design methodology': qualitative data collection from people with dementia; design development; and design evaluation.	• **Topic: the social needs of people with early to mid-stage dementia living in the community** • The four-year project had multiple aims and outputs, funded by EU Horizon 2020. The report focuses on the insights learned from the design process. It offers a description and analysis of the process and concludes with a summary of key findings and design guidelines. The guidelines are helpful for anyone involved in develop designs (or other interventions) based on participant engagement and co-production. • Short literature review includes a section on co-design and dementia (p15). • Interesting use of mindfulness adapted to the design process. Phase 1 analysed data from people with dementia about their needs and wants around wellbeing, self-empowerment and social engagement. These were summarised as nine themes, grouped into three key concepts: the individual and their internal world, their relationships, and their activities to develop the AIR model (p20). • Describes different ways in which they captured people's views and provides examples of the tools they used which could be adapted to your own project.
Montgomery, E., Seng, J.S. and Chang, Y.S. (2021) Co-production of an e-resource to help women who have experienced childhood sexual abuse prepare for pregnancy, birth, and parenthood. *BMC Pregnancy and Childbirth*, 21(1), pp. 1-12. PDF link	Qualitative	To co-produce an e-resource to help prepare women who had experienced childhood sexual abuse (CSA) for pregnancy, birth, and early parenthood.	Two phases: interviews (thematic analysis) and development of the resource (workshop/email).	• **Topic: pregnancy, birth and early parenthood/history of childhood sexual abuse** • A collaboration between Kings College London and The Survivors Trust, an umbrella agency for sexual abuse services in the UK. • Describes the difficulties with recruiting enough women – started with focus groups (only 6 participants), then telephone interviews (2 women) and finally a survey with open questions (29 responses). • Development of the e-resource involved a workshop (and email feedback for those who could not attend) with participants of Phase 1 and the Project Advisory Group. A film company created short films/animations and learning technologists from King's built the prototype e-resource integrating data from Phase 1 and an earlier qualitative study so that the voices of those involved were part of the final product, using a 'peer-to-peer voice'.
PARTNERS2 (2020) Exploring patient and public involvement (PPI) and co-production	Qualitative	Explores the successes and challenges of applying co-	Co-operative style inquiry; analysis of 15 written accounts,	• **Topic: supporting people with mental health conditions in primary care.** • This paper is an off shoot of the main project and presents four themes describing aspects of working together: (1) recognising the importance of 'emotional work'; (2) developing safe

approaches in mental health research: learning from the PARTNERS2 research programme. *Research Involvement and Engagement*, 6(56).		production principles in research trials, specifically integrating expertise from service users, carers and researchers.	11 by individual authors and 4 by writing teams, describing examples of co-working. Fig 1 provides a helpful overview.	spaces to create and share knowledge; (3) challenges of using our personal identities in research work; and (4) acknowledging power-sharing within the research hierarchy. • Discusses how relationship building, communication and different forms of expertise were valued, and how stigma affected what work was possible together. • Recommends that 'there needs to be an acknowledgement of the importance of emotional work, creating safe spaces to coproduce, transparency in decision making and reflection on the difficulties of using personal identities in research work' which existing guidelines do not fully acknowledge (p1).
Wilson, F. et al. (2025) "Hello… I'm Here!" A Co-Productive Qualitative Study Involving Older People With Vision Impairment and Their Experiences of Acute Hospital Care. *Journal of Advanced Nursing*. 81. pp. 4241–4257. PDF link	Qualitative	Explored the experience of acute hospital care for older patients with sight loss.	Participative and co-productive model based on user-centred design principles. Six workshops with 7 (out of 8) older people with visual impairment & 6 healthcare students (Sheffield, UK).	• **Topic: older people with visual impairment in hospital** • A small study but strong theoretical underpinning based on a social justice model of user-based health design using a co-productive approach and the workshops are clearly described including how they engaged people. • Findings focus around trauma and loss, being disabled, feeling safe and vulnerability/ invisibility. While the discussion is mostly about the topic, rather than the process of co-production, it's a good example of actively involving those most effected and producing outputs ('top tip' resources) that can be used in practice. • It also provides a good example of engaging undergraduates in 'real world' research and interprofessional learning (4 nurses, 1 orthoptics and 1 speech/language therapist)

	Type of literature	Aim	Method	Findings, focus or comments
Guides/visuals for members of the public				
BoingBoing (2017) *Engaging Children and Young People in the Solutions*. Boingboing & Boingboing resources	Grey	Explore what co-production means for schools in addressing resilience and mental health.	Not described.	• As part of a larger guide for East Sussex schools around mental health and resilience, this chapter on engaging CYP in co-production could be a useful introduction to the principles and benefits of co-production for teachers (and older students). • It contains lots of other resources for promoting a 'resilience-based, whole school approach to promoting positive mental health and addressing individual needs'.
Ideas Alliance – various guides Moving to co-production | Ideas Alliance | Social Consultancy	Grey	To promote communities, providers and commissioners work together to shape public services.	Not described.	• Ideas Alliance CIC is a social consultancy focused on co-production and collaboration. • Lots of different projects on the website for example, working with trainee public health registrars who wanted to understand more about co-production and how it might contribute to improving communities' health and wellbeing (Leeds, UK). Link to project • Also see useful guide on developing successful alliances commissioning_for_collaboration.pdf
Kaur, H. and Kerrigan, P. (2020) *Stronger Together: A Guide for Co-Researchers Working on Co-Produced Projects*. Co-pro guide	Grey	A guide for co-researchers working on co-producing research projects.	Not described.	• Simple language guide with visual/graphics. Not keen on the graphics but the text is okay. Explains terminology (co-researcher and co-production) with an emphasis on diversity and what to expect if you get involved in research.
The UK Network of Dementia Voices (2020) *A Story of Co-Production: The Right to a Grand Day Out*. DEEP & Grand-Day-Out.pdf	Grey	To tell their story of co-production.	Rights based approach.	• The UK network of dementia voices (DEEP) connects over 100 involvement groups of people with dementia to provide mutual support and 'to amplify our voices'. In 2017-18, DEEP groups in Yorkshire worked together on different transport issues. • They produced this delightful account of their story and what they learned about co-production. Although it is all about transport, it has useful transferable ideas e.g. using a rights-based approach, accessible methods to collect evidence and how to make co-production a good experience.
Think Local Act Personal (2021) *Top Ten Tips for Co-Production*. Think local	Grey	Various guides on co-production (under resources).	Not described.	• 'Co-production: it's a long term relationship': one page PDF with ladder of co-production explained in simple terminology and a 5min film Ladder co-production • Other guides/videos/podcasts, including a 'Top 10 tips for co-production', directed at service providers. See co-production resources on their website.
Voices for improvement https://www.nationalvoi	Grey	Aims to strengthen collaboration	Strengths based approach.	• Coalition of organisations explained in this webinair Valuing Lived Experience_Feb 2022

ces.org.uk/project/voices-for-improvement/		between those with lived experience and decision-makers, to improve health and social care.		• Lots of different projects/resources/ expertise on how to meaningfully involve people with lived experience in decision making around health and care. The organisation works with a community of Lived Experience Partners 'who hold valuable knowledge, insight, and skills about what it is like to use services and navigate their way within and between organisations'. • Here's an example report https://www.nationalvoices.org.uk/publication/valuing-lived-experience-learning-report/ (2022) that goes with the above webinair.
Coproduction Collective (2021) What is the value of co-production? What is the value of co-production?	Grey	Findings from The Value of Co-Production Research Project	Discusses co-production as method and intervention; relates to social justice.	• The Value of Co-Production Research Project was run by the Co-Production Collective at UCL. • Provides a comprehensive resource on all aspects of co-production, for example, it discusses building capacity and helping those taking part to make more informed decisions, and the benefits of opportunities for mutual learning. • Definitely worth dipping into even if you do not read the full report.