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Qualitative Conundrums: Co-Production with Oli Williams

Speaker information

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[downtempo electronic music 00:00:00—00:00:13]

- 00:00:13 Sohail Hi. I'm Sohail, and this is the *Qualitative Open Mic* podcast. It's from the Qualitative Applied Health Research Centre, mercifully shortened to QUAHRC. Qualitative research always brings up a lot of questions for researchers. How many people should I talk to? How should I interpret what they say? Do themes emerge or are they actively created? This podcast, and this podcast series, aims to answer those qualitative conundrums. Today we have a brilliant guest with us who's going to introduce themselves. Oli, would you like to go for it?
- 00:00:47 Oli Hi, my name is Oli Williams. I'm a sociologist who works at Kings College London, and I'm currently being funded by the Healthcare Improvement Studies Institute to research co-production. And particularly, co-production in applied health research.
- 00:01:00 Sohail Great, thanks Oli. And could you just tell us a bit about what co-production is and where it might come from?
- 00:01:06 Oli Oh, well yeah, sure. It's a big question to start with, I suppose, but an important one. I suppose the answer is that it really depends on what field you're coming from, and also the context in which you're using it. So if you're saying, I'm co-producing this, or this is being co-produced, it will mean different things in different fields and in different context. So the term co-production has been used by many different people to describe different things, really. And what you're seeing now is the term's become more popular, and I suppose there's a contested nature of what it should mean. And so you see—often you see people arguing over what it does mean and what it should be. And so I think there's a lot of work being done on how to unpick that. I'm doing some of that work. So I recently wrote a paper with Brett Smith, Lydia Bone and Moving Social Work Co-production Collective. And in that, one of the things we tried to do was separate out some of the ways it has been used, like, just historically and in different disciplines. And so we came up with three kind of types of usage of the term 'co-production'. Now, we're not saying this is exhaustive, there definitely will be more. I can even think of a fourth myself. But what we're trying to do is think of it, like, as a useful—in the context of research, when people are using it, how is it being used as a sort of like—like a process? So the first one, we've defined it as in 'citizens' contributions to public services'. So, this comes from the work that is often considered to be like the original academic work or co-production, where the term came from, in that sense. And that's led by Elinor Ostrom in the sort of 1970s. And it stems from a project in particular where she was looking at or researching police services in Chicago. And really interestingly, so, this is where you get an understanding of co-production as, what I would say, like, as—as in a phenomenon. And to some extent, inevitable. So she was looking at the efficiency of different services, public services, and in this case, police. And her findings might not seem particularly startling now, but were actually pretty groundbreaking at the time. Which was that effectiveness of a service is to some extent determined by those people who rely on or use that service. So for example, with policing, right? So the effectiveness of one neighbourhood's police service compared to another's services—that neighbourhood's police service, is to some extent, reliant on the people who live in those neighbourhoods, and what they're doing. So for instance, if you live in a neighbourhood where it's really normal for people to have security systems, or be able to afford security systems, or that there's a culture of people locking their doors at night or during the day. Or if you live in a place where, when the police talk to people, they're willing to talk to the police. You know, so if they're investigating a crime, are people willing to tell people what they saw? So what I'm getting at, is that this sort of first sort of type of co-production that we've identified in our work is this—what we called citizens' contributions to public services. It's much more about recognising that services aren't just one way. Or that the effectiveness of a service isn't just impacted by one way, which is the service provider, what the service provider does. It's very much two way. It's recognising that what people do—like in terms of the public and service users, how they act, what they do, and the

contributions that they're facilitated to make by systems and structures; that has a big impact on the effectiveness of, say, a service. Right? And then you've also got other things. Like, it was written about quite a lot during the pandemic. That a lot of the response to the pandemic was co-produced. So a really obvious example of that was home schooling, for instance. You had parents trying to teach their kids stuff that their teachers at school would normally be teaching the kids. And that that is a public health issue. As in they're keeping their kids home, that's allowing the—or trying to limit the spread of that infection. So it's not just—it doesn't just have to be a really obvious instance of care, like as I've said with diabetes, but something like home schooling or bringing meals to neighbours. Those sorts of things. So I would say that that—so that is often what's considered like the original academic work on co-production. The other two types that we write about in the paper, is you've got 'integrated knowledge translation', which is often referred to as IKT. I think the origins of this is a sort of Canada—or it has certainly been very well used in Canada. And it's also pretty popular in the UK. And I think the whole point of IKT, my understanding of it, was that there was a recognition that there was a big gap between practice and academia. And so often a lot of evidence or research wasn't being used in practice. And you know, if you've got this gap, what's the point in having really good evidence on healthcare services, and those healthcare services not being able to use that evidence or not being aware of that evidence? So I think IKT is a lot more about trying to bring together groups of people to collaborate on things. So you know, if you work with people from the beginning to generate evidence, or knowledge about a particular thing, then they're much more likely to, in the end, be able to implement that thing. So it's a sort of recognition that researchers have actually relatively little power in getting their research findings used in practice. So you have to acknowledge that, if you want to do that, you have to work with people from the beginning. Who do you need to talk to? Like, if you were doing—if you were working in public health for instance, you would need to work with healthcare professionals. You would need to work with service providers. You would need to work with commissioners. You would need to probably work with, if it's in a particular area, local councillors, local people, all of those sorts of things. So that's why I would say that that's sort of a separate category to the third category which we've defined in our paper, which is what we call 'equitable and experientially informed research'. So I would say this is—I mean the fact that you've invited me onto this podcast—I think it's this type of stuff, which is you're probably more interested in doing. How do you co-produce research? What does co-produced research look like? So this equitable and experientially informed research kind of comes from, I think, the mandate to do patient and public involvement in, certainly, in health and social care. Right? So that's both in health and social care policy making, service provision, but also in the research. So research policy and practice, essentially. So that was, you know, I think, roughly about twenty years ago, the legislation came in that said, if you're designing a health service or health policy, you have to involve people who are, sort of, end users or who are impacted by that thing that you're creating. And then what that did, is it created a need to have a mechanism to involve those people. And in the way that the health research responded to that was with what's known as PPI. So Patient and Public Involvement. And I think it's fair to say that, initially at least, the way that PPI was set up definitely left open the possibility for a lot of tokenism, box ticking, not very good practice. So even though people were being involved, there was lots of ways that they were being involved but having no real influence. So you know, we've all heard of like classic cases where patients are brought in to talk about a particular issue, but then they're invited into a board room to sit in on a meeting and they don't feel comfortable in contributing to that. If they do feel comfortable contributing to that, then you've got issues around, are they listened to? When they say things, is that taken on board? Like, does that actually have an influence on what ends up happening? So it became, I think, quite easy for people to say that they had done patient and public involvement, but that patient and public involvement not having changed, sort of the established hierarchy of experts like researchers and healthcare professionals making decisions on their own, essentially. So co-production at that point in time, I think, came around as—I think it was almost seen as a tonic, or sort of a way out of that tokenism. So you see it particularly with the NIHR at that time. They seem to latch onto this word 'co-production' as a—ok, PPI. It's very easy to do PPI badly. We need something that is beyond PPI. Almost like 'PPI plus', right? That would

not allow you to have that tokenism. Would not allow you just to have this as a simple box ticking thing. And they seem to have come to the term 'co-production'. And there's some value in that, but there's also some issues with that. Because I think to some people, they were coming to that term knowing how it's been used in other fields, and what it means in other fields. And some people, I think, were coming to it just as a kind of more literal term. Like if you think, 'co-producing', it just means 'working together to create something', essentially. Like, I—it always makes me laugh. Like it's a very literal term. So for instance, if you watch a film, and you—at the end credits, you'll almost always now you have co-producer, whatever. Because it's just a very literal way of describing doing—like producing something in a collaborative way. So it doesn't—it's very easy to use that term without sort of a knowledge of how it's been used before, what that might mean. So I think, the use of co-production as sort of a response to poor practice in PPI is kind of now, sort of the dominant way researchers in particular are understanding what co-production is. And I think that's—when you talk to a lot of people in this field like I have, like a lot of the time when you ask them about, "How do you know about co-production?" or, "How—what are the guidelines that you use for co-production?" They're talking about the NIHR guidelines in particular. NIHR INVOLVE, when that organisation existed. The guidelines they put out about what co-production is. And there's a real emphasis in that form of co-production, that people who have expertise and experience that is derived from, say, their experience of an illness, or living in a particular place, or those sorts of things. So it's not necessarily like a professional experience. It's based on their experience of what's often referred to as 'lived experience'. That those people should be involved throughout a research process. So right at the beginning, when you're coming up with research or generating research ideas, and then throughout the application process, and then through the project design process, and then through the data collection process, and the data analysis, and then the writing up, and then the trying to get that research into practice. So they should be involved—there's a real emphasis in the NIHR model on—sort of involvement at every level, I think, is how they would frame that.

00:13:22 Sohail

Great, thank you, that was really, really insightful. And incredibly thorough. I think... definitely that difficulty with the literal term 'co-production' can throw a lot of people off. And it's really important to understand all the different forms and versions of co-production, and what that means theoretically. I kind of wanted to pick up on something you said about the NIHR taking an active interest. So that's the National Institute of Health and Care Research. And is their involvement—so they're a big funder—did that mean that there's now a lot of funding resources for co-production, that it's something that a lot of people have the time and money to do? How does the money side of this work? Because from what you've told me about co-production, it sounds like it might be more time intensive than perhaps other quote unquote 'more standard' forms of research.

00:14:30 Oli

Yeah so I think, I mean historically, patient and public involvement hasn't been well funded. I think it's always been an underfunded thing. It's always, I think, part of the reason why it's seen as a—can be seen as a tick box for people, and why it's often underutilised, or underdone in research, is because it was seen as an additional thing with no extra money or time to do it. So almost the research process stayed the same but now you have to do this extra thing. And you already didn't have enough money to do that. So I think, it then becomes a headache for some research who—particularly researchers who were working before it was an expectation that you were doing this, "Well, now I have to do this with—this—more stuff with less money, essentially." And the same amount of time, often. That's not to say that that's always the case, though. Like, as in, there's huge arguments now that if you properly costed PPI, and if you properly planned it into your research, it would get funded. I think people are always worried to do that. Because in a competitive research environment—so everyone's putting in bids to the same funding—people would be lying if they're saying that they're not trying to make their bids seem like it's one of the best economical things. So you can get a thing where, I think, researchers are trying to undercut each other. They're not—you're thinking, what is the funder going to consider a legitimate expense, and how much would they be willing to spend on this issue, maybe? And so there's lots of second guessing going there. And I think that can create a bit of a race to

the bottom where people start cutting out things, or minimising the importance of things, to try and make theirs' a competitive financial offer to the funder. Like, for instance, I think research would look very different if there was a guaranteed amount of money that you could access, and then you could plan your research in response to that guaranteed amount. Rather than knowing there's, say, two million that might get a hundred people applying to get that two million. Then it becomes different. I think one of the other things I should emphasise, although I've said it about—it's the NIHR who are pushing this, it was people from the grassroots who were really central to making that happen. Like the NIHR didn't necessarily do that out of the goodness of their heart, or because they recognised that it was an important issue. It's because people were unhappy about the level of involvement that they had received, or were receiving, or the potential for them to be involved in certain things. And they said that it wasn't good enough, and that they were really pushing for something else. So I think that's really key. I don't want to make out that this was institutionally driven. Like it—as is often the case, it was voices from the outside, often, that were pushing for something better than what PPI was. And to a large extent, still is. I think it's very easy still to do PPI, which is very minimal. So yeah, I think that's the case. And yes—and to touch on your point—your question—or to engage with your question more generally in a sense from the co-production, I think what you're trying to get at there is that there already wasn't really a huge budget for PPI. Co-production is seen as a sort of... a more holistic version, I suppose, of PPI in many people's eyes. So that's not going to be cheaper than [chuckles] what was happening before. So yeah, I think there is an issue there that often, people who are trying to do PPI are facing sort of financial struggles, I suppose. Trying to make things happen with not a lot of money.

00:18:37 Sohail Yeah, thank you for that. I appreciate it. And I just also wanted to think about—you mentioned that, ok, so this wasn't an institutional change, this was something put—you know, grassroots organisations, and perhaps even individuals demanded. People were unhappy perhaps with researchers, or with service design, and were trying to push for something else. I wanted to ask, did people—do you think we've reached that something else? Is that something else—specifically when we're thinking about a research context, might that something else not be research? Do you see what I'm saying? As in.... researchers have now responded and they're using PPI holistic methods, but actually what people wanted was not research, and maybe campaigning, or advocacy, or other sorts of policy change?

00:19:38 Oli Yeah, I think there's two things there. Like, have we—I think the first part of that question was, have they, essentially—is there something new now, something different? Is there 'PPI plus', if you wanted to call it that? Largely I think, not necessarily. But I also think, what is the ask then? I don't think the ask was ever that everything should be co-produced. There was—I think you ended up with a ridiculous situation where co-production kind of became seen as a gold standard, even though it means a specific thing. Or can mean a very specific thing. So I think it's perfectly fine to say that co-production was not the best approach in all situations. And people need to, sort of, recognise that. But the issue should be that if you—if there is a situation that co-production is really appropriate, it should be being done properly. And I don't think that that is always the case, or is facilitated. And the second part of that question, in terms of is it research that people want? Is it co-produced research that people want, or is it something different? I mean for my own personal experience, in the sense of researching—so like, before, I haven't always researched co-production. Before this, my work was in health inequalities. And the reason I came to, sort of, what I would call 'participatory methods', or an interest in participatory methods, is because what I saw in local health policy implementation—basically, health interventions trying to reduce inequalities, almost always they were failing. And what I mean by that, is failing to significantly reduce inequalities in health. And sometimes there were exacerbating those inequalities. And one of the main reasons why that was happening, is because the solution to reducing health inequalities was being designed by people at a sort of a central level, who were not local people, who didn't know what that local area wanted. And then so the interventions that were designed were kind of being put on these people, and they didn't necessarily ask for these things. They didn't want those things. They're not solving issues in their lives that they actually had an issue with, you know?

And so, that always just seemed absolutely bizarre to me. My biggest frustration, in life generally, but also in research particularly, is when people's good intentions don't end in, like, a useful outcome. Because it's so difficult, actually, to get people to have the intention to address inequality. And if they have a genuine desire to do that, my real frustration is when that real genuine desire or intention to do that, then because of a poor strategy, ends up not doing that. And I think participatory methods for me were a way that you could kind—you could attempt to do that better. So that you're not creating interventions that are not important to—or addressing issues that are not important to that local community, or local people, or patients at a particular service or whatever. But yeah, I think more generally, a lot of the time, the stuff that people who are co-producing research are trying to do, often the people that they're engaged with, it's not necessarily that they want more research on a thing. They want a thing to change. And I think there is a real difficulty with researchers trying to do something which has to be research-orientated because their funding has come from a research body. But it's not actually necessarily important to the local people that you write a paper on this, or that you generate more grant income, or that you find out new things. Often the community know, or think they know, what the problem is. You know? And that—often these things can be quite simple, and research is confirming that. And I'm not saying that that's not a useful thing. Like, research is often confirming things that people talk about. So people say, "This thing's happening, but we don't necessarily have the data or evidence to demonstrate that that's definitely the case." And then research goes in and goes, "No, no, that is happening," or either, "Actually, it's not happening." But that's not necessarily what they want. So for instance, in an area that I worked, they were—they closed the local school. That was really unpopular. The people in that area didn't want that school to be closed down. Now if researchers got involved in that, the local people don't necessarily want just a paper than demonstrated how strongly people felt that the school shouldn't be shut down. They wanted their school not to be shut down. And research can potentially help that to happen. As in you can, maybe, use evidence in a way that helps to illustrate that it's important to keep this school open. But even if that is the case, that's probably going to happen over a timeline that means the school is going to be shut long before that date [chuckles] or evidence is there. So I agree with you. I do think that a lot of the time people don't necessarily want more research. They want action and impact on stuff. But then I don't want to undersell research. I am a big advocate. I think that research—particularly research that is being funded by bodies that are responsible for health and social care, like you should be trying to make sure that your research is impactful. That it has some sort of impact. Like I'm not someone who thinks all research has to be driven by impact. Like, I'm absolutely fine for people to research for hidden meanings in Tolkien's work. Do you know what I mean? That's fine. But that is also quite different from if you're getting funding from the NIHR. You should, I think, be thinking about, what's the sharp end of what you're trying to do? And I don't think that you can get away with just saying, "Well, we published a few papers and gave a few conference presentations."

00:26:03 Sohail Great, thank you. Yeah, I've been doing a lot of research around Lord of the Rings with the new series I have, so [laughs]—

00:26:12 Oli [laughs]

00:26:12 Sohail —I'm definitely one of those. I wanted to know, you talk about—I want to think about the researcher's role in co-production. Or not even the researcher, maybe the design, that service designer's role. Why does it have to be facilitated? Why does it have to be a conscious thing, if at the beginning when you talked about the first two understandings of co-production, it seems kind of inevitable?

00:26:39 Oli Well, I think, yeah. So kind of one of the reasons I describe those differences is that we shouldn't—those things shouldn't bleed into each other. So for instance, the idea that things are inevitably co-produced, right, is detrimental to the idea of trying to ensure that things are designed more equitably—or can be detrimental. They shouldn't be. For me, they perfectly influence each other. So if you know that a service—the effectiveness of a service is, to a large extent, determined by the involvement of, and

contributions of, the people using the service, it would make a lot of sense to involve them in the design, and potentially the delivery, and the evaluation of those services. So that should—those two things should go hand in hand. What often happens, I think, is that because co-production is a bit of a buzzword that people want to use because they know that funders are keen on funding co-produced research—or at least say that they are. There's certainly calls for co-produced research. Although more broadly I'm not sure that it is particularly a friendly funding environment for co-produced research. Yeah, I think that people can almost nominally change their design or their research process because they're going, "Oh well, this was co-produced." Because it is true, if you take the sort of inevitable thing. But my thing is that, well, if it's inevitably co-produced, that—you can't use that as your language to justify what you're doing. That that's something else, like you need to think about the other tradition. So what we're referring to is equitable and experientially informed research. Like there's different expectations. That's a different context that you're expected to respond to. In the first instance, you know, researchers aren't necessarily involved in that. Although, you could say that Ostrom helped to reveal it in some way in the Seventies. Does it need to be facilitated by researchers or professionals? It doesn't, in the sense that... I think a lot of this stuff happens, definitely, outside of academia. And—so—and is not on the radar of academics, necessarily. And the fact that researchers or academics aren't involved in that is not necessarily a problem. Although you might want to involve some of them. It might make sense for some researchers to get involved in some stuff. And I really want to make the point that a lot of this stuff is happening, and it's not—people wouldn't call it co-production. As in, what they're doing is absolutely what we might consider to be a really good standard of co-production in terms of grassroots uh—like collaborative, equitable, addressing issues which have been marginalised, working together all the way through to see it—to try and generate some sort of outcome which has a meaningful difference to people lives. But they might not call that co-production, and have absolutely no issue with that. On a more practical issue, particularly with things around co-design or just participatory methods, good facilitation does help. If you've ever done, like, group working, you know, how do you manage things which are, to some extent, not always predictable beforehand? But you know that some people are very willing to contribute and talk all the time, and other people might have really useful things to say but are shy or don't feel comfortable contributing. How do you negotiate the time in which you're spending on particular elements of a project? Like how long is there to talk about what the—how long do you need to talk about what the issues are? How long do you need to then talk about what you might do about that? How long do you need to then try and take those and to come up with sort of potential ideas for solutions to those? In my experience, having good facilitation really, really helps that. Often facilitation doesn't happen because people don't have money for it. Or it does happen, but it happens—it's been done by people who aren't necessarily—don't have—aren't blessed with facilitation skills, [chuckles] necessarily. But there's really, really good stuff as well. And... yeah, I think facilitation does help. It doesn't have to be an academic or a researcher that's doing it. It's probably useful that it isn't them. But there's not always the resource to make that happen. But yeah, I agree with you. It doesn't.... I think the idea that co-production is a thing that academics do, or it's a thing that can't—that's emanated from academia or research is not necessarily a useful starting point.

00:31:33 Sohail Brilliant, thanks. That's really, really, helpful. So, coming to the end of our time, I just wanted to ask, what advice would you give someone who wants to do, sort of, meaningful PPI, let's call it, or co-production, in their research, that doesn't really know where to start? Maybe they're a student and they're really interested in these methods. Are there resources they can go to? Do you have some general advice? Should they maybe stay clear of it? Or does it depend on their context?

00:32:12 Oli Sort of my advice—the longer I've been involved in working on participatory research, is—I've—sort of feel... it doesn't make sense to have a sort of allegiance to any particular type of participatory method. What you really have to do is think about matching a method to a particular situation. And that might—and also recognising that that might not be exactly what you want to do. But you have to be realistic about the situation that you're in. So the resources that you have, the time that you have, with

time being a resource. But also, it's not always entirely necessary to go start with a blank slate, which is often what co-production is doing. So, for instance, co-production would be, say, you go into a local community, and the idea is that you want to improve health in that local community. Instead of going in there with a whole bunch of ideas, you go in there and you talk to people and you find out what's important to their lives, then you start to build stuff from the ground up, like that. It—you don't always have to do that. Like for instance, there might be a whole host of evidence that's already available. That means that you know that there are some important issues here. So the one I always use—the example I always use is stuff like asthma and traffic congestion. So they know that there's a link between traffic congestion and rates of asthma of children. So exposure of children to traffic. So if you wanted to take that right back it would be like, ok, we're going to do a project around asthma and children. You could end up with a situation where, because people are unaware of that evidence, that you start by doing things with say, "Oh actually, we really struggle to get our child to use their inhaler. And what would help them to use their inhaler, whereas if inhalers were cooler. You know, like, if you could design your own inhaler that was more attuned to you." Now, that is useful, and that would be a good thing, but it won't necessarily stop huge congestion around a school, which is actually the thing that is causing more people to have asthma. Rather than their use of an inhaler afterwards. Now both of those things are important, but what I'm saying is you don't necessarily need to co-produce a thing to find out what the issue is. You can start further along down the line. And then you might use a different participatory method, something like codesign or cocreation, to then act on that issue. But some people would say you are not co-producing that, then, because you've already kind of decided what you want to do beforehand. But I don't necessarily think that's always an issue. So the big bit of advice I'd have is don't hold up co-production as a gold standard. Be aware that lots of different participatory methods exist and are useful in different context and can have a real impact. And be sort of genuinely useful in different contexts. Always match resource and ambition. So if you've only got five grand, don't think you can change the world with that five grand. Be really realistic. And one of the reasons I say that is because I think often people lose sight of actually getting things done, or the end point. Often if people are willing to engage with you and be partners or collaborators with you in a project, they're not doing that just because they want to talk to you about the thing that they might be struggling with, or the thing that's important to them. They're also doing that because they want to see something happen, see some action as a consequence of that. And I think often if you're working with a really small budget, you can get really caught up in the listening and then that listening not going anywhere. And that can be a really big problem when—you know, it's really common in academia that people are precariously employed, and so you go from one project to the next. So if you just listen to a loads of people, you spends lots of time, you take a lot of their time to listen to their issues, and then you move on to another project and nothing happens with that, that has a really detrimental impact on, say, people's trust with researchers, or their willingness to engage with researchers in the future. All of those things. So match out resources and ambition. But equally on that, that should be done when you are applying for funding as well. If your ambition is to really, genuinely co-produce stuff and do things well, then apply for an amount of funding that would allow you to do that. So it works both ways. If you've got the funding, match it that way, if you haven't got the funding, match it the other way, But yeah, really, don't lose sight of getting things done. It's nice to listen to people, of course. And it's important to listen to people. But it's also—it's necessary but insufficient. You know, like we shouldn't lose sight of actually wanting to help. The things that people tell us, and the things that when we're working together, and people are proposing, and we're all engaged in this together and coming up with ideas. If we've got no means or way of using that information to then do something with it, then that is a failure of the research process. So don't lose sight of it. Match resource and ambition. And don't get caught up in the idea that co-production is a gold standard. Partially because that can lead to two really silly things doing. So you either do something that isn't co-production, and end up calling it co-production just because it's a better way of framing your work, because you think it looks better to a funder or a publisher or whatever. Or it can lead you to using a method that actually isn't appropriate for the particular context that you're in. And then that being a problem because you run out of money before you can do

anything useful. Or you ignore a whole bunch of evidence that you could have drawn on otherwise. Those sorts of things. So I think, they're key, I think, all of those things. But mainly, I think, just to recognise that participatory approaches are really valuable. And although currently, structurally, within universities, it's quite difficult, I think, to get funding and time and resource and support to do that work, there's a reason for doing it. And it is because those participatory methods can be more effective. But they can—ethically, there's also a reason to do that. And those things aren't separate either. The ethical reason is also—can also make things more effective. So for instance, in my work with health inequalities, often health inequalities are because people are being marginalised and ignored and being disadvantaged in various ways. And participatory methods are a way of attempting to address that. And allowing you to get to insights, and allowing you to generate relationships, and allowing you to generate information and knowledge that can be used to address the things like health inequalities. And without that, and without going through that process, you won't be able to do those things.

00:39:48 Sohail

Great, thank you so much. Are there a few resources you can throw at us?

00:39:52 Oli

One of the things I've found really useful for—particularly with people working in applied health research, is what was called CLAHRC West and is now called ARC West. So I think it's Collaborations for Leadership and Applied Health Research and Care West, which stands for west of England. Or now, which I think they're Applied Research Collaborations West—again, west of England. So they're—they were organisations set up by the NIHR a good few years ago now, that were attempting to address the gap between research and practice, essentially. And they do really good work. And there's one in each area of England. And there's really brilliant people in the west working on this. And in particular, I think Michelle Farr's work is really exceptional in this area. And Michelle led a project where the outcome of that project was a map of resources for co-producing research in health and social care. So it's a document which is free to download from their website, and there's loads of stuff in there. There's stuff around definitions, there's stuff around different resources that are available that might help you to do this stuff. I think it's really, really invaluable, and it's really brilliant that they've done that work. During the pandemic, quite a few of us wrote a book—or edited a book, called *COVID-19 and Co-Production in Health and Social Care Research Policy and Practice*, and there's *Volumes 1* and *2* of that. *Volume 1* is kind of like the why co-production would be a good idea to do. Why it would be useful to co-produce things. And particularly in light of the pandemic. So it's kind of the theory behind why you would justify doing it. And *Volume 2* is how people have done it. So there's lots of examples of how people have co-produced research or attempted to work in a more participatory way, even if they don't call it co-production. I think often with co-production, learning from whatever other people have done, like examples like that are the most useful. You can read, kind of the theory of it, but until you see how people have done that in practice, it's difficult to take into account. But I also think, to get a better understanding of the challenges that are involved. This stuff is not necessarily really easy to do or simple to do. And you can learn from the challenges. And you can also reflect on how would you respond to that. Do you think that the group that you're learning from, or the example that you're learning from, do you think that they did it in the best way, or do you think that they could of done it differently? Like it's really useful to think about, in all co-production projects—as in most projects, actually, even if they're not co-produced, it's likely that you experience challenges that there are a multitude of different ways that you can respond to. And you can't always guarantee that you're going to respond to it in the best way. You respond in the way that you think is most useful in that moment, potentially. And then it's only retrospectively that you realise whether that was a good idea or not. And I think that's the value of case studies, often, is that you can look at it retrospectively, and sort of have that way to evaluate it, and think about it in those ways. And then that should—if you do that often enough, it should help you when you're in those situations to make better decisions, I think.

00:43:01 Sohail

Thank you so much, that's excellent advice, and a lot of things, I think, hopefully our listeners can draw on and re-listen to when they're thinking about their work. I just

want to say, thank you so much Oli. This has been really, really, excellent. And yeah, we really enjoyed having you on.

00:43:20 Oli Thanks for inviting me.

00:43:22 Sohail I think this is going to be our last episode in the series, Qualitative Conundrums, so a lovely, lovely way to finish off. Next series is going to be on how qualitative research can support anti-racism. [downtempo outro music fades in] So please do join us for that. Thank you so much Oli, and goodbye. [music fades]

[End of recording]