



Co-production and strengths-based practice

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Introduction

Co-production in adult social care is about developing more equal partnerships between people with care and support needs, carers, and professionals (SCIE, 2015). The voice of lived experience is central to co-production, because it places lived experience on an equal footing with professional opinion and academic research.

95 per cent of people with care and support needs and carers have said they would prefer co-produced services (SCIE, 2019a). **The potential benefits are set out in evidence:**

- > Co-production, through its link with strengths-based practice, can have direct positive impacts on people's confidence and wellbeing (Hannibal & Martikke, 2019)
- > It may reduce inappropriate and wasteful interventions, since co-produced services will come from the genuine voice of lived experience (Slay & Penny, 2014)
- > There may also be wider strength-oriented benefits – tapping into existing community networks and peer support (Sutton, 2018).
- > It promotes equality and diversity in services (Begum, 2006; Aabe et al., 2019); enhancing relationships between practitioners and people with lived experience (Hannibal & Martikke, 2019).
- > It values frontline practitioner wisdom in service design (Gannon & Lawson, 2008).

While co-production is almost universally acknowledged as 'a good thing to do' in theory, this briefing identifies that there is less agreement as to *how* it can be achieved effectively in practice. It asks leaders and practitioners in adult social care to devolve power and accept risk. Co-production usually needs an investment of time, money and long-term commitment. Studies have also found that, sometimes, not *everyone's* voice is heard in co-production (Goulding, 2019). The evidence set out in this briefing suggests that achieving effective co-production requires a complex mix of flexibility, creativity, vision, and organisation from strategic leaders.

While this resource is primarily aimed at senior leaders and commissioners in adult social care (and it will also be of interest to senior leaders in health), it has important messages for practitioners and people with lived experience too.

What is co-production? The theory

I feel that I have a lot of experience, life experience, to help the commissioners and the higher up people so that they can learn from me and I'll be able to learn from them.

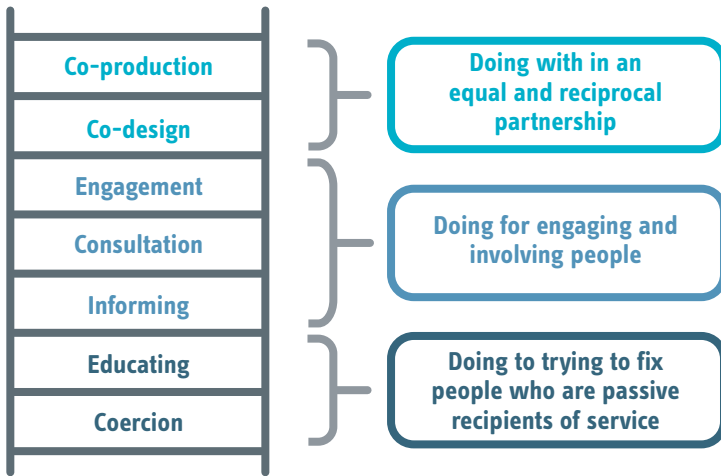
Karl, speaking about co-production on the [Suffolk Learning Disability Partnership website](http://www.suffolkordinarylives.co.uk/stories/karl-on-co-production).
www.suffolkordinarylives.co.uk/stories/karl-on-co-production

A clear way to define co-production is that **all involved in services have equal roles in creating and delivering those services**. It is the most far-reaching way in which people with lived experience are involved in the design and delivery of services, and goes beyond feedback and consultation. However, there are differences in the literature, debates about its definition, and some controversies.

Co-production can exist on several different levels, all of which can work in tandem. For instance, co-production at a systems level – co-producing policy, and unpacking structural disadvantage against the voice of lived experience – is harmonious with work to co-design and co-deliver support at a service level.

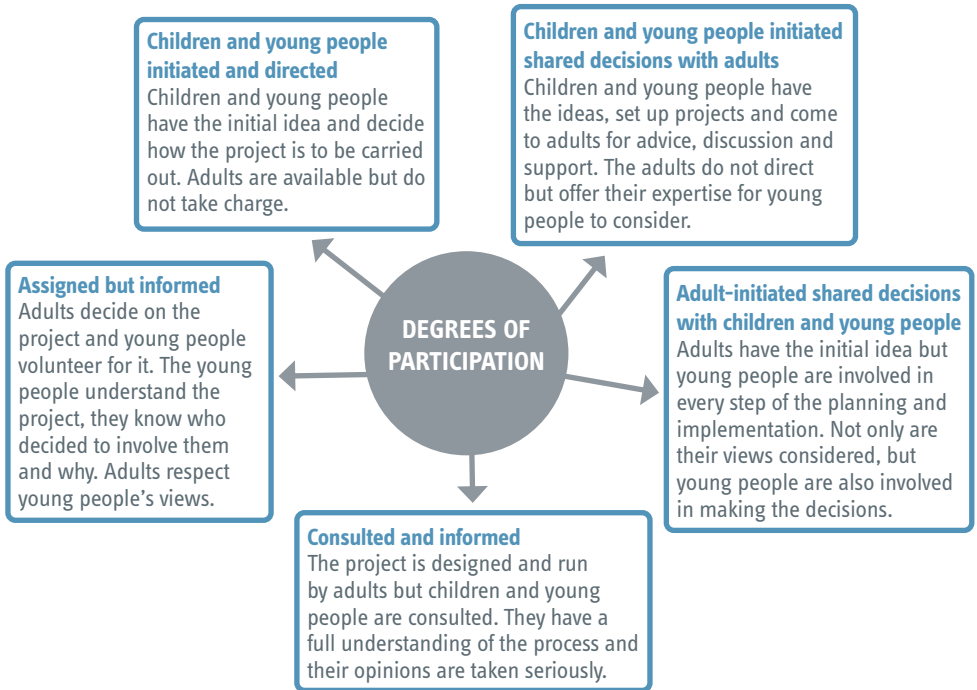
These are then underpinned by strengths-based work by practitioners in a direct partnership with people – for example, **co-producing a plan for care and support**. Flemig & Osborne (2019) argue that it is important organisations don't overlook this kind of 'everyday' co-production, which makes up the vast bulk of people's experiences.

At whatever level it occurs, co-production dismantles the traditional division between 'professional' and 'person with care and support needs'. It is often shown as a ladder. This demonstrates how co-production differs from other types of relationships between people and services (see following diagram).



Source: Adapted from Arnstein S, 1969, in Slay & Penny (2014).

However, the ladder on its own is not the full story of co-production (Rosen & Painter, 2019; Voorberg et al., 2015). Another way of looking at co-production is via the Wheel of Participation, developed by the Office of the Children’s Commissioner and based on the work of Treseder (1997). Using this wheel helps to identify how, and in what way, participation may occur. It also reflects that it is not always helpful to imply that one level of participation is better than another. Instead, the wheel acknowledges that participation can depend on the project itself and, in this case, how young people wish to engage with it (Office of the Children’s Commissioner, 2013).



Source: Adapted from 'Wheel of participation' in *Participation Strategy: Ensuring the voice of children and young people in the work of the Office of the Children's Commissioner* (Office of the Children's Commissioner, 2013)

Slay and Penny (2014) outlined **six principles to achieve co-production:**

1. **Recognising people as assets**
Treating people as equal and active partners in services, not as passive recipients.
2. **Building on people's existing capabilities**
Starting with people's strengths, rather than their needs.
3. **Mutuality and reciprocity**
Mutuality is when people do something together; reciprocity is when people are rewarded for their contributions (this doesn't have to be a financial reward). Taken together, mutuality and reciprocity mean that all involved in co-production are interdependent, and each has a valuable role in improving services and outcomes.
4. **Strengthening peer support networks**
Engaging existing networks to share knowledge and support change.
5. **Breaking down barriers**
Blurring and, ultimately, dissolving distinctions between professionals and community members, local people, people with lived experience, or similar.
6. **Facilitating rather than delivering**
Putting emphasis on professionals as catalysts of change rather than as deliverers of services (Slay and Penny, 2014; Stephens et al., 2008; Slay, 2012).

What is co-production? The practice

However, co-production as a concept and definition has been challenged. Bevir (2013) argues that co-production is often ‘attached to reified concepts, utopian rationales, or formal explanations’ – in other words, it can easily become divorced from the people-led approach it is designed to promote. The word itself has also been criticised by people with lived experience as ‘a jargon word that creates a barrier’ (Pieroudis et al., 2019).

There is no single way to ‘do’ co-production. Sometimes, organisations will be run along co-production principles yet not use the word; at other times the word will be used when the reality is different. It’s important that organisations don’t shy away from trying co-production for fear of failure – failing to reach the top of the ladder. This is because success can also be about the quality of the co-productive process, as well as the outcomes (Hannibal & Martikke, 2019). For instance, Weaver (2019), looking at co-production in prisons, found that although in this case the co-production initiative didn’t achieve service transformation, it did result in improved interactions between prisoners and staff, and improved democratic participation overall.

You are willing to change how you think because of how someone else sees things. This was the best part of co-producing. We came up with ideas together that none of us could have come up with on our own.

(Armstrong et al., 2019, in a study on how people with learning disabilities co-produced a toolkit for self-advocacy)

A first step to take is to understand what co-production means for local people with care and support needs, for the organisation, and for the wider local population. Co-production exists as part of a complex world of policy and practice, and this mediates what’s achievable in different contexts (Brown & Head, 2019). Working out how co-production might interact with what’s already available is important.

If co-production is not clearly and realistically defined there is a danger that its meaning is diluted, and its potential to transform services is reduced (SCIE, 2015; Norah Fry Centre, 2018), or even that it results in poorer outcomes (Crompton, 2019; Osborne et al., 2016).

Needham (2013) outlines **four issues to consider when embedding co-production in practice:**

1. Culture

Ensure that co-production runs through the culture of an organisation, is built on a shared understanding of what co-production is and operates within a culture of risk awareness rather than risk aversion. Senior leaders can also encourage practitioners to explicitly make links between co-production and strengths-based practice.

2. Structure

Involve everyone, value and reward people who take part in the process, build on existing structures and support mechanisms, and ensure adequate resources.

3. Practice

Ensure accessibility, equality, flexibility, wider community involvement and co-produced commissioning policies.

4. Review

Carry out regular (co-produced) reviews, use the findings to facilitate continuous learning and think about ways of showing the impact of co-production.

Practice example: Oxfordshire's Working Together

The important thing is to make a plan and give it a go, learn from your experience and use this learning to improve future practice!

Oxfordshire's Working Together partnership (co-)produced a handbook in 2019, bringing together two years' worth of their knowledge and experience of co-production in Oxfordshire. It includes insights on:

- > making a plan for co-production – including considering practicalities
- > managing meetings and sessions
- > tools for feedback and self-reflection
- > identifying and addressing barriers
- > accessibility and language.

One example in the handbook is how the **Older People's Strategy in Oxfordshire** was co-produced with nearly 600 people. Local people, people with care and support needs, carers, voluntary organisations and local councillors all gave their views via a survey and face-to-face events throughout the summer of 2018, leading to a strategy development day with over 40 people from different backgrounds in the autumn. The delivery plan of the strategy around these four priorities is now also being co-produced.

The handbook is available online:

www.oxfordshire.gov.uk/sites/default/files/file/about-council/CoproHandbook_Full.pdf

Co-production and strengths-based practice

Although strengths-based practice is often thought of as an individual relationship where people and practitioners work towards that person's own outcomes, co-production absolutely underpins it.

Edgar Cahn - a US civil rights lawyer and one of the thinkers who helped shape the modern understanding of co-production - explicitly linked co-production to asset-based working. He wrote of the idea of the 'core economy' (the non-monetised assets of family, neighbourhood, and community) and that services and systems should value it far more. Cahn saw co-production delivering benefits for both the provider, because services would improve, and people, because it would support stronger and more resilient communities (Stephens et al., 2008).

Senior leaders can explicitly link co-production with an organisation's strengths-based practice framework. In addition to making use of the natural harmony that exists between co-production and strengths-based practice, this has other advantages. Research has identified that some practitioners can struggle to understand how co-production differs from consultation (Flemig & Osborne, 2019); therefore, making the link between day-to-day strengths-based practice and co-production can increase understanding and buy-in (Boyle, 2014).

There is also a potential practical benefit for widening participation - for people with care and support needs, becoming involved in co-production can arise because of a strengths-based relationship with a trusted practitioner (Hannibal & Martikke, 2019).

Giving people who use services an equal opportunity to sit at the table to make decisions about their own lives is just fundamental. It means building up people's confidence and developing people's skills.

Sally Percival, Chair of TLAP

Think Local Act Personal has created a podcast on 'co-production and the art of conversation'. It links an equal footing in the practitioner-person relationship with the wider principles of co-production:

www.thinklocalactpersonal.org.uk/Latest/Podcast-Co-production-and-the-art-of-conversation

The legal and policy context

In developing and delivering preventative approaches to care and support, local authorities should ensure that individuals are not seen as passive recipients of support services, but are able to design care and support based around achievement of their goals. Local authorities should actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community.

Care and Support Statutory Guidance 2.20 (2020)

While there is no legal requirement for organisations to co-produce (Pieroudis et al., 2019), most recent health and social care legislation, strategies, guidance, and policies make reference either explicitly to co-production or to drawing on the strengths of people with lived experience to improve services.

Co-production, the *Care Act 2014*, the *Human Rights Act 1998*, and the *Equality Act 2010* complement one another. The *Care Act 2014* specifically includes the concept of co-production in its statutory guidance, citing it as a key method to implement the Act.

A human rights approach in adult social care ‘works with the entitlements we all have and that we share as members of society’ (Elliott, 2017). Since co-production respects and shares different forms of knowledge, it can support this wider rights-based way of working. Co-production should also bring in a wider range of lived experience voices, supporting a commitment to equality and diversity.

Co-production is also likely to support the *Public Services (Social Value Act) 2010*, requiring local authorities to ensure that the money spent on services creates the greatest economic, social and environmental value for local communities. For example, if a local authority commissions a co-produced mental health service, that service is more likely to support broader community-level outcomes, such as social inclusion of the people who co-produced that service.

Co-production: Its importance to people with lived experience

Practice example: Cambridge and Peterborough Clinical Commissioning Group (CCG)

When the CCG set up a new community-based 24/7 first response crisis mental health service, an early step was to set up a network that included people with lived experience to co-produce it. People could join in the way that best suited them. For example, the premises were always accessible for in-person events like meetings, workshops and forums, and were utilised to include people in co-production via emails, social media, a website, online polls, text messages and training videos. To ensure that people knew how valuable their work was, an hourly rate was paid. People also received a shopping gift card, free lunch, and training on ‘attending meetings’ and ‘confidence and assertiveness’.

The CCG reflected that:

Our work contributed to our local community's improvement: we noted a 19 per cent reduction in hospital admissions for mental health reasons, a 26 per cent reduction in mental health-related A&E visits, a reduction in A&E presentations for self-harm, and cost savings of around £4 million, as well as time savings that could be used for further commissioning and transformation initiatives.

National Collaborating Centre for Mental Health (2019)

It was the day I understood my son's autism that I started helping him and began on a journey to help him to have a voice. I saw Zak's progress and I also saw other members of my local community who were hiding their children, who were similar to Zak. I knew I needed to educate and empower my community and so I set up an organisation called Autism Independence.

(Aabe et al., 2019, in a study on how knowledge about autism was co-produced in a UK Somali community)

Research has identified a number of benefits for people who are directly involved in co-production. These include establishing supportive peer relationships and social networks, increasing self-esteem, and gaining knowledge of service delivery or alternative options (Needham, 2013; Boyle et al., 2006; Armstrong et al., 2019; Gannon & Lawson, 2008; Aabe et al., 2019). These positive impacts are underlined by Hannibal & Martikke (2019) who found that people's initial expectations of engaging in co-production initiatives were often superseded or exceeded by the actual benefit they experienced. Feelings of empowerment are strong themes across all the literature.

Co-production: Its importance to senior leaders

The positive effects of co-production may be different depending on the type of support needs people have. For instance, adults experiencing mental health difficulties may also feel less stigmatised (Slay & Stevens, 2013); some older people have reported benefitting from opportunities to increase their cultural awareness (Goulding, 2019); and adults with learning disabilities may increase their ability to self-advocate (Roberts et al., 2012; Armstrong et al., 2019).

Even if people choose not to be directly involved in co-production, it is still important for the collective benefit of all people with care and support needs and carers (Greenhalgh et al., 2016). In some cases, co-production has prompted an entire strengths-based rethink of services. Goulding (2019) cites an example where older people on a co-production team directed a programme away from 'preventing social isolation', shifting the focus instead towards age-friendly neighbourhoods.

For co-production to be successful, the novel aspect of accountability which is required is accountability downward [...] towards community members, rather than simply the more 'managerial' upward accountability to ministers and higher levels within the bureaucracy.

(Brown & Head, 2019)

While there is not currently a Knowledge and Skills Statement (KSS) for Practice Leaders in adult social care, the **capability statement for Principle Social Workers in adult social care** and the **KSS for Practice Leaders in child and families social work** refer to several areas that co-production affects:

- > leading and governing excellent practice
 - > creating a context for excellent practice
 - > designing a system to support effective practice
 - > quality assurance and improvement.
- (DfE, 2018; DHSC, 2019).

The Knowledge and Skills Statement for Social Workers in Adult Services (Department of Health, 2015) includes a section on person-centred practice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411957/KSS.pdf

Co-production can lead to new forms of knowledge, values and social relations emerging (Filipe, Renedo, & Marston, 2017) – all central to creative and effective senior leadership. Leading co-production can bring unique challenges and opportunities. It requires, but it can also develop, professional courage and a nimble approach.

Although a strong vision of senior leadership is needed (Pieroudis et al., 2019; Hannibal & Martikke, 2019), co-production involves shifts of power. Leadership through a hands-off approach, demonstrating trust and belief in people and practitioners to share their experiences in service design and delivery, may be most effective (Weaver, 2019; Flemig & Osborne, 2019). In particular, leading co-production may require a ‘leap of faith’, opening up decision-making beyond the usual stakeholders and accepting the risk of failure (Flemig & Osborne, 2019; Nembhard et al., 2009; Peters & Painter, 2010). Ideally it should involve leading by example and co-producing senior decision-making spaces and mechanisms (what gets decided and how) (Rosen & Painter, 2019).

While evaluating co-production is vital, the benefits of co-production can be difficult to measure (particularly in the short-term), be debatable in terms of direct cost-effectiveness (Bown, 2014; Needham, 2013) or appear small in terms of the usual outcomes and targets (Greenhalgh et al., 2016; Donetto et al., 2014; Hannibal & Martikke, 2019). Defining the overall success of co-production may involve measurements that are very different from established ways of evaluation and quality assurance.

This might include directly enabling the people involved in co-production, including practitioners, to talk of their positive experiences, and stressing any identified preventative effects arising from co-production.

Compassionate leadership is also necessary, since co-production can open up services to critique, and challenge practitioners’ emotional resilience (Molvale et al., 2019). Leadership is also needed to capture and share the learning from any co-production initiatives, so they can benefit the wider organisation (Osborne et al., 2016).

Practice example: Nothing about Disabled people without Disabled people, Hammersmith & Fulham

In many ways, this has been an easy report to write because it says what disabled people have been calling for over many years.

In December 2015 representatives of Hammersmith & Fulham Council established the Disabled People's Commission, working closely with disabled residents to make decisions about support and services. The **report** of the Disabled People's Commission, including a commitment to co-production, was accepted in full by Hammersmith & Fulham in 2017.

The report recommended a co-production hub - a place to organise co-production work across the borough. The hub will support developing co-production initiatives across council departments, and establish a central place for gaining support, dealing with issues, and obtaining expert information.

Prioritising disabled people's housing, the report also highlighted that the refurbishment of the town hall and surrounding area would be co-produced, ensuring it has the highest levels of inclusive design.

This culminated in local disabled people **co-producing a major new redevelopment scheme** in the borough during 2019. Jane Wilmot, one of the disabled residents who worked on the scheme, said that inclusivity for disabled people was raised at an early stage. This 'allowed robust solutions to be found early, as well as saving time and money for the developer'.

The report is available online:
www.lbhf.gov.uk/sites/default/files/section_attachments/hf-disabled-peoples-commission-final-accessible-report-june-2018.pdf

Co-production: Its importance to commissioners and service providers

Quality is a central issue to both commissioners and service providers – and the people who use that service offer the most meaningful feedback on whether a service is working or not (Yang & Northcott, 2019). Commissioning and procuring co-produced services should help achieve the long-term outcomes people want, while promoting wider social, environmental and economic value (Slay & Penny, 2014; Loeffler & Bovaird, 2019).

For service providers, as well as potentially improving the likelihood they would be commissioned, co-production has the potential to increase service capacity in the longer term. Bringing in people's expertise, time, skills and resources can contribute knowledge, reduce inefficiencies and encourage people to volunteer (Slay & Stephens, 2013; Hannibal & Martikke, 2019).

Co-commissioning – where people with care and support needs enter an equal partnership with commissioners – can help direct resources to services that better meet community needs (Slay & Penny, 2014). However, so far, it has been slow to develop and the research suggests greater flexibility in the commissioning cycle is needed to address this (Loeffler & Bovaird, 2019).

Think Local Act Personal has several resources and tools to support co-production in commissioning and market-shaping:

www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool

Co-production: Its importance to practitioners

Staff commented surprisingly often that, because they were in dialogue with service users, they felt less 'alone'.

(Hannibal & Martikke, 2019)

Co-production is about equality - the voice of lived experience and practice wisdom *both* count. Practitioners are essential to co-production, and there is strong support in the sector for it - 87 per cent of those working in social care either positively, strongly or completely agree that it would be better to work for services designed and delivered with those who would use them (SCIE, 2019a).

Practitioners believe that co-production enhances their professional practice - particularly through increasing confidence, supporting relationship-based skills, and encouraging critical thinking around other people's viewpoints (Hannibal & Martikke, 2019).

Practitioners and people with care and support needs do not have to have the same motivations for co-production. However, it is important that everyone feels valued and has an equal say (Weaver, 2019). The values underpinning co-production, such as empowerment, are strongly aligned with wider social work and occupational therapy values and ethics, and relationship-based practice enhances the process of co-production for people with care and support needs (Gannon & Lawson, 2008; Baun, 2014).

Senior leaders can support practitioners in the co-production process not only through creating collegiate conditions for co-production, but also through setting expectations and frameworks. As Hannibal & Martikke (2019) found in their study of co-production in Greater Manchester: 'boundaries were also set to ensure that the purpose and outcomes of the co-production activities were clear. [...] This stressed that the co-production activities were not 'free rein' and that certain parameters were set and adhered to. The business decision as to whether certain events would be viable was always included in the process'.

The challenges

I believe the only way of properly addressing the rights of any group of people is to make ourselves inclusive and address all the diversity within our movement.

Nasa Begum, quoted in Turner (2012)

Despite some positive evidence and a general willingness in principle to involve people in the design and delivery of services, growth in co-production has been slow (Mulvale et al., 2019; Sutton, 2018; SCIE, 2019a). Research has highlighted a number of challenges to co-production in practice:

> Ensuring diversity

It's critical not to assume that all people will want the same type of project, so diversity in co-production is essential. Research consistently identifies that co-production is not achieving this: whether it's the under-representation of people from minority ethnic communities (Goulding, 2019; de Andrade, 2016); younger adults (Bovairdet et al., 2015); people with limited transport links (Needham, 2013); or people on a low income (Gannon & Lawson, 2008; Faulkner et al., 2015). At worst, a lack of diversity can even mean that one group of people protect their own interests, which may be to the detriment of others (Hannibal & Martikke, 2019; Loeffler & Bovaird, 2019).

> Availability of sustainable resources

Co-production can be resource and time-intensive, especially at the beginning, and there may be additional

costs associated with travel, expenses and accessibility (Evans et al., 2011; Pieroudis et al., 2019).

Organisations may be reluctant to invest scarce funding – particularly following austerity – in what's still seen as a creative and unpredictable approach (Buddery, Parsfield, & Shafique, 2016). Another challenge is that funding for co-production can be inflexible or temporary (or both), and sometimes the costs of co-production can occur in one service area, while benefits occur in another (Boyle et al., 2010).

> Achieving true accessibility

People with care and support needs often have fluctuating health, social and economic circumstances – and these can affect people's ability to co-produce (Mulvale et al., 2019). Ensuring accessibility, and building confidence to participate, should be addressed explicitly. Understanding people's personal barriers to co-designing services, and working together to address these, can support more consistent engagement.

Accessibility in co-production relates to far more than physical space – it is also about communication, language, culture, sensitivity to people's physical and mental health needs, and the norms of 'how things are done' (Ramsden, 2010; Mulvale, 2019). The potential 'hands on' contributions of people are often overlooked, because of a culture of formal meetings (Mulvale, 2019), which can occur at times convenient for practitioners but not people or carers (Pieroudis et al., 2019).

Rather than [people with care and support needs] coming to a venue that had been identified by the professional staff, providers had to meet [people] on their home turf.

(Hannibal & Martikke, 2019)

> **Culture and risk aversion**

If people with care and support needs are fearful of any consequences from sharing their opinion (such as having a service or funding withdrawn), or feel they bear sole responsibility for the failure of co-production (Rolfe, 2018), co-production is unlikely happen (Pieroudis et al., 2019). It is really important that a culture of trust, openness and power-sharing is created so people can be honest about what is working well, and what is not.

The literature is clear that this is not easy. Dynamics of professional protectionism can be difficult to unpack (Roper et al., 2018); and people with care and support needs may not be used to having their opinion heard. Boyle and Harris (2009) found that co-production didn't often happen naturally because of this. Practitioners and managers might resist giving up their power, particularly in risk-averse cultures.

There needs to be an acknowledgement that unpredictability is a part of co-production, because a central point is that organisations do not solely control the process. Embracing this unpredictability can be linked with wider strengths-based approaches that sees the right to take a risk as a human right and considers the benefits risk-taking can bring (Duffy & Sutton, 2018; Flemig & Osborne, 2019).

> **The evidence base**

Sharing knowledge on co-production has traditionally been a challenge (Bergerum, 2019), although more organisations are now publishing their work online (as shown in the case studies). However, much of the research evidence comes from qualitative studies that examine process rather than outcomes (Voorberg et al., 2015) and, although co-research initiatives are increasing, academic voices are still prioritised.

Approaches that work

The challenges to co-production may seem daunting. However, if there is the will (and a plan) to identify, address and review barriers, and use the strengths of all involved in the co-production process, co-production can thrive – achieving real person-centred transformation.

Here are some approaches - suggested by research, practice and people's experience - that can provide a firm foundation for success:

- > **Reflect seriously on power**
People can feel vulnerable and uncomfortable if they do not feel their experiences are valued as much as the professional viewpoint. In one example, people experiencing mental health difficulties felt that the recovery model, which they valued, was seen as less valid than the medical model of mental health valued by the practitioners (Mulvale, 2019). Even using phrases like 'invite to meetings' can suggest people with care and support needs are guests, rather than equal partners. Reflecting on power, which may take on a different character in different service areas, and dismantling any subtle status symbols, is a key to success (Hannibal & Martikke, 2019).

Effective facilitation is also central to managing issues of status, hierarchy and power. This goes beyond ensuring people have a say; it might include giving

extra time to understand expert perspectives and technical data, or gradually building confidence that expertise by experience is valued equally to academic or professional perspectives (Crompton, 2019).

Research has also found that, almost unconsciously, professionals in co-production can slide back into subtle power relationships – for instance, by holding additional meetings 'backstage' between themselves (Crompton, 2019; Clarke et al., 2019). It's important to be alert to this, and challenge it. As Armstrong et al. (2019) point out: 'the team notice if someone is dominating and point it out. People are side by side. No-one is at the top, and no-one is in the centre'.

- > **A pro-active approach to diversity**
While it's tempting to work with a group of people who are enthusiastic and pro-active about co-production, the evidence suggests this may not be representative. It might also be damaging, as positions of privilege (particularly white privilege) may be unthinkingly reproduced (Rose & Kalathil, 2019). It is significant to note that there is a lack of recent research around Black, Asian and Minority Ethnic people and co-production. How can a range of voices be captured?

The history of Black, Asian and Minority Ethnic people is rich in ground-breaking direct action and self-help. [...] The language used might have focused on self-help, community action and community development, yet the principles of participation, of people with direct experience getting involved and leading initiatives was very much at the heart of what was happening.

(Begum, 2006)

Ensuring diversity is an area of co-production that research suggests needs trust and an active professional steer (Goulding, 2019). Reach out to community settings (Slay & Penny, 2014) and partner with activist groups (Begum, 2006) – practitioners may be particularly good at this, rather than senior management (Gannon & Lawson, 2008).

Wildman et al. (2019), looking at co-produced asset-based work in a rural context, found that extensive local consultation – beyond usual surveys and focus groups, consciously seeking out people who may never have been consulted – was a foundation of success.

> **Beyond accessibility**

Concepts like ‘strength-based practice’ and ‘co-production’ come from the adult social care world and don’t use people’s own language. Ensure all co-producers agree how to describe the initiative.

Be creative and think beyond meetings to more informal settings – and make sure people are asked for their ideas (Pieroudis et al., 2019). There is some evidence that holding events outdoors, in public spaces such as parks, might increase attendance and widen participation (Buddery et al., 2016).

Transport has been identified as a key barrier (Ogrin et al., 2020; Needham, 2013). Different care and support needs will require specific support in terms of communication and physical space – for example, people living with dementia may need specific tools to ensure their views are not misrepresented (Sharif et al., 2012).

Practice example: Age Better in Sheffield

Age Better Sheffield's team joined in baking and craft sessions and got their hands dirty on allotments to build trust with residents when co-designing their loneliness toolkits. Their manager said, "It's so important for us to get out there and have those conversations."

(Woodall et al, 2019)

> **Link with strengths-based practice and risk enablement**

Unlocking people's strengths and assets is easiest to achieve when it aligns with people's existing priorities and they can see direct benefit. Using people's strengths involves accepting a level of risk and trusting people's own decision-making – and co-production is no different.

Research has identified that 'giving something back' is a powerful motivator for co-production (Weaver, 2019; Poland et al., 2019). Remember the concepts of 'mutuality and reciprocity' and consider what specific benefits people might see – whether subtle, such as increased confidence, or more tangible, like payment for example.

If an organisation pays people for their involvement in co-production, it's important to check this will not affect any state benefits they may receive.

SCIE (2019b) has produced a guide on the rules around this:

www.scie.org.uk/files/co-production/supporting/aag50/ataglance50.pdf

Appreciative Inquiry (AI) is a particular model based on the idea that in every society, organisation, family or group, something works (at least some of the time) (Hammond, 1998). It can form a key part of a strength-based approach in an organisation because it rebalances questioning from deficits and problems towards assets and strengths. AI can be used in co-production to find out what works well, in order to continue and build on successes (Seebohm et al., 2010).

North East Lincolnshire implemented the AI model and embedded evidence-informed approaches in the design, delivery and evaluation of their services. **Their report can be viewed here:**

www.local.gov.uk/sites/default/files/documents/north-east-lincolnshire-p-b50.pdf

Facilitate positive relationships

Relationships are the heart of successful co-production, and supportive peer groups may naturally emerge from co-production – although it's important not to assume this will happen. Constructive emotional encounters in co-production contribute to individual positive outcomes and the success of co-production overall (Clarke et al., 2019). Close relationships that emerge through co-production can mean that an organisation has more access to the experiences of people naturally in the future. People involved in co-production say they have more understanding of how practitioners experience constraints and pressure in their work (Hannibal & Martikke, 2019) – this might grow trust and support future relationship-based practice.

Small groups seem to work best (Ogrin et al., 2020; Clarke et al., 2019) – although you should be mindful of diversity issues. Ensure everyone in the group feels valued. This can be done in small but important ways – for example, if someone misses a session, contact them and encourage them to come to the next one (Slay & Penny, 2014); provide refreshments before a session, allowing people to come early and get to know one another (Clarke et al., 2019).

It is also important to remember that most people with care and support needs, and most practitioners, will not be directly involved in co-production. Co-production should not inadvertently create new hierarchies (Weaver, 2019), so ensure everyone is kept informed and feels included in the process.

> Provide vision, clarity and commitment

Visible and consistent senior management commitment really makes a difference (Hannibal & Martikke, 2019; Bererum, 2019), and protection of funding is needed (Mulvale, 2019; Flemig & Osborne, 2019). If practitioners are without this senior steer, they are less likely to value the process (Gheduzzi et al., 2019).

The research may suggest a 'hands off' approach is best, but **senior leaders can still support co-production in many direct and indirect ways – for example, they can:**

- > co-produce a vision statement
- > drive recruitment processes to be co-produced
- > include co-production in organisational policies
- > enable (co-produced) training to all staff on co-production and strength-based principles (Pieroudis et al., 2019)
- > stress that co-production is an equal relationship between practitioners and people, with practice wisdom essential to it (SCIE, 2015).

Support peer and co-produced research

Co-production can be underpinned by peer research, or research that's run along the lines of co-production - where people with care and support needs are in an equal relationship with academics. This is in line with the [NICE Guidelines](#) on using people's views to improve services, which states (at 1.6.2) that 'all research into the views of people using care and support and their carers should be co-produced at all stages'. When accessing the evidence base, consider whether the research you're using has been co-produced. This will usually be stated in the abstract or introduction.

More locally, by training people in research methods, they can become peer researchers. Barbato et al. (2014) found that when people experiencing mental health difficulties delivered a questionnaire to their peers, offered assistance if required, and collected the questionnaire, there was a very low refusal rate (of 12 per cent). Doran (2018) trained older people in survey planning and conducting research, and enabled them to take the role of interviewers.

The older people were able to access interviews and viewpoints that the academic researchers admitted they would have been unable to do themselves. This 'opening the door' effect was also the case in co-research into self-advocacy for people with learning disabilities (Armstrong et al., 2019). However, practitioners should be mindful that peer researchers who interview people might hear intense personal accounts that cause emotional anxiety - and ensure there is support for this (Poland, 2019).

At times my dual roles as researcher and community worker conflicted, creating tension for me. I knew that some participants were not revealing the full extent of their difficulties. I had to contain my personal feelings at times to make sure that the interviews reflected a range of views. [But] the positive response to the research showed me the power of research in giving more of a voice and raising awareness about autism in our community.

(Aabe et al., 2019, in a study on how knowledge about autism was co-produced in a UK Somali community)

> **Be patient!**

Results may take longer to develop than they would in non-co-produced settings - as relationships build, power is shared and outcomes are negotiated. People with learning disabilities have specifically highlighted a fast pace as a barrier to involvement (Pieroudis et al., 2019). Because co-production can be time-consuming, and to work best should not be rushed, it is less suitable for short-term or urgent pieces of work (Evans et al., 2011; Hannibal & Martikke, 2019).

Co-production can be thought of as an evolving goal, with stops and starts along the way, rather than as a specific end state that gets 'done'. It's only through patience that trust develops, and co-production thrives.

Case study: Greater Manchester's Ambition for Ageing

Places across the UK have committed to being age-friendly, linked to the World Health Organization's [Age-Friendly Cities and Communities](#) (AFCC). However, older people aren't always involved in the planning, decision-making and implementation of AFCC initiatives. In addition, the research base of these initiatives was often *about* older people, rather than actually *including* older people. This might mean that, while older people's views were collected in research, older people didn't often feed into designing the questions they would be asked.

This study involved 18 local older people in Manchester as co-researchers alongside academic authors. The older people were part of initial focus groups to consider the aims of the study and discuss their own experiences. They then conducted 68 interviews between them, purposefully speaking to other older people who were experiencing social exclusion, isolation, poverty, health issues or restricted mobility. Finally, these findings were shared and further discussed at an 'age-friendly marquee' for other local older people to contribute.

The co-researchers have formed their own permanent group. This suggests the research activity in itself has had a positive effect on these older people's lives.

(Doran & Buffel, 2018)

Read more about Greater Manchester's Ambition for Ageing here:

www.ambitionforageing.org.uk

Key messages

- > Co-production is at the heart of social care values and ethics. It supports the empowerment, autonomy, choice and control of people with care and support needs and carers.
- > Co-production can be very rewarding and result in real change, but it is likely to be a long-term investment. It may be helpful to consider it as a process rather than an event.
- > Strength-based frameworks and co-production work together and support one another.
- > Sharing power and being alert to issues of accessibility, diversity and positive relationships make a key difference.
- > Senior leaders are essential to providing vision and commitment in co-production, but may need to take a 'hands off' approach and trust people and practitioners to lead the process.



Questions for reflection

- > What do people with lived experience that use our organisation understand by 'co-production' and 'strengths-based practice'? How about practitioners?
- > How are the direct experiences of people with care and support needs and carers currently integrated in our organisation? Are we in the right place on the ladder (see page 5) at the right time?
- > Do we consistently and meaningfully reflect on what power means in our organisation? How might our power feel to people with care and support needs?
- > Do co-production groups (and other forums that support people's involvement in the design and delivery of services) fully represent our diverse communities? Are there subtle ways in which privilege is reproduced in these groups?
- > Is our commissioning process co-produced? Do we routinely commission co-produced services?
- > Is dedicated and stable funding available to support co-production?
- > Have we asset-mapped our local area? How might we engage these groups in the design and delivery of services?
- > Do we creatively think about accessibility and inclusion issues, and identify hidden barriers?

References

- Aabe, N., Fox, F., Rai, D., & Redwood, S. (2019). Inside, outside and in-between: The process and impact of co-producing knowledge about autism in a UK Somali community. *Health Expectations* 22(4), 752-760.
<https://doi.org/10.1111/hex.12939>
- Armstrong, A. Cansdale, M., Collis, A.R., Collis, B.E., Rice, S. & Walmsley, J. (2019). What makes a good self-advocacy project? The added value of co-production. *Disability and Society* 34 (7-8), 1289-1311.
<https://doi.org/10.1080/09687599.2019.1613960>
- Arnstein, S. (1969). A Ladder Of Citizen Participation. *Journal of the American Planning Association* 35(4), 216-224.
<http://dx.doi.org/10.1080/01944366908977225>
- Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of Epidemiology and Community Health* 60(10), 854-857.
<https://doi.org/10.1136/jech.2004.028662>
- Begum, N. (2006). *Doing it for themselves: Participation and black and minority ethnic service users*. London: SCIE.
- Bergerum, C., Thor, J., Josefsson, K. & Wolmesjo, M. (2019). How might patient involvement in healthcare quality improvement efforts work - a realist literature review. *Health Expectations* 22(5), 952-964.
<https://doi.org/10.1111/hex.12900>
- Bevir, M. (2013). *A Theory Of Governance*. Berkeley: University of California Press.
- Boswell, J., Settle, C., & Dugdale, A. (2015). Who speaks, and in what voice? The challenge of engaging 'the public' in health policy decision-making. *Public Management Review* 17(9), 1358-1374.
<https://doi.org/10.1080/14719037.2014.943269>
- Bovaird, T., Flemig, S., Loeffler, E. & Osborne, S. (2017). Debate: Co-production of public services and outcomes. *Public Money & Management* 37(5), 363-4.
<https://doi.org/10.1080/09540962.2017.1294866>
- Bovaird, T., Stoker, G., Jones, T., Loeffler, E., & Pinilla Roncancio, M. (2016). Activating collective co-production of public services: Influencing citizens to participate in complex governance mechanisms in the UK. *International Review of Administrative Sciences* 82(1), 47-68.
<https://doi.org/10.1177/0020852314566009>
- Bown, H., (2014). *Co-production involving and led by older people*. Bath: NDTi.
- Boyle, D. & Harris, M. (2009) *The Challenge of Co-Production*. London: New Economics Foundation.
- Brown, P. & Head, B. (2019). Navigating tensions in co production: A missing link in leadership for public value. *Public Administration* 97(2), 250-263.
<https://doi.org/10.1111/padm.12394>

- Buddery, P., Parsfield, M., & Shafique, A. (2016). *Changing the narrative: A new conversation between the citizen and the state*. Manchester: The Staff College.
- Bussu, S. & Tullia Galanti, S. (2018). Facilitating coproduction: The role of leadership in coproduction initiatives in the UK. *Policy & Society* 37(3), 347-367.
<https://doi.org/10.1080/14494035.2018.1414355>
- Castan Broto, V., & Neves Alves, S. (2018). Intersectionality challenges for the co-production of urban services: Notes for a theoretical and methodological agenda. *Environment and Urbanization* 30(2), 367-386.
<https://doi.org/10.1177/0956247818790208>
- Clarke, J., Waring, J., & Timmons, S. (2019). The challenge of inclusive co-production: The importance of situated rituals and emotional inclusivity in the co-production of health research projects. *Social Policy and Administration* 53(2), 233-248.
<https://doi.org/10.1111/spol.12459>
- Coutts, P. (2019). *The many shades of co-produced evidence*. Dunfermline: Carnegie UK Trust.
- Crompton, A. (2019). Inside co production: Stakeholder meaning and situated practice. *Social Policy and Administration* 53(2), 219-232.
<https://doi.org/10.1111/spol.12466>
- Crompton, A., Waring, J., Roe, B., & O'Connor, R. (2018). Are we all on the same page? A qualitative study of the facilitation challenges associated with the implementation of deliberative priority-setting. *Public Management Review* 20 (11), 1623-1642.
<https://doi.org/10.1080/14719037.2017.1417463>
- de Andrade, M. (2016). Tackling health inequalities through asset-based approaches, co-production and empowerment: Ticking consultation boxes or meaningful engagement with diverse, disadvantaged communities? *Journal of Poverty and Social Justice* 24(1), 127-141.
<https://doi.org/10.1332/175982716X14650295704650>
- Dean, R.J. (2017). Beyond radicalism and resignation: The competing logics for public participation in policy decisions. *Policy & Politics* 45(2), 213-230.
<https://doi.org/10.1332/030557316X14531466517034>
- Department for Education (2018). *Knowledge and Skills Statement for Practice Leaders*. London: Department for Education.
- Department of Health (2015). *Knowledge and Skills Statement for Social Workers in Adult Services*. London: Department of Health.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411957/KSS.pdf

Department of Health and Social Care (2019). *Knowledge and Skills Statement for Principle Social Workers*. London: Department of Health and Social Care.

Doberstein, C. (2016). Designing collaborative governance decision-making in search of a 'collaborative advantage'. *Public Management Review* 18(6), 819-841. <https://doi.org/10.1080/14719037.2015.1045019>

Donetto S., Tsianakas, V. and Robert, G. (2014). *Using experience-based co-design (EBCD) to improve the quality of healthcare: Mapping where we are now and establishing future directions*. London: King's College.

Doran, P. & Buffel, T. (2018). Translating Research into Action: Involving older people in co-producing knowledge about age-friendly neighbourhood interventions. *Working With Older People* 22(1), 39-47. <https://doi.org/10.1108/WWOP-11-2017-0033>

El Enany, N., Currie, G. and Lockett, A. (2013). A paradox in healthcare service development: Professionalization of service users. *Social Science & Medicine* 80, 24-30. <https://doi.org/10.1016/j.socscimed.2013.01.004>

Faulkner, A., Yiannoullou, S., Kalathil, J., Crepaz-Keay, D., Singer, F., James, N., Griffiths, R., Perry, E., Forde, D. & Kallevik, J. (2015). *Involvement for Influence: 4Pi National Involvement Standards*. London: National Survivor User Network.

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

Flemig, S. & Osborne, S. (2019). The dynamics of co-production in the context of social care personalisation: Testing theory and practice in a Scottish context. *Journal of Social Policy* 48(4), 671-697. <https://doi.org/10.1017/S0047279418000776>

Gannon, Z. & Lawson, N. (2008). *Co-production: The Modernisation of Public Services by Staff and Users*. London: Compass.

Getha-Taylor, H., Holmes, M.H., Jacobson, W.S., Morse, R.S., & Sowa, J.E. (2011). Focusing the public leadership lens: Research propositions and questions in the Minnowbrook tradition. *Journal of Public Administration Research and Theory* 21, i83-i97. <https://doi.org/10.1093/jopart/muq069>

Gheduzzi, E., Masella, C., & Segato, F. (2019). Implementing co-production in mental health organizations. *Journal of Mental Health Training Education and Practice* 14(6), 480-492.

<https://doi.org/10.1108/JMHTEP-01-2019-0008>

Goulding, A. (2019). In what ways can an age-friendly approach to co-production transfer power to participants? Translating ideology into practice. *Voluntary Sector Review* 10(3), 291-310.

<https://doi.org/10.1332/204080519X15738068873573>

Greenhalgh, T., Hinton, L., Finlay, T., Macfarlane, A., Fahy, N., Clyde, B., Chant, A. (2019). Frameworks for supporting patient and public involvement in research: Systematic review and co design pilot. *Health Expectations* 22(4), 785-801.

<https://doi.org/10.1111/hex.12888>

Greenhalgh, T., Jackson, C., Shaw, S., & Janamian, T. (2016). Achieving research impact through co-creation in community-based health services: Literature review and case study. *The Milbank Quarterly* 94(2), 392-429.

<https://doi.org/10.1111/1468-0009.12197>

Hannibal, C. & Martikke, S. (2019). *Critical success factors for co-production in VCSE organisations*. Manchester: Greater Manchester Centre for Voluntary Organisations.

Loeffler, E. & Bovaird, T. (2019). Co-commissioning of public services and outcomes in the UK: Bringing co-production into the strategic commissioning cycle. *Public Money And Management* 39(4), 241-252.

<https://doi.org/10.1080/09540962.2019.1592905>

MacDermott, D. & Harkin-MacDermott, C. (2020). Co-producing a shared stories narrative model for social work education with experts by experience. *Practice: Social Work in Action* 32(2), 89-108.

<https://doi.org/10.1080/09503153.2019.1704235>

McLaughlin, H. (2009). What's in a name: 'client', 'patient', 'customer', 'consumer', 'expert by experience', 'service user' – What's Next? *British Journal of Social Work* 39(6), 1101-1117.

<https://doi.org/10.1093/bjsw/bcm155>

Miller, C., & Stirling, S. (2004). *Co-production in children's services*. London: Office of Public Management.

Mulvale, G., Moll, S., Miatello, A., Robert, G., Larkin, M., Palmer, V., Powell, A., Gable, C. & Girling, M. (2019). Codesigning health and other public services with vulnerable and disadvantaged populations: Insights from an international collaboration. *Health Expectations* 22(3), 284-297.

<https://doi.org/10.1111/hex.12864>

National Collaborating Centre for Mental Health (2019). *Working Well Together: Evidence and Tools to Enable Co-Production in Mental Health Commissioning*. London: National Collaborating Centre for Mental Health.

Needham, C., (2013). *Co-production in social care. What it is and how to do it*. London: SCIE.

Nembhard, I. M., Alexander, J. A., Hoff, T. J., & Ramanujam, R. (2009). Why does the quality of health care continue to lag? Insights from management research. *Academy of Management Perspectives* 23(1), 24-42.

<https://doi.org/10.5465/AMP.2009.37008001>

Norah Fry Centre (2018). *Getting Things Changed: Final Report*. Bristol: Norah Fry Centre/University of Bristol.

Office of the Children's Commissioner (2013). *Participation strategy: Ensuring the voice of children and young people in the work of the Office of the Children's Commissioner*. London: Office of the Children's Commissioner.

https://dera.ioe.ac.uk/17915/1/FINAL_PARTICIPATION_STRATEGY_Children_and_Young_People_s_Voice_2013-2014.pdf

Ogrin, R., Dickins, M., Johnstone, G., Mortimer, D., Iezzi, A., & Lowthian, J. (2019). Co-creation of services to maintain independence and optimise wellbeing: Learnings from Australia's Older Women Living Alone (OWLA) Project. *Health & Social Care in the Community*.
<https://doi.org/10.1111/hsc.12882>

Osborne, S.P., Radnor, Z., & Strokosch, K. (2016). Co-production and the co-creation of value in public services: A suitable case for treatment? *Public Management Review* 18(5), 639-653.

<https://doi.org/10.1080/14719037.2015.111927>

Peters, B.G., & Painter, M. (2010). Conclusion: Administrative traditions in an era of administrative change. In Painter M. & Peters B.G. (eds.) *Tradition and public administration* (234-237). London: Palgrave Macmillan.

Poland, F., Charlesworth, G., Leung, P., & Birt, L. (2019). Embedding patient and public involvement: Managing tacit and explicit expectations. *Health Expectations* 22(6), 1231-1239.

Rolfe, S. (2018). Governance and governmentality in community participation: The shifting sands of power, responsibility and risk. *Social Policy & Society* 17(4), 579-598.

<https://doi.org/10.1017/S1474746417000410>

Roper, C., Grey, F., & Cadogan, E. (2018). *Co-Production: Putting Principles into Practice in Mental Health Contexts*. Melbourne: Victoria State Government.

Rose, D. & Kalathil, J. (2019). Power, privilege and knowledge: The untenable promise of co-production in mental "health". *Frontiers in Sociology*, 16 July 2019.

<https://doi.org/10.3389/fsoc.2019.00057>

Rosen, J. & Painter, G. (2019). From Citizen Control to Co-Production: Moving Beyond a Linear Conception of Citizen Participation. *Journal of the American Planning Association*. 85.3, 335-47.
DOI: 10.1080/01944363.2019.1618727

SCIE (2015). *Co-production in social care: What it is and how to do it – At a glance*. London: SCIE.

SCIE (2019a). *Attitudes towards co-production*. London: SCIE.

SCIE (2019b). *Paying people who receive benefits - Co-production and participation*. London: SCIE.

Slay, J. & Penny, J. (2014). *Commissioning for Outcomes and Co-Production: A Practical Guide for Local Authorities*. London: New Economics Foundation

Sutton, J. (2018). *Asset-based work with communities: Leaders' Briefing*. Dartington: Research in Practice for Adults.

Treseder, P. (1997). *Empowering children and young people: Training Manual*. London: Save the Children.

Tritter, J.Q., & McCallum, A. (2006). The snakes and ladders of user involvement: Moving beyond Arnstein. *Health Policy* 76(2), 156-168.
<https://doi.org/10.1016/j.healthpol.2005.05.008>

Turner, M. (2012). The contribution of Nasa Begum to the disabled people's movement and social care field. *Ethnicity And Inequalities in Health and Social Care* 5(2), 38-42.
<https://doi.org/10.1108/17570981211286778>

Voorberg, W., Bekkers, V. & Tummers, L., (2015). A Systematic Review of Co-Creation and Co-Production: Embarking on the social innovation journey. *Public Management Review* 17(9), 1333-1357.
<https://doi.org/10.1080/14719037.2014.930505>

Weaver, B. (2019). Co-production, governance and practice: The dynamics and effects of User Voice Prison Councils. *Social Policy and Administration* 53(2), 249-264.
<https://doi.org/10.1111/spol.12442>

Woodall, J., Davison, E., Parnaby, J. & Hall, A-M. (2019). *A Meeting of Minds: How co-production benefits people, professionals and organisations*. London: Community Fund.

Yang, C. & Northcott, D. (2019). Together we measure: Improving public service outcomes via the co-production of performance measurement. *Public Money and Management* 39(4), 253-261.
<https://doi.org/10.1080/09540962.2019.1592906>

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