

**CO-PRODUCTION FOR HEALTH RESEARCH:  
a self-assessment framework tool for research team  
members to complete and review together**



Please provide feedback on your use of this guide to Siobhan Harpur, Kate Garvey Public Health Services  
Tasmania at: [pht.projects@health.tas.gov.au](mailto:pht.projects@health.tas.gov.au)

## 1. What is co-production?

Co-production is a participatory research approach in which the whole research team works together, sharing power and responsibility from initiation and development through to the closure stage of the project.

Co-production emerged from participatory research to improve services and outcomes by tapping into the expertise of everyone involved, as a generative process to develop new knowledge and practice (Jackson and Greenhalgh, 2019).

Co-production has developed as a distinct approach to bring about real-world change by enabling new knowledge and ideas to be nurtured and to get traction in policy and practice. It is characterised by the importance that is given to valuing different types of expertise that includes both:

- Those with the passion, personal commitment and lived experience of the issues being researched and,
- Those with the institutional and professional skills to scan, review, analyse and document the issues relevant to the research.

### WHAT DOES CO-PRODUCTION LOOK LIKE IN PRACTICE?

The intention of co-production is for participants from different organisations and settings to work together from the start to the finish of a research project.

Members and participants in a co-produced research project could include any combination of researchers, policy makers or practitioners, and community, or public participant members, and the definitions of each of these groups will form part of the initial design and development of the project.

The research team members should share power and responsibility for the generation of knowledge, and this may be presented in the form of articles, presentations, policy papers and briefings, toolkits or other artefacts. Through the use of a co-production approach, it is anticipated that the knowledge and understanding will reach beyond the boundaries and lifespan of the research project.

The co-production approach will directly impact the individuals and groups of participants involved and change services and practice. This can improve the understanding of the “context and strategies that may best enable partnered research to fulfill its aims” (Bowen et al, 2019). Co-production will also invite consideration of different types of expertise such as whether the research project privileges biomedical evidence, clinical practice, or the experience of illness. (Fillipe, Renedo, Marston, 2017).

### CHALLENGES OF CO-PRODUCTION IN PRACTICE

Co-production requires commitment to working together in authentic relationships across organisations, professional and personal boundaries. Co-production will not suit all research projects or may only be appropriate for parts of a project, and consideration is required to determine suitability of co-production for the research intention, aims and strategy (Cassidy et al, 2020). There are challenges and practical barriers, and while these do not necessarily need to be dismantled, identifying them will assist in the decision to take a co-production approach (Kreindler, 2019). Some barriers to effective real-world co-produced research include social and economic issues of access and diversity, risks of research or policy acceptance, costs of engagement and communication, distortion of timeframes because of funding or other permissions, and the unequal ways these barriers will be experienced by the lay participants.

Oliver and colleagues analysed the “dark side’ of co-production (Oliver, Kothari and Mays, 2019) and concluded that a more reflective open discussion is needed to understand and describe what is involved, including the roles and responsibilities of everyone involved. The members of the research group will reflect, communicate differences and points of connection, and make time to develop respectful relationships. The investment in listening and understanding from the outset of a research project is likely to create the conditions for greater success.

## 2. The Co-production Self-Assessment Framework

This self-assessment framework tool has been adapted from research by the New Economics Foundation and their draft co-production framework<sup>1</sup>. It is intended to stimulate discussion and communication across the membership of a research group.

The tool provides a guide for participants in a research project to question and assess their own work and ways their broader network and organisation operates. Members of the research group can use the completion of their assessment to inform the initial design of the project, and as a checking-in point to make sense of what is working well, what needs to improve and where changes can be made.

### COMPONENTS OF CO-PRODUCTION

The following key components of co-production have been drawn from the draft self-assessment framework developed by the NEF (2009), and cross referenced with the findings from the Connected Communities Program by the UK Research Council. The Connected Communities Program funded more than 300 co-produced projects that aimed to bring together professional and public expertise. There were more than 700 academics and 500 collaborating community organisations ranging in research topics from community food to care homes, citizen journalism to local energy projects (Facer and Enright, 2016).

The following components are deemed to be central to co-production. The Co-production self-assessment framework enables all members of the research team to assess their project against each of these and identify opportunities to strengthen how they work.

- **Facilitating for improvement:** enabling all of the participants in a research project to become the catalysts for improvement rather than the observers, recipients or providers of services. Breaking down barriers for effective participation, especially for the public, to connect with and access resources for improvement.
- **Respecting Capability:** rather than starting with people's needs (the traditional deficit model), co-produced research starts with people as assets and looks for opportunities to recognise, value and build capabilities.
- **Power and reciprocity:** co-production is about mutual and reciprocal partnerships, where researchers, practitioners and the public come together in an interdependent relationship recognising that all have a valuable role in research and its outcomes. Each participant, and participant group will hold colleagues to account.
- **Peer support networks:** engaging with peers is the best way of transferring knowledge and supporting sustainable change. This may occur more easily and "naturally" in some professional settings, but there may be barriers to finding or setting them up. Setting aside time and budget to map networks can include development in the informal, local and community context.

---

<sup>1</sup> Co-production self-assessment framework, draft developed by NEF Holy Cross Community Trust ([www.hcct.org.uk](http://www.hcct.org.uk)), and Professor Edgar Cahn at Timebanks USA ([www.timebanks.org/founder.htm](http://www.timebanks.org/founder.htm))

Please provide feedback on your use of this guide to Siobhan Harpur, Kate Garvey Public Health Services Tasmania at: [p.h.projects@health.tas.gov.au](mailto:p.h.projects@health.tas.gov.au)

## **LEVELS OF CO-PRODUCTION:**

### **1. Basic - Foundations in Place**

The research model for the project describes involvement of the respective stakeholders that include any combination of researchers, practitioners and public participants. The model may include acknowledgement that lay, and practitioner policy expertise is important, valued, and could make a difference to the outcomes. However, the underlying cultures and patterns of relationships and power do not fundamentally change, and the decision making will tend to reside with either the researchers or the practitioners, or a combination of them both.

### **2. Moderate – Developing Practice**

All the stakeholder groups may be involved all the way through a process of the design and development, data collection, analysis, or the presentation of findings for a research project. There will be some evidence of co-produced knowledge, and this may be for an element or for the whole research project. However, it is likely that the practitioners and/or the public participants may not have access to the research data and are likely to have their relationship to the research outcome mediated through the researchers and/or practitioners. Therefore, the power is not equal in terms of co-production.

### **3. Doing Well – Effective Co-Production**

Effective co-production is evident when researchers, practitioners and the public identify and manage the opportunities that present for research and service development together and generate new knowledge and understanding that reaches beyond the project. There is mutual trust and reciprocity in evidence. Latent assets within the community – such as informal care networks and peer support – are encouraged to flourish and considered as essential to the development and transfer of knowledge.

### 3. How to use the framework tool:

#### DEFINITIONS

**Co-production:** Co-production 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 co-produced knowledge that reaches beyond the project lifespan.

It is more than co-design and different to consultation, engagement, or collaboration.

Co-production is a model of participatory research, where any combination of researchers, practitioners, and public participants<sup>2</sup> work together.

#### Research Project participant groups:

---

**Researchers:** work for universities or research institutions (though they may be based in government settings) and investigate the area of interest in an organised way, especially in order to discover new information or reach a new understanding.

**Practitioners:** work in policy or practice settings in the area of interest for the research project and develop ideas and plans for services, programs of work and policy, especially those carried out by governments at any level.

**Public participants:** have lived experience in the area of interest, and may be engaged with, or have direct knowledge of, relevant services or programs of work and policy. Sometimes referred to as 'lay' researchers.

---

It is assumed that the initiation of the project has already determined that a co-production approach is appropriate, and this framework will provide project stakeholders with the opportunity to assess the level of co-production, and comment on their experience and perspective for each of the components. Stakeholders may include any combination of researchers, practitioners and public.

The table that follows is the framework tool, designed to be completed by each of the stakeholders (or group of stakeholders) in the research project. There are benefits to completing the tool together and/or separately.

**Step 1: Preparation.** Decide whether the tool will be completed individually by project members or collaboratively by stakeholder groups (e.g., researchers, practitioners and

---

<sup>2</sup> These 3 groups of participation are deliberately broad and relatively generalised, acknowledging that the research group will need to define and refine for the particular project.

Please provide feedback on your use of this guide to Siobhan Harpur, Kate Garvey Public Health Services Tasmania at: [pht.projects@health.tas.gov.au](mailto:pht.projects@health.tas.gov.au)

public). It may be appropriate for sub-groups of stakeholders to complete the tool. For example – you may have 3 different groups of practitioners involved - frontline healthcare workers, policy and project officers, and decision makers. You may have researchers who will be field workers and others who will supervise or provide technical input. It may be appropriate to group these members into separate sub-groups for the purpose of completing this exercise.

An important point to reach understanding and ensure buy-in of all the project stakeholders at the start of the project is to ensure all stakeholders/groups understand why you want them to complete the tool and what will be done with the information collected.

**Step 2: Application.** Stakeholders use the tool to assess the level of co-production and provide examples and ideas for improvement for different parts of the project. There are no 'right' or 'wrong' answers, rather the intention is to encourage reflection and the articulation of different expertise and experience from each participant perspective for the project.

Each of the components of co-production has its own section of the table, and the same questions are applied for each section, with notes to guide the assessment of the level of co-production in each particular aspect of the project and space for notes of ideas and examples for discussion with the research team members.

**Step 3. Reflection.** You could set aside time for the sub-sets of each group to get together and share their assessments and develop the thinking further within the participant group.

The next step is for all the participant groups to meet. Sharing assessments and reflections is an important conversation starter to deepen understanding and perspective, and to listen to and acknowledge different expertise across the research group. This will develop the collaborative and reciprocal relationships that are key to co-production.

An important consideration will be whether to facilitate and document this process, and who is best placed to facilitate discussions (bearing in mind issues of power and trust within the team). It is important to agree a method of capturing and documenting these discussions so they can form part of the evaluation.

The process of completion and review of the framework tool can be applied at the start of the research project and may be applied again at agreed milestone points. It may be valuable to revisit at the closure of the project as a means of review.

## 4. Self-assessment tool

<p><b>1. Facilitating for improvement:</b></p> <p>Enabling research participants to become the catalysts for improvement rather than the observers, recipients or providers of services. Breaking down barriers for effective participation, especially for the public, in order to connect with and access resources for improvement.</p>			
<b>Questions for consideration</b>	<b>Level 1: Foundational co-production</b>	<b>Level 2: Developing co-production</b>	<b>Level 3: Effective co-production</b>
<p>In what ways does the project seek to reduce the barriers for knowledge users, and research participants to take more control and be involved?</p> <p>Does the project include mechanisms for reflection and sharing ideas and approaches to bring about real improvement? What does the project state as an improvement aim?</p>	<p>Researchers and/or practitioners may retain decision making because the public participants are seen to be too vulnerable, lack understanding of the issues, or less able to participate fully in realising outcomes.</p>	<p>Researchers and/or practitioners show evidence of “stepping back” to allow the public participants to take the lead in describing or determining research objectives and desired outcomes, or in the development of artefacts.</p>	<p>The research model is designed, developed, delivered and concluded jointly with researchers, practitioners and the public - respecting each other’s roles and contributions. Improvement will occur when knowledge is co-produced and dissemination is facilitated and supported in the communities of focus who “own” results for themselves.</p>
<b>Your group assessment (e.g.: Level 1)</b>			
<b>Why did you give this score?</b>			
<b>Examples that help explain the score</b>			
<b>Any other comments about facilitation for improvement?</b>			
<b>ideas for improvement that could be made to the research project</b>			

Please provide feedback on your use of this guide to Siobhan Harpur, Kate Garvey Public Health Services Tasmania at: [psh.projects@health.tas.gov.au](mailto:psh.projects@health.tas.gov.au)



<p><b>2. Respecting capability</b>  The expertise and experience of all the participants in the project is valued equally, and the project takes an assets based approach to recognising and giving value to the diversity of each contribution. The research project provides support for people to recognise and grow their skills</p>			
<b>Questions for consideration</b>	<b>Level 1: Foundational co-production</b>	<b>Level 2: Developing co-production</b>	<b>Level 3: Effective co-production</b>
<p>How does the research project provide opportunities for the views, experience and capabilities of researchers, public participants and practitioners to be identified and articulated at the start of the project, and how will expertise be included, used/applied, supported and developed?</p> <p>Does the project include ways to and connect the team members with each other, and resources to improve their understanding of co-production?</p>	<p>Diverse views and input are sought and listened to, some recognition that “expertise” by experience is valued – this could be as a patient or client, clinical practice, policy implementation, personal experience in the field, analysis, review in context, publication or presentation.</p>	<p>The group is working together and identifying areas for skills to be applied and developed. Input from all groups is seen as a positive contribution, and there is active consideration of what form this could take. For example, it could include discovery discussion, creating artefacts, deep listening, shadowing one another</p>	<p>There is a constant and consistent involvement of all groups in the design, development, delivery and analysis of the research, and cycles of review and reflection are built into the model. Opinions have equal weight and different expertise is respected. In addition to the techniques suggested in level 2, there is a deep commitment to “walking” beside each other across the research project.</p>
<b>Your group assessment (e.g.: Level 1)</b>			
<b>Why did you give this score?</b>			
<b>Examples that help explain the score</b>			
<b>Any other comments about facilitation for improvement?</b>			
<b>ideas for improvement that could be made to the research project</b>			

Please provide feedback on your use of this guide to Siobhan Harpur, Kate Garvey Public Health Services Tasmania at: [p hs.projects@health.tas.gov.au](mailto:p hs.projects@health.tas.gov.au)

<p><b>3. Power and reciprocity</b>          There is a deep trust in the reciprocal relationships across the whole of the research group, differences in power are acknowledged, and there are mutually recognised responsibilities, expectations and accountabilities.</p>			
<b>Questions for consideration</b>	<b>Level 1: Foundational co-production</b>	<b>Level 2: Developing co-production</b>	<b>Level 3: Effective co-production</b>
How does the project enable a collaborative working relationship between all members of the research group? In what ways does the project seek to engage, encourage and review progress as partners in the research?	Participation is encouraged, but it is generally informal such as through regular feedback sessions. There is no expectation that the public will contribute to strategic direction or analysis of findings.	There is an expectation of contribution, active listening and engagement between all members of the research group. Accountabilities are agreed and reviewed, but the researchers and practitioners still expect to be in control of the “big” decisions and are ultimately accountable.	There is full inclusion of all groups in decision making processes and there are specific responsibilities given to lay expertise within this. There are close working relationships and high levels of trust between members of the team, and specific and consistent learning and adaptation for improvement. Accountabilities are agreed and reviewed and a method for feedback and review, as well as conflict resolution, is in place.
<b>Your group assessment (e.g.: Level 1)</b>			
<b>Why did you give this score?</b>			
<b>Examples that help explain the score</b>			
<b>Any other comments about facilitation for improvement?</b>			
<b>ideas for improvement that could be made to the research project</b>			

Please provide feedback on your use of this guide to Siobhan Harpur, Kate Garvey Public Health Services Tasmania at: [psh.projects@health.tas.gov.au](mailto:psh.projects@health.tas.gov.au)

<b>4. Peer Support Connections</b>			
The research project includes opportunities for people to explore and question individually and within their peer groups, especially for public participants in their communities. Peer and personal networks alongside professional communities of practice are an enabler for effective and sustainable knowledge transfer and outcomes that are community led and sustained.			
<b>Questions for consideration</b>	<b>Level 1: Foundational co-production</b>	<b>Level 2: Developing co-production</b>	<b>Level 3: Effective co-production</b>
Do each of the teams who are members of the research project have access to peer support?  How are peer networks, particularly the considerations of informal, local and community networks, included in the research model?	There is an acknowledgement of gains in the effective development of co-produced knowledge and knowledge transfer. Participants are required to reflect and engage with each other and their peers. Sharing by publication and presentation is usually by researchers and practitioners to, rather than with, the public participants	The research model is likely to include the active support of peer networks especially at the local and community level, to pass on knowledge. The research model and strategies include the time and resource to enable this	Existing informal and peer networks are mapped across research, practitioner and public participant groups. Engagement and inclusion is a feature and new networks are supported where appropriate for knowledge transfer and improvement in the communities of interest.
<b>Your group assessment (e.g.: Level 1)</b>			
<b>Why did you give this score?</b>			
<b>Examples that help explain the score</b>			
<b>Any other comments about facilitation for improvement?</b>			
<b>ideas for improvement that could be made to the research project</b>			

Please provide feedback on your use of this guide to Siobhan Harpur, Kate Garvey Public Health Services Tasmania at: [phs.projects@health.tas.gov.au](mailto:phs.projects@health.tas.gov.au)

## BIBLIOGRAPHY

Blomkamp, E., 2018 *The Promise of Co-Design for Public Policy*. Australian Journal of Public Administration, 77: 729-743.

Boyle, D and Harris, H, 2009. *The Challenges of Co-production: how equal partnerships between professionals and the public are crucial to improving public services*. New Economics Foundation (NEF) and NESTA, London, UK.

Boyle D, Slay J, Stephens L., 2010. *Public services inside out. Putting co-production into practice*. London: NESTA, London.

Bowen, S, Botting, I, Graham, I.D., 2019. *Experience of health leadership partnering with university-based researchers in Canada – a call to ‘re-imagine’ research*. International Journal of Health Policy Management. Vol 8. 12: 684-699

Cassidy, Christine E., Bowen, Sarah, Fontaine, Guillaume, Côté-Boileau, Élizabeth, Botting, Ingrid, 2020. *How to Work Collaboratively Within the Health System: Workshop Summary and Facilitator Reflection*. International Journal of Health Policy Management 2020, 9(6), 233–239

Cooke J, Langley J, Wolstenholme D, Hampshaw S., 2017. “Seeing” the difference: the importance of visibility and action as a mark of “authenticity” in co-production: Comment on “Collaboration and co-production of knowledge in healthcare: opportunities and challenges.” International Journal of Health Policy Management 2017;6(6):345–348. doi:10.15171/ijhpm.2016.136

Edwards and Meagher, 2020. *A framework to evaluate the impacts of research on policy and practice: A forestry pilot study*. Forest Policy and Economics

Facer, K. and Enright, B., 2016. *Creating Living Knowledge: The Connected Communities Programme, community university relationships and the participatory turn in the production of knowledge*. Published by University of Bristol and the AHRC Connected Communities Programme.

Filipe A, Renedo A, Marston C, 2017. *The co-production of what? Knowledge, values, and social relations in health care*. PLoS Biol 15(5): e2001403. <https://doi.org/10.1371/journal.pbio.2001403>

Holmes BJ., 2020. *Re-imagining research: a bold call, but bold enough? Comment on “Experience of health leadership in partnering with university-based researchers in Canada: a call to ‘re-imagine’ research.”* International Journal Health Policy Management. 2020;9(12):517–519. doi:10.15171/ijhpm.2019.139

Jull, J, Giles, A, Graham, I.D., 2017. *Community based participatory research and integrated knowledge translation: advancing the co-creation of knowledge*. Implementation Science 12. Vol 1: 150 doi:10.1186/s13012-017-0696-3

Kreindler, S.A., 2020. *When coproduction is unproductive: Comment on “Experience of health leadership in partnering with university-based researchers in Canada: a call to ‘re-imagine’ research.”* International Journal Health Policy Management. 2020; 9(9):406–408.

NHS, UK. 2016. *Impact of public involvement on the ethical aspects of research*. Accessed at: <http://www.impact-of-public-involvement-on-the-ethical-aspects-of-research-updated-2016.pdf> 8.12.2020

Please provide feedback on your use of this guide to Siobhan Harpur, Kate Garvey Public Health Services Tasmania at: [pht.projects@health.tas.gov.au](mailto:pht.projects@health.tas.gov.au)

NIHR Involve, 2019. *Guidance on co-producing a research project*, [Copro Guidance Feb19.pdf \(invo.org.uk\)](#)

Oliver, K., Kothari, A. & Mays, N., 2019. *The dark side of coproduction: do the costs outweigh the benefits for health research?* Health Res Policy Sys 17, 33 (2019).

Rycroft-Malone J, Burton CR, Bucknall T, Graham ID, Hutchinson AM, Stacey D., 2016. *Collaboration and co-production of knowledge in healthcare: opportunities and challenges*. International Journal of Health Policy Management. 2016;5(4):221. doi:10.15171/ijhpm.2016.08