

Your Journey Towards Implementation Readiness

# Module 2: Engagement, Involvement & Co-Production



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# Module 2: Engagement, Involvement & Co-Production

## Introduction

Engagement, involvement and co-production can lead to significant benefits for everyone concerned with research, including researchers, their institutions, and the many different stakeholder groups in society. Involving, engaging and co-producing with an array of people will benefit our studies in many ways, including:

- Improving research quality.
- Increasing the responsiveness of research to societal needs.
- Fresh insights into research and new questions being raised.
- Increasing transparency and accountability.
- Improving the visibility of the research.
- Greater impact!

Various people and organisations will want to take part in our research and have a say in things that affect them. However, many of those who do, or can, support research often go unrecognised. The aim of this module is to assist you to identify who you want to work with in your research and define what their roles will be in terms of helping to implement the study.

Completing this module will help you to:

- Clearly understand the range of people you want to work with to implement your study.
- Ensure outcomes that matter most to stakeholders are identified and prioritised.
- Engage and involve key stakeholders in the design and delivery of your study.
- Ensure patients and the public participate in the governance and leadership of your study so that decisions promote and protect the public interest.
- Co-produce the study with an appropriate number and diversity of stakeholders, including patients and members of the public, ensuring they take part in all aspects and all stages of the research.

# Planning your Implementation Journey

Name	
Email address	

This module is designed to assist you to build capacity to prepare for implementation in your particular settings. It is not intended to be prescriptive as there is no one size fits all that will guarantee the success of your study. Instead, it is intended to help you reflect on what is happening during the different stages of your implementation journey, and support you to consider your options and make informed choices.

## Signposts

To make this module easier to use, we have added several signposts that indicate what activities are required to engage and involve people in your research and co-produce your study. There are also signposts to where you can find additional information, advice or guidance.

### Required Information

This indicates the basic information that you will need to complete the module. It is not an exhaustive coverage of the subject matter but will help to give you a grounding in the basics.

### Planning for Impact

This specifies the actions you and your study team need to undertake to effectively engage and involve people in your research and co-produce your study.

### Reflecting on Your Progress

This asks you to pause and think about what you have achieved so far, where you want to go next and how to progress your plans further.

### Checklists

To help you ensure that you have taken the necessary steps to complete this stage of your implementation journey.

### Experiences of Effective Practice

The findings from successful regional, national and international studies are provided as examples of effective practice.

### Additional Information

This suggests links to further reading or resources that may help you on your implementation journey.

# Engagement, Involvement and Co-Production

Broadly speaking, the main purpose behind our research is either to advance knowledge for the good of society or particular groups within it, to improve health and social care generally, or to find better ways to treat and prevent disease. In all these cases we are undertaking research in the interests of people. These people can be thought of as stakeholders in our research. They are the 'problem owners' of the issues and difficulties that our evidence-based research responds to. Including them as key members of our study teams will lead to interventions being developed and implemented more successfully, which will ultimately benefit patients.

Whether research findings lead to changes in practice or policy is heavily dependent on stakeholders contributing throughout the research process. Involving stakeholders in NIHR ARC EM funded research is mandatory, as it is an important pathway to working towards implementation readiness and achieving impact. How each study team operationalises their stakeholder engagement approach, should however, be bespoke. Engagement, involvement and co-production activities are primarily concerned with the ways in which stakeholders can positively influence our research.

One way we can start to think about this is the idea of Mode 1 and Mode 2 research. Mode 1 is primarily investigator led, it is normally uni-disciplinary. It is all about how we can develop generalizable laws, principles and models, which we can publish in scholarly journals. On the other hand, Mode 2 is more problem focused, inter-disciplinary and rather than thinking about generalizable laws or principles and models, it's about actual solutions, and making things different.

## Stakeholders - Who will the Research Affect?

Stakeholders generally have been defined as those who are targeted by an intervention or policy, involved in its development or delivery, or more broadly those whose personal or professional interests are affected, i.e. those who have a stake in the topic. This includes patients and members of the public and those linked in a professional capacity<sup>1</sup>. Thus, the major stakeholders in the local health and care system will usually include patients, care providers and commissioners, charities, local government organisations, industry, universities, etc. Gaining the trust and support of relevant stakeholders will be critical to the success of any study. An important means of gaining support is to ensure that stakeholders can contribute towards the design and development of the research. This is particularly true if they can affect, or be affected by, its outcomes.

More specifically within the ARC context, a stakeholder can be thought of as either an individual, group or organisation who are impacted by the outcome of a study, and as such, have a vested interest in the success of the study. Stakeholders can be known to ARC research teams already, or can be newly identified. These might be existing community or patient groups, or you might need or want to set up your own specific group that is solely focused on your research study and its journey towards implementation.

### Societal Stakeholders

Patients and the public are likely to be one of the most important stakeholder groups for your project. You have probably already identified your patient and public involvement and engagement (PPIE) colleagues. It is important to think about how you will work with them and other societal stakeholders from the outset of a study. It is acknowledged that there is some overlap between PPIE and stakeholder engagement, involvement and co-production. However, working with stakeholders goes beyond PPIE, to include multi-stakeholders as appropriate to the aims of your research.

INVOLVE defines public involvement in research as:

**Research being carried out 'with' or 'by' members of the public.**

**Rather than 'to', 'about' or 'for' them.**

Within the context of health and care research, the term 'public' can include patients, potential patients, carers and people who use health and social care services, as well as people from organisations that represent those who use services. Within this context, a vital distinction is made between the perspectives of the public and the perspectives of people who have a professional role in health and social care services.

For more information please see the UK Standards for Public Involvement in Research website: <https://sites.google.com/nihr.ac.uk/pi-standards/home>

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1. Craig, Peter, et al. *Developing and evaluating complex interventions: the new Medical Research Council guidance*. BMJ 2008;337:a1655

## Stakeholder Analysis

Stakeholder analysis (also called stakeholder mapping) will help to determine who the key stakeholders for a study are and who needs to be involved in making the necessary change happen to achieve its goals. Undertaking a stakeholder analysis collectively as a study team can help to:

- Create a shared understanding of the key people who can contribute towards your success.
- Provide a foundation for your communications and relationship management strategies.
- Identify potential risks associated with key stakeholders not being heard.
- Prioritise stakeholders so that the appropriate amounts of resources can be assigned to engagement, involvement and co-production activities.

A starting point for a stakeholder analysis can be to consider who might be interested in a study and who research findings will have an impact upon. The 9 Cs matrix on page 7 can help to conceptualise this and indicate which stakeholder groups to prioritise.

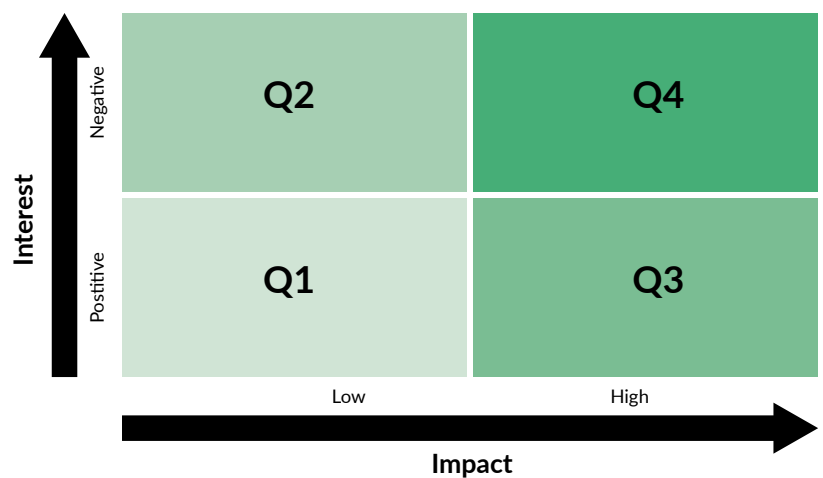
### Stakeholder Interest/Impact Matrix

Within this matrix, stakeholders' levels of interest in a study and its impact upon them can be visualised as differing between individuals, groups or organisations, in which:

**Level of Interest** = how much a stakeholder cares about the outcomes of a study.

**Level of Impact** = the degree to which a stakeholder will be affected by a study.

It is important to whether stakeholders are the beneficiaries of the research, or whether there will be any potential negative consequences for them?



As can be seen from the figure above, those in quintile one Q1 will have little interest in the study and would not be impacted upon significantly by its findings. Although those in Q2 may be interested in the work we are doing, it will have minimal impact upon them. Those in Q3 are perhaps the category of stakeholders who need the most careful consideration. While they could potentially benefit from the work that is being conducted and can contribute towards its implementation, they are disengaged from the research (working through Module 6: Understanding the Implementation Context may help you to decide how best to connect with these stakeholders). People and organisations categorised into Q4 will probably be the most valuable contributors to the research, especially during the early stages of your study, as they are both interested in the research and it can have a high level of impact for them.

## Step One - Thinking about who your Stakeholders are

For the purposes of this module, we can conceptualise stakeholders as those who are fundamentally involved in the health and care system and who would be noticeably affected by the findings of our research. Hence, stakeholders can be thought of as the various people who have a stake in our studies. This will include any individuals, groups, organisations or professional bodies that have an interest in the research we are doing.

Stakeholder analysis is frequently one of the first steps in the implementation journey. This is because doing it at the start of a study can help avoid the type of conflict and delays that can be caused by inadvertently failing to involve key people. Stakeholder engagement and involvement is a crucial component of getting research into practice, through what are known as “linkage and exchange” mechanisms.

By conducting stakeholder engagement and involvement, ARC research teams will be ensuring that they are linking research (new knowledge) to action (decision-making). “Linkage and exchange” initiatives actively aim to bring research findings and decision-making closer together by emphasising interpersonal connections (interactions). Specifically, linkage and exchange strategies involve initiatives that seek to (1) promote research use in decision contexts, and (2) encourage research that generates evidence that is of use to decision-makers”. Linkage and exchange mechanisms are about dialogue. It is about actually thinking about what the different stakeholders want and need, and recognising that as a researcher you are often balancing interests. So one group of stakeholders will want x and one will want y, and your job is to find a balance/way forward.

As a study team you should consider who you want to participate in the design, conduct and dissemination of your research at an early stage of the process. The NHS Institute for Innovation and Improvement have produced a list of the ‘9 Cs’<sup>2</sup> to help ensure that we include all relevant stakeholders. These categories are a useful guide for initial thinking about stakeholder engagement, involvement and co-production.

### The 9 Cs

<b>Commissioners</b>	Those who pay the organisation to do things.
<b>Customers</b>	Those who acquire and use the organisation’s products.
<b>Collaborators</b>	Those with whom the organisation works to develop and deliver products.
<b>Contributors</b>	Those from whom the organisation acquires content for products.
<b>Channels</b>	Those who provide the organisation with a route to a market or customer.
<b>Commentators</b>	Those whose opinions of the organisation are heard by customers and others.
<b>Consumers</b>	Those who are served by our customers: i.e. patients, families, users.
<b>Champions</b>	Those who believe in and will actively promote the study.
<b>Competitors</b>	Those working in the same area who offer similar or alternative services.

Hence, this can be a really useful framework for thinking about who your stakeholders might be in these different domains.

You may want to think about which patient groups, hospital trusts, commissioners, charities, community leaders, local government organisations, industrial partners etc. within your networks are most important to the successful implementation of your study, and how they fit within these nine categories.

Jointly undertaking the tasks outlined on the next page may help you and your team to begin collectively thinking about your stakeholder analysis.

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2. Institute for Innovation and Improvement. [The Handbook of Quality and Service Improvement Tools](#).

## Activity A: Stakeholder Analysis and the 9 Cs

### Task 1

Provide all members of your team with the list of the 9 Cs and their definitions. Ask them to individually determine, from their perspective, all key stakeholders for the study and which of the 9 Cs categories they fall within.

**It may be useful to also consider:**

- Who are the problem owners?
- Who does the problem affect?
- Who is telling us what the problems are?
- Who is defining the research questions?
- Who are the stakeholders we should work with?
- Who do we want to make an impact with?

### Task 2

Compile all the individual lists of 9 Cs into the table below (removing any duplicates).

Request that Key Stakeholder Analysis is placed on the agenda for the next gathering of all relevant members of your study team (this could happen at one of your scheduled team meetings, for instance).

At this stage you do not need to name individuals, just stakeholder types or groups. The exercise is about knowing who your key stakeholders are, to help you to start building capacity and support by engaging, involving and co-producing with individuals and groups who share your goals.

### Signposts to further reading/guidance

These tools from [NHS England](#) can help you to identify everyone who needs to be involved in a study.



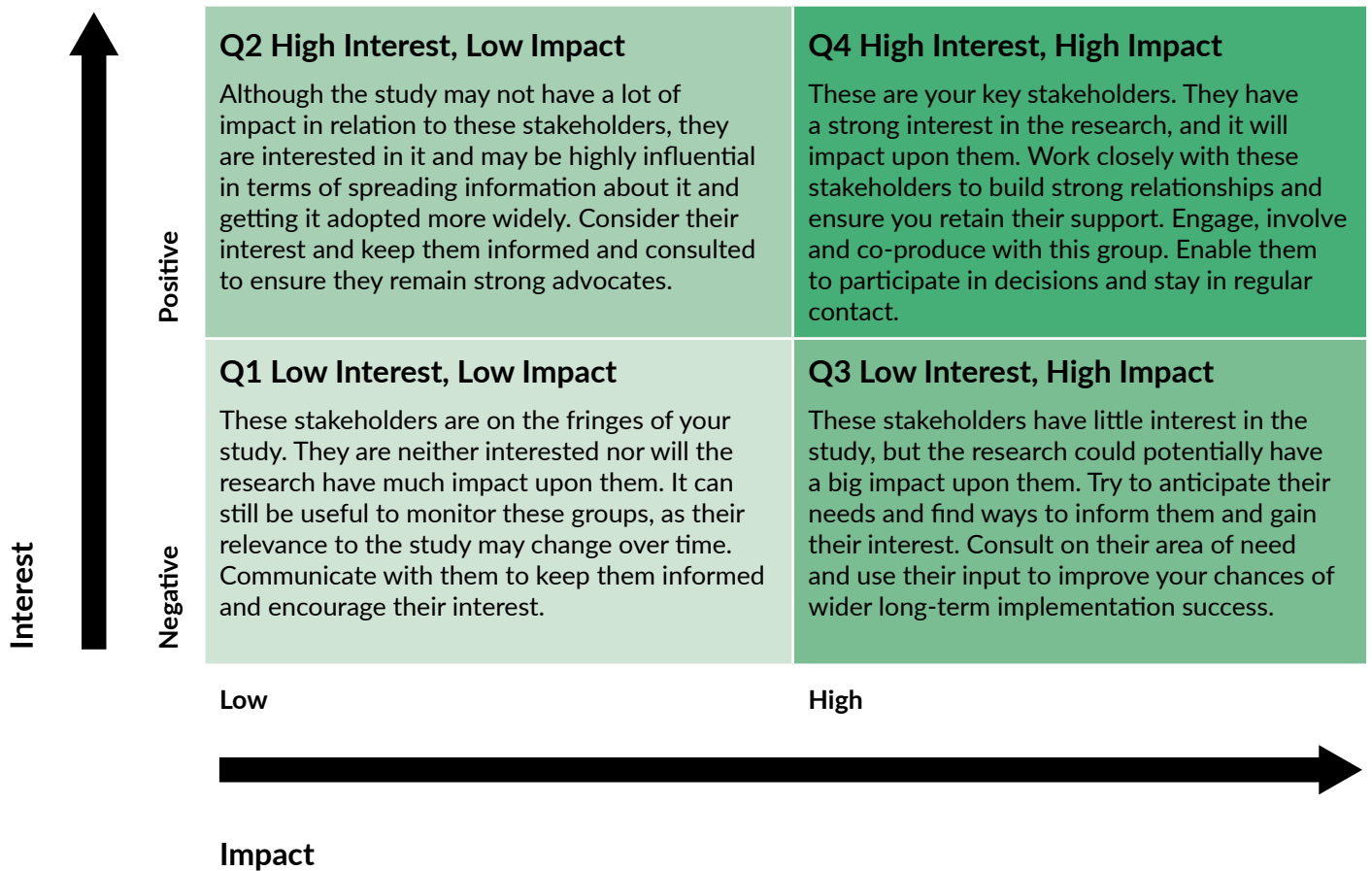
## The 9Cs

<p><b>Commissioners</b></p> <p>Those who pay the organisation to do things.</p>	<p><b>Customers</b></p> <p>Those who acquire and use the organisation's products.</p>	<p><b>Collaborators</b></p> <p>Those with whom the organisation works to develop and deliver products.</p>
<p><b>Contributors</b></p> <p>Those from whom the organisation acquires content for products.</p>	<p><b>Channels</b></p> <p>Those who provide the organisation with a route to a market or customer.</p>	<p><b>Commentators</b></p> <p>Those whose opinions of the organisation are heard by customers and others.</p>
<p><b>Consumers</b></p> <p>Those who are served by our customers: i.e. patients, families, users.</p>	<p><b>Champions</b></p> <p>Those who believe in and will actively promote the study.</p>	<p><b>Competitors</b></p> <p>Those working in the same area who offer similar or alternative services.</p>

### Task 3

Now that you have collectively drawn up a list of all potential stakeholders, you can reflect upon their Interest/Impact relationship with your study. In general, the more important the stakeholder is to the success of the project, the more time and resources you need to devote to maintaining their involvement and commitment.

#### Stakeholder Interest/Impact Categories



You can use the above to analyse your stakeholders. In this framework you can have those who have lots of influence and are really interested and who support what you are doing. The idea is often that you keep them close, building relationships with them. On the opposite side, you have got people who really don't care what you're doing and who have very little influence on it. You might monitor them, however, because actually over time they might become interested in what you are doing. So you should not just ignore them, consider keeping them on the backburner, so that you can work with them at a later date.

At your study meeting, you can collectively begin completing an initial [Key Stakeholder Analysis Matrix](#) using the aggregated list of 9 Cs and reflecting upon the stakeholder interest/impact categories to facilitate this.

The stakeholder analysis matrix should be used to identify:

1. **Stakeholder:** the different individuals and groups you want to involve in your study.
2. **Stakeholder interests:** the issues that are important to specific stakeholders/groups.
3. **Assessment of impact:** how the research will impact on specific stakeholders/groups.
4. **Communication strategies:** how you will make and maintain contact with stakeholders.

## Initial Key Stakeholder Analysis Matrix

Stakeholder	Stakeholder Interests	Assessment of Impact	Communication Strategies

It would be useful to keep revisiting the Stakeholder Analysis Matrix at team meetings throughout your study. As the research progresses you will think of more people and organisations to work with. You can use the table on the next page to add to your original stakeholder analysis and record your last review date.

## On-Going Key Stakeholder Analysis Matrix

Stakeholder	Stakeholder Interests	Assessment of Impact	Communication Strategies
Last Stakeholder Review Date:			

## Questioning Your Stakeholder Analysis

If your study is designed to benefit patients, have you talked to patients or carers to see what they think? If the change brought about by your study means significant changes for patients and the public, they may well be able suggest other ways to make a positive difference. Have you thought about how you will include seldom heard voices or groups in your research?

Identifying stakeholders is not a one-off activity, rather it is an ongoing process. You need to keep considering who your stakeholders are, who you want to work with and their importance to the success of the study. These will probably vary depending upon the stage of the study you are at. For instance, during the early stages of your research you may feel it is vitally important to consult with those who have lived experience of the problem you are trying to solve. At a later stage, you may want to work more closely with medical professionals and practitioners to establish the best way of getting your intervention established into clinical practice.

Some people will inevitably be working closely with you on your study, while others may not be working with you but will be directly, or indirectly, affected by it. There will also be others who will have an interest in what you are doing, although at this stage you may not know who all these people or groups are. There are different ways you can think about who your stakeholders are. You can look back at past studies you've done, and consider who was important then. Are they still important now? You can use a snowball approach where you might ask your immediate study partners who is influencing them.

It is important to consider:

### **How creative are you being with your stakeholder analysis?**

It's better to include too many than miss out people who will be important to you.

### **Are you talking to as many people as possible about your proposal to avoid thinking in silos?**

A colleague might know people or can contact stakeholders through their network.

### **Are you keeping up to date records of your stakeholders?**

As your study progresses you may well develop a long list of individual stakeholders, such as all the members of a professional body. In such instances, it would be advantageous to create a database to record specific details. Is someone responsible for maintaining your stakeholder list? Does the whole study team know who this is, so they can make recommendations for adding to it?

### **Does your stakeholder analysis ensure outcomes that matter most to patients and the public are identified and prioritised?**

Are you considering seldom heard people or groups?

## Signposts to further reading/guidance

A wealth of resources exist to support working the patient and public, prominent examples include: INVOLVE guidelines, the Public Involvement Impact Assessment Framework.

## Differentiating Engagement, Participation, Involvement and Co-Production in Research

Now that you have developed an understanding of who your stakeholders are, you can continue to develop your plans concerning the influence they will have on your study and how they can contribute towards its success. Engaging, participating, involving and co-producing can take many different forms, with the terms often being used interchangeably. However, it can be helpful to think about these activities as different ways that stakeholders can influence and contribute towards research. In the following section we will begin to define the terms to refer to different activities in relation to our studies.

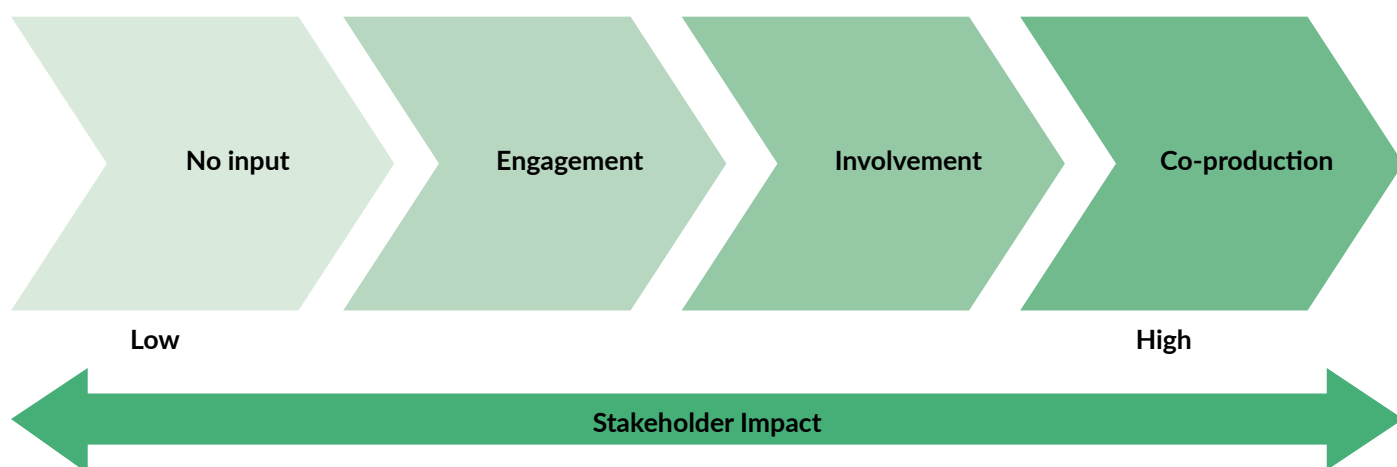
Engagement, participation, involvement and co-production collectively refer to the diverse ways in which a stakeholder 'community' is connected with different aspects of a study. This can be at multiple levels, ranging from being told about a project or being consulted about a plan or stakeholder needs, right the way through to decision making and agenda-setting.

**Engagement** takes place when information and knowledge about research is provided and disseminated. Examples of engagement can include such things as disseminating the findings of a study to research participants, colleagues or members of the public. It can include such things as raising awareness of research through presentations, social media, newspapers or journal articles.

**Participation** occurs when people take part in a research study. This can include such things as being recruited to a clinical trial or other research study as a participant. It also extends to such activities as completing questionnaires or participating in a focus group as part of a study.

**Involvement** refers to people and organisations being actively involved in a study and in research organisations. It includes such things as identifying research priorities, or stakeholders becoming members of a studies' advisory or steering group. Involvement is a two-way process with the aim of creating mutual benefits between stakeholders and researchers, and ultimately enhancing the quality and impact of research. The main goal is to consult and listen to different views, which can better inform researchers about stakeholders views and concerns. It also presents an opportunity to hear fresh perspectives and insights that will support the development and implementation of a study.

**Co-production** is an approach that places citizens at the centre of public service design and production<sup>3</sup>. Coproduction means ensuring the effective participation of those who use health and care services, carers and communities, in equal partnership. It is a way of day-to-day working that is far-reaching, engaging stakeholder groups in all stages of developing the innovation, at many levels<sup>4</sup>, for example, co-commissioning of services, co-design of services, co-delivery of services, and co-assessment of services. The following figure gives an overview of the different ways stakeholder communities can be connected with different aspects of a study.



### Stakeholder contribution spectrum

As can be seen from the figure above, stakeholder contributions can be conceptualised as being on a spectrum from having no input at all, through to contributing as equal partners with researchers. You may want to work with different stakeholder groups in different ways. For instance, in relation to the 9Cs you may decide that some will be collaborators (those you will work with to develop the study), others can be channels (such as those who can provide access to participants) while some people could be champions (those who believe in and will actively promote the study).

It is essential to have an appropriate and meaningful way of involving the relevant stakeholders to help develop, produce, and implement evidence that makes a difference. It is unlikely there's one size fits all strategy for this. It is about tailoring it to the implementation context.

**Golden Rules – Stakeholder Relationships are not Static**

**Working with stakeholders is about managing relationships, partnerships and collaborations. It is about thinking how you can work with different people and groups to accelerate the impact of your research.**

3. Ostrom, E. (1996). Crossing the great divide: Coproduction, synergy, and development. *World Development*. Volume 24, Issue 6, June 1996, Pages 1073-108.

4. Batalden, M. et al. (2016). Coproduction of healthcare service. *BMJ Quality and Safety*. Volume 25, Issue 7.

## Step Two – Engagement and Involvement Strategies

### Engaging with Stakeholders

In the section we will begin considering who you want to engage with and involve within the research process.

As a team, consider the stakeholder groups you want to engage with, i.e. those you want to tell about your research.

It may be useful to refer back to your Key Stakeholder Matrices.

You may want to fill in the table on page 16 to inform your engagement strategy.

It will be important to consider:

1. **Name/Organisation:** Which stakeholder groups are you going to contact? Which people and organisations are most important?
2. **Information Required:** What information is relevant to particular stakeholders? A general overview of the study, technical information about the study, details of outputs and products?
3. **Contact Method:** How will you contact certain stakeholders and groups? You may need a different communication strategy for different stakeholder groups or organisations. What methods will you use: meetings, email or social media? Who is responsible for engaging/maintaining engagement with stakeholders? For example: study team members/the communication team within your organisation/those within your networks/other stakeholders?
4. **Frequency:** How often will you engage with stakeholders? How frequently you will contact different stakeholder groups, i.e. at fixed intervals or at key stages of your study?

## The Engagement with Your Study

Name/Organisation	Information Required	Contact Method	Frequency



## Involving Stakeholders

It is important to involve people who can support the implementation of your study.

People who can:

1. Help to bring together a range of different organisations, actors and knowledge required to foster successful innovation.
2. Transfer innovations that evidence suggests are useful or impactful from one location to another.
3. Strengthen the use of research results in health and care practice by supporting the application of innovative ideas, approaches and methods.

As a team, define how you will involve key stakeholders. It may be helpful to look at your Key Stakeholder Matrices.

It is important to think about why you want to involve people and who you want to involve before deciding how you are going to do it. Preferably, involvement should be planned in parallel with the design of the research activity. The goal is to prioritise those whose involvement will enhance the quality or impact of the research.

Filling in the table on page 18 can help you to start planning which stakeholders you want to involve in your study and their potential role in its implementation. It may be helpful to consider the 9 C below.

<b>Commissioners</b>	Those who pay the organisation to do things.
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## Involvement with Your Study

Stakeholder/Groups?	Role within Study Implementation?


## Golden Rules – Getting Feedback

Your research may well have an impact upon stakeholders. When you engage or involve them in your research ensure you are listening to their feedback so that this can help guide your future actions.

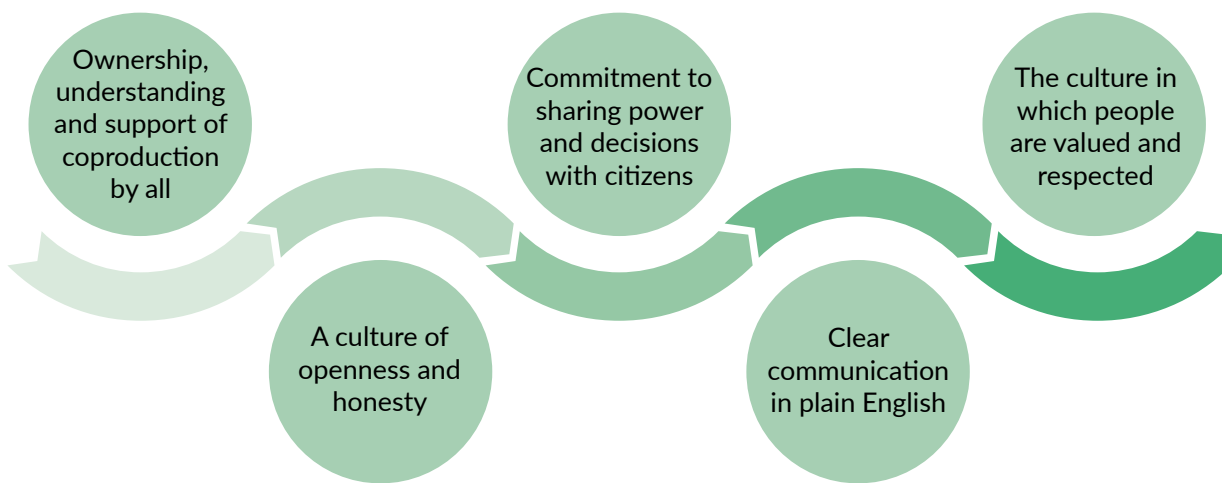
### Co-Production of Research with Stakeholders

When co-producing research, a strong working relationship should be developed through direct and regular contact between relevant individuals and communities and those managing the intervention/innovation. Co-production means people with lived experience have an equal status with practitioners to shape key decisions, with all contributors feeling satisfied that they are able to make a significant impact towards achieving the aims of the innovation. NHS England and C4PC<sup>5</sup> have authored a useful model for co-production, which you may want to refer to. The model sets out five values and seven key ingredients to help make co-production a reality.

### Signposts to further reading/guidance

Further information about NHS England and C4PC<sup>5</sup> co-production model can be found here: [A Co-production Model](#)

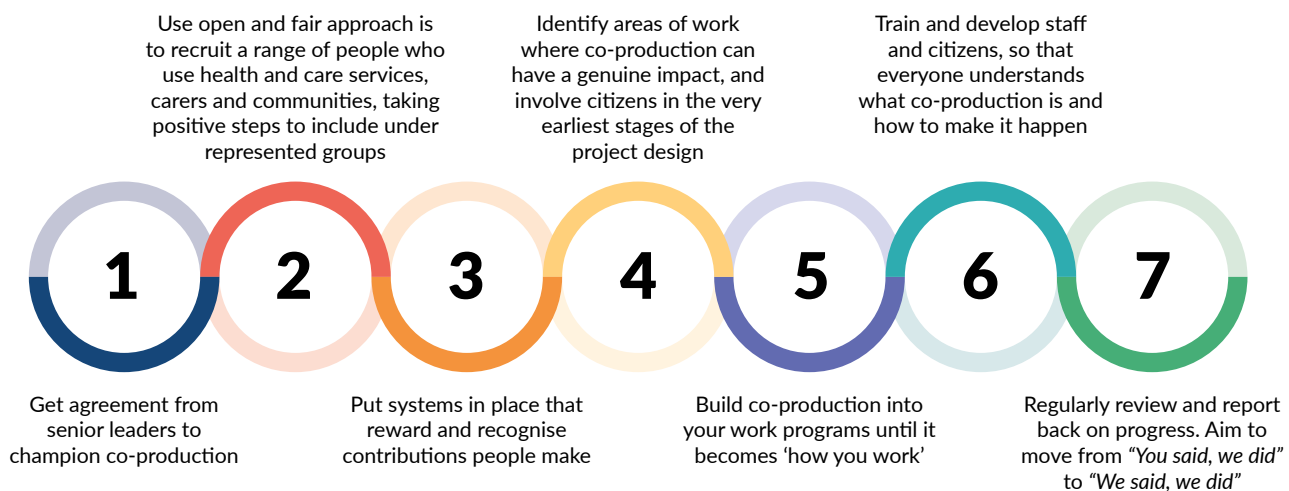
## Values and Behaviours for Successful Co-Production



For co-production to become part of the way we work, the following values need to become part of normal culture behaviours:

## How to Co-produce?

Seven key ingredients to make co-production happen:



5. NHS England and C4PC

## Step Three – Designing Your Co-Production Strategy

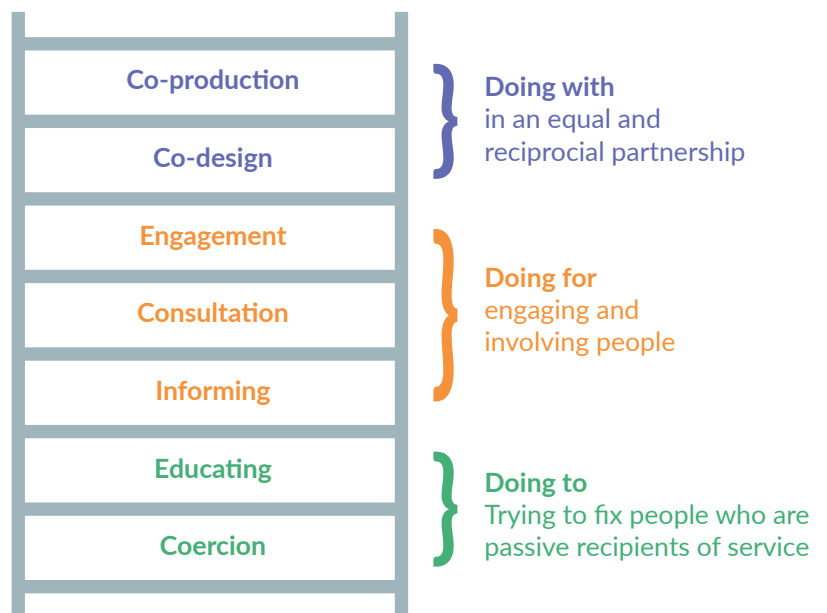
Co-production occurs when individuals are involved as an equal partner in designing and supporting a study. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care.

Changes in practice are more likely to happen in response to research if there is confidence in the findings and the process of reaching those findings. Co-production of research and related implementation readiness activities ensures that research is carried out 'with' and not 'on' stakeholder communities, and value is placed on the experiential knowledge of those closest to the problem being examined. It is this evidence that leads to a richer understanding of the context(s) into which the intervention(s) will be used, and what ultimately helps them get into practice.

Working collaboratively and following the principles of co-production requires:

- Recognising people as assets, and equal partners in the design and delivery of the research and implementation readiness activities, rather than as passive beneficiaries of them.
- Building on people's capabilities, recognising and utilising each person's strengths, abilities and assets to meet the goal of producing impactful research that is ready for implementation.
- Developing reciprocal relationships.
- Working in a co-produced way means building peer support networks (which we refer to below as networks of practice), and using these groups to help you test out ideas, or ask for solutions to challenges you might face throughout the research and its implementation.
- Blurring boundaries between those delivering and receiving health/social care services.
- Facilitating, working with one another to enable things to happen (such as delivering impact and research that is implementation ready).

Think Local Act Personal (TLAP)<sup>6</sup> note that with the increasing use and profile of the word "co-production", there is also an increasing misuse. They suggest that in order to understand what co-production is, it is important to understand what it is not, and suggest the ladder to the left as a useful way of making these important distinctions.



### Signposts to further reading/ guidance

Further information about the coercion to co-production spectrum can be found here: [thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-makes-co-production-different](http://thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-makes-co-production-different)

### Activity B: Collectively Developing your Co-Production Strategy

#### Task

You should define how you will co-produce your research with stakeholders as a team. Filling in the fields in the table page 21 can help you to begin this process. It will be useful to share your co-production strategy with those you hope to co-produce your study with to get their advice and input.

6. Think Local Act Personal – [What makes co-production different?](#)

## Involvement with Your Study

### Point 1

Who will be co-ordinating and championing your co-production strategy?

### Point 2

How are you going to recruit a range of people who use relevant health and care services? How are you including seldom heard voices?

### Point 3

What systems do you have in place to reward and recognise the contributions stakeholders make?

### Point 4

How will you monitor that co-production is having a genuine impact on your research?

How will you involve stakeholders in all stages of the research?

**Point 5**

In what way is co-production built into your study so that it is 'how you work'?

**Point 6**

How are you going to train and develop staff and stakeholders, so that everyone understands what co-production is and how to make it happen?

**Point 7**

Review and record of progress. What have you done to move your co-production strategy forward?

## Questioning Your Engagement, Involvement and Co-Production Plans

Terms such as 'Involvement' are often used interchangeably with 'participation' or 'engagement' (we all do it). However, within the context of your study it is important to differentiate between the different ways you are working with stakeholders.

Looking beyond idealised descriptions of co-production, research shows that "meaningful" co-production can be difficult to realise in practice. Common problems include recruiting representative stakeholders<sup>7</sup>, facilitating communication and deliberation<sup>8</sup> and ensuring stakeholders are supported to make meaningful contributions to the process<sup>9</sup>.

Important points to consider include, are you:

- Valuing all contributions and building and sustaining mutually respectful and productive relationships.
- Able to offer support and learning that builds confidence and skills for public involvement.
- Running your ideas past patients and public groups so that they can contribute to your study's success.

### Golden Rules – Co-Production with Stakeholders

Co-production is about collaboration with others as equal partners, whereby researchers and stakeholders work together on particular study or help to define the direction of research or the implementation of research outcomes.

This means it is important to value all contributions and to build and sustain mutually respectful and productive relationships.

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7. Fung, Archon (2006). 'Varieties of participation in complex governance', *Public Administration Review*, 66 (S1), 66–75.
  8. Berner, M., Amos, J. and Morse, R. (2011) What Constitutes Effective Citizen Participation in Local Government? Views from City Stakeholders. *Public Administration Quarterly* 35(1):128-163.
  9. Doberstein, C. (2016). Designing Collaborative Governance Decision-Making in Search of A 'Collaborative Advantage'. *Public Management Review*. Volume 18, Issue 6.



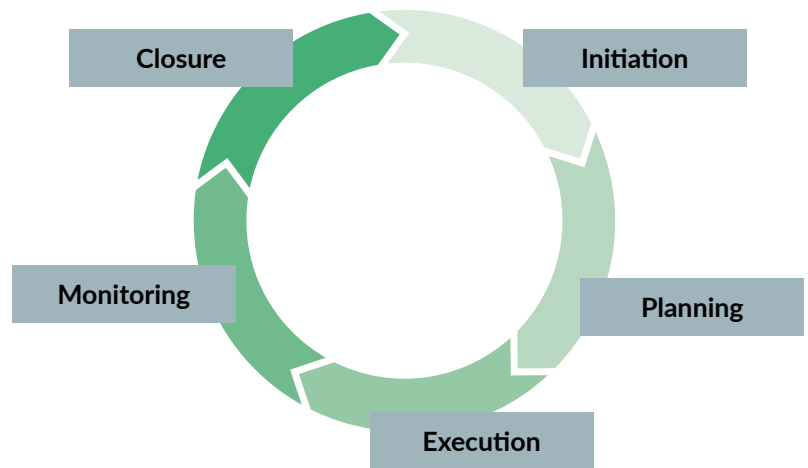
## Step Four – Planning to Work with Stakeholders

Study teams have one overarching shared goal of carrying out the work of the study for the purpose of meeting its aims and objectives. In order to achieve this, every study will have a beginning, a middle phase (during which activities move the study toward completion) and an ending (that will also involve preparation for wider implementation). Including the perspectives of societal stakeholders such as patients, carers, service users and members of the public in the development of a study, is essential from the beginning of and throughout a study. It is also important to consider the viewpoints of other stakeholders who can help you to implement the research, including all relevant managers, professionals and commissioners etc. This means that a variety of stakeholders should be included at every stage of research, from developing a proposal through to evaluation, dissemination and wider implementation. However, you might need different people involved in different stages of the research process.

You can have stakeholders who are internal to your study, or directly involved, or people who are much more peripheral at certain stages of the study. This can be an important distinction, as it will reveal stakeholders centrality to achieving specific aims and objectives. This means you will have to work with them in slightly different ways. Below are the five classic stages of a study's lifecycle<sup>10</sup>. Using insights from your stakeholder analysis, reflect on how you will be working with stakeholders and partners at each stage of your study's lifecycle.

### Study Life Cycle

In the following table describe your approach to working with the different stakeholders you have already identified in terms of engagement, involvement and co-production. State why this approach is appropriate at each stage of the research. Consider how you will include the perspectives of people who use the research or the evidence you produce, also, the funders, the regulators, steering groups and people who contribute to what you are doing, influence what you are doing, or influence others with what you produce. Give details of your strategy for working with stakeholders, for example, how you will provide training and other support for them?



Study Stage	How you will be working with Stakeholders?
Initiation	

10. PMI (2018). Project Management Institute, available from <https://www.pmi.org/>

<b>Planning</b>	
<b>Execution</b>	
<b>Monitoring</b>	
<b>Closure</b>	

## **Reviewing Original Objectives and Progress**

It is important to revisit your engagement, involvement and co-production strategies regularly! You can do this by repeating steps 3 and 5, and it may be beneficial to do this in line with the project schedule you will prepare as part of Module 3: Planning for Impact.

### **Setting Potential Review Dates**

It is a good idea to set review dates to re-examine engagement, involvement & co-production strategies at regular intervals to ensure you are meeting your objectives and progressing as scheduled.

You may find it useful to set review dates that precede your study's Biannual Progress Reports, so that you can use this information to help determine details you want to share in terms of such things as:

- Study Highlights
- PPIE Activities
- Preparations for Implementation
- Risk Assessments

It will also be valuable to take into account, engagement, involvement and co-production activities in relation to your key progress objectives and milestones.

It may be useful to collectively set a date to review your engagement, involvement and co-production strategy. Each time you repeat the process you can record the next review date in the table below.

NEXT Engagement, Involvement and Co-production Review Date:	
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### **Checklist – Have You Done the Following?**

Made a list of stakeholders?

Identified how patients and the public will be able to participate in the study?

Developed your engagement strategy?

Developed your inclusion strategy?

Developed a co-production strategy?

Set the next date for reviewing your progress?

## Next Steps – Moving forward

As well as consulting your study team, it will be advantageous to ask some of your delivery partners and stakeholders to take part in review activities. Getting feedback will help you to better meet your objectives and to understand the process that you are going through.

Potential questions to consider include:

- Does your list of stakeholders need to be reviewed?
- If any restructuring has taken place within affected partner organisations, there may be new people in new posts/roles.
- Do you have any idea what stakeholders think of your study?
- Some may support it; some may have some very good ideas about changing the study; some may be resistant. It is important to be aware of all of these and listen to stakeholders' views.
- How is your relationship with stakeholders?
- Have you been keeping in touch with them so that they know what is going on and are you listening to their views?

As part of this review you may want to revisit:

- Stakeholder Analysis
- Engagement and Involvement Strategies
- Co-production Strategy

### Signposts to further reading/guidance

You may want to add to your stakeholder analysis to identify who your planned changes might affect by using the tool that can be found on the NHS Employers website: [nhsemployers.org](http://nhsemployers.org)

#### Golden Rules – Engagement, Involvement and Co-Production

Engagement, involvement and co-production are most likely to be successful when:

- Careful planning and consideration are given to overcoming potential barriers to working with people and organisations.
- All possible efforts are made to include those not normally included in consultations and co-production. Consider those who are least likely to be heard or to participate.
- The process is genuine and cyclical in nature, meaning that the results of working with stakeholders are actually used to influence future actions and directions, with participants being informed about the impact of their contributions.

## Data protection statement

From time to time ARC EM may ask to see your training record and this workbook, so that we can improve our training materials. By submitting this workbook, you are consenting to the NIHR ARC East Midlands using the information provided from time to time for the purposes of exploring the capacity development and training programme operating across the East Midlands.

The information that you provide when completing the modules will be used for the following purposes:

- To enable the Implementation Hub team, where applicable, to assist you through the implementation process.
- To monitor and evaluate the development of training materials developed by the NIHR ARC East Midlands.
- To enable us to compile statistics, or to assist other organisations to do so. No statistical information will be published that would identify you personally.
- To enable us to monitor capacity building and CPD activity within the NIHR ARC East Midlands.

# Glossary of Key Terms

- ARCs**  
Applied Research Collaborations.
- Co-Production**  
An approach that places citizens at the centre of public service design and production. Co-production means ensuring the effective participation of those who use health and care services, carers and communities in equal partnership.
- Engagement**  
When information and knowledge about research is provided and disseminated to stakeholders.
- INVOLVE**  
The National Institute for Health Research's national advisory group on PPI in health and healthcare research.
- Involvement**  
People and organisations are actively involved in a study and in research organisations.
- NIHR**  
National Institute for Health Research.
- Participation**  
Occurs when people take part in a research study.
- PPIE**  
Patient and Public Involvement and Engagement.
- Patient and Public Representatives**  
Here referred to as PPIE partners to affirm ARC EM's commitment to a collaborative approach to applied health research.
- Stakeholder**  
Those who are targeted by an intervention or policy, involved in its development or delivery, or more broadly those whose personal or professional interests are affected.
- Stakeholder Analysis**  
The process of identifying these people to involve in a study; grouping them according to their levels of participation, interest, and influence in the project and determining how best to involve and communicate each of these stakeholder groups throughout.

