

FULL-LENGTH ARTICLES

Co-production in Action: Developing Community Solutions for Health Equity

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Tackling health inequalities in coastal communities requires research that is responsive to local contexts and inclusive of lived experience. Co-production offers a means of developing such knowledge, particularly when working with communities that have historically been underserved by mainstream services. This study aimed to explore collaborative approaches to co-producing local policy solutions and research agendas related to community health and wellbeing on the Fylde Coast, North West England. Guided by a critical realist epistemology, the study brought together residents, service providers, local authority staff, and academics in three co-production groups. Participants were recruited using purposive, snowball, and convenience sampling. Sessions were held at a community hub and designed using participatory methods, including Photovoice, scenario-based problem solving, and research prioritisation. Session recordings were transcribed and explored through inductive thematic analysis, which identified five overarching themes: inclusive participation and representation; procedural steps in co-production; navigating group dynamics; individual empowerment through co-production; and systemic influence and strategic enablers. This study demonstrates how co-production can generate meaningful, context-specific knowledge and support community engagement in shaping health research and service design. Reflexive attention to power, inclusion, and group dynamics were essential to building trust and maintaining engagement.

Over the last decade, health research has undergone a significant paradigm shift, moving away from traditional, top-down approaches to more participatory and inclusive models. This shift is grounded in the recognition that effective health interventions and service designs cannot be imposed on communities but must instead be co-created with them. A co-productive approach to research prioritises partnership, placing equal value on the knowledge and lived experiences of people who use healthcare services and face systemic inequalities in their everyday lives (Social Care Institute for Excellence, 2022). Rather than conducting research *on* people, it emphasises working *with* them, especially those affected by health inequalities in their communities and local contexts. Co-production shifts the role of participants from passive subjects to active agents and experts in their own right (Heaton et al., 2015). This study takes place within this paradigm, reporting on the

Community Solutions for Health Equity (CSfHE) project in Blackpool on Fylde Coast, a highly deprived area in the UK. The project involved three co-production groups with different configurations of community members, professionals, and academics working collaboratively to address local health challenges.

Co-production in Health Research

Co-production refers to the collaborative working between professionals and those with lived experience, whether as service users, carers, or members of communities, to design, deliver, and evaluate research and services in ways that share power and responsibility (Banks et al., 2018; Huse, 2020). Rather than treating the public as passive recipients of care or data sources, co-production positions them as active agents in shaping interventions that are grounded in the realities of everyday life (Heaton et al., 2015; Social Care Institute for Excellence, 2022). Hence, co-production is increasingly recognised as the best practice in applied health research (Albert et al., 2023; Marsilio et al., 2021), not only for its ethical value but also for its practical ability to improve service delivery and reduce health inequalities. It builds on values such as equality, reciprocity, and agency (Albert et al., 2023), with participants contributing to every stage of the research process.

This approach carries significant promise, especially in areas marked by health inequalities. By meaningfully involving people from underserved communities in the design and delivery of services, co-production can help surface knowledge that would otherwise remain invisible in traditional, top-down research or policy processes (Parbery-Clark et al., 2024). It makes systems more responsive to community needs, improves trust in services, and can contribute to more equitable outcomes (Conquer et al., 2024). For example, involving people with lived experience helps identify how seemingly neutral policies or standardised practices can unintentionally reinforce exclusion or fail to meet the nuanced needs of specific groups. When implemented effectively, co-production can lead to improvements in service design, accessibility, and effectiveness, thereby contributing to more equitable health systems (Sayani et al., 2025).

However, while co-production has been commended for its transformative potential, its conceptual and practical boundaries remain contested. Scholars have referred to it as “slippery” and “muddled” (Albert et al., 2023), raising concerns that overly broad or ambiguous definitions may lead to inconsistent or superficial application, or dilute its impact. The literature highlights wide variation in how co-production is defined and practiced, ranging from tokenistic involvement in advisory roles to more meaningful forms of power-sharing and joint decision-making. This spectrum is often illustrated by Hart’s Ladder of Participation (1992), which depicts levels of engagement from symbolic gestures at the bottom, such as consultation or informing, to genuine collaboration at the top, where participants share control, co-

lead, and help shape the research agenda. The ladder highlights how not all forms of ‘participation’ are equal and serves as a useful lens for distinguishing between superficial involvement and meaningful participation.

This variability can be both a strength and a limitation. On the one hand, the flexibility of co-production allows it to be tailored to different contexts and communities. On the other, the absence of a clear and shared understanding can undermine its transformative potential, particularly if organisations claim to “co-produce” while maintaining traditional power dynamics. If the term is used too broadly, it may obscure important distinctions about what kind of participation is happening, for whom, and to what end. Yet, if it is defined too narrowly, there is a risk of excluding innovative or emergent practices that do not fit predefined categories.

The practical implication of this ambiguity is that researchers and practitioners must be explicit and transparent about how they are enacting co-production, what principles guide the work, what methods are used, how power is shared, and what outcomes are being pursued. Without such clarity, there is a risk that co-production becomes a buzzword rather than a meaningful practice. This is particularly critical in applied health research, where the stakes are high and the goal is not just knowledge generation but real-world impact. Recent calls, therefore, have urged researchers to be more transparent and specific in how they operationalise co-production, clearly reporting the values that underpin it, the processes involved, and how these can be implemented and supported in applied health research (Smith et al., 2022).

Social and Psychological Dimensions of Co-production

Co-production in health research is increasingly recognised not only as a methodological approach but as a socially and psychologically embedded process that shapes individual and community experiences. Several theoretical frameworks help explain how and why co-production can produce positive outcomes. Social Identity Theory (Tajfel, 1974) offers insight into how recognition, group belonging, and shared identity influence participation and wellbeing. When individuals feel valued for their lived experience and can contribute meaningfully, their sense of self-worth and motivation to engage are strengthened. Haslam et al. (2024) expand on this by demonstrating how shared social identity within place-based initiatives can enhance mental health outcomes and foster a deeper sense of connection between individuals and their communities.

Resilience theory, particularly when understood through a social justice lens (A. Hart et al., 2016) further explains how co-production can support individuals and communities in navigating and resisting structural disadvantage. Resilience, Hart and colleagues argue, is not merely about overcoming adversity but also about radically transforming or challenging the adversities rooted in social inequalities. By positioning participants as knowledge-holders and co-creators of change, co-production fosters collective efficacy and enables community members to respond to adversity with agency

and purpose. This broader, ecological understanding of resilience recognises the interaction between personal, social, and environmental factors and highlights how co-production can contribute to longer-term wellbeing and systemic transformation.

Finally, the Knowledge to Action (K2A) framework (K2A; Graham & Tetroe, 2010) shows how sustained collaboration between researchers and communities enables the translation of research findings into locally meaningful interventions. Through iterative feedback, mutual learning, and shared decision-making, co-production bridges the gap between research and implementation. It embeds lived expertise into the research process from the outset, ensuring that outcomes are relevant, actionable, and rooted in local realities. Taken together, these frameworks reveal how co-production works not only to improve research quality, but to empower individuals, strengthen communities, and promote lasting change.

Community Solutions for Health Equity

The CSfHE project took place in Blackpool, a major town on the Fylde Coast in North West England, with a population of around 140,000. Blackpool is the most deprived local authority in England and has the lowest life expectancy for both men and women (Lancashire County Council, 2025). The Fylde Coast faces specific public health challenges, including above-average rates of physical and mental health issues (Chief Medical Officer, 2021). Tackling these issues requires community-led initiatives, health promotion, and preventive care, whilst success in health and social care efforts often depends on meaningful community engagement. In this context, Blackpool benefits from active community organisations, support groups, and outreach programmes that foster collaboration between services and residents.

Interdisciplinary in nature, CSfHE included i) academics, ii) local authority staff who work for local government, iii) representatives of organisations from the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, iv) staff from the UK publicly funded 'National Health Service' (NHS), and v) community members. The project involved three co-production groups, each with different participants and methods, aimed at generating community-led solutions to improve the integration of community-based support and services across sectors. Group 1 brought together lived-experience experts and practitioners to explore how the local community hub could better integrate support services. A community hub is a publicly funded physical space that serves as a central point for the local community to access services, information, and support, and to connect with other community members. Using creative methods, the group aimed to give residents an active role in shaping the hub's future, rather than remaining passive users. Group 2 worked with stakeholders from health, social care, and the VCFSE sector to identify barriers and enablers to integrated working. The group co-produced a practical action plan to support sustainable, cross-sector collaboration and place-based partnership. Group 3 brought together

community members, researchers, and service providers to embed lived experience and local knowledge into a partnership research initiative that brings together dedicated stakeholders to drive impact-led research focused on improving local wellbeing. Together, they co-produced a five-year research agenda focused on addressing the determinants of health inequalities.

The Current Study

Most co-production literature focuses on abstract principles, values, and frameworks. While this work is essential, there is an underrepresentation of detailed, practice-based accounts in health research (Albert et al., 2023; Smith et al., 2022) that explain illustrate how co-production unfolds in specific community contexts, especially those characterised by deep-rooted inequalities. Recent studies have explored co-production in healthcare service design (Batalden et al., 2016; Hanlon et al., 2023) examined what co-production looks like in participatory research using art-based approaches (Phillips et al., 2022), and contributed to a growing body of health-based research guided by participatory approaches (Garbovan et al., 2025), citizen science (Heyen et al., 2022) and co-creation of knowledge (Robinson et al., 2024). Building on these developments, this study offers a grounded, reflective account of co-production involving diverse groups of stakeholders in practice within a community context marked by social and health inequalities. In doing so, it aims to contribute to the operationalisation of co-production in health research, offering pragmatic insights to guide future efforts.

This paper draws on the learning, reflections, and experiences of researchers and participants involved in the CSfHE project. We aimed to: (1) explore how co-production was implemented across the three groups, which varied in aims and methods; (2) examine the experiences of diverse stakeholders in these groups; and (3) provide a set of practical guidelines to support the facilitation of future co-production efforts in health research. By sharing these insights, the study addresses a key gap in the literature: how to translate the principles of co-production into sustained, context-sensitive action that fosters equity, trust, and impact.

Methods

This study adopts a qualitative approach to examine how co-production was implemented across CSfHE involving three community-based co-production groups, each varying in aims and methods. Rather than focusing on the activities of any single group or reporting specific co-production techniques (e.g., Photovoice or scenario-based problem solving), this paper explores overarching patterns, principles, and mechanisms of co-production that emerged across the project as a whole. Three university-based researchers, a research assistant, and a VCFSE partner analysed recordings of group discussions, which captured naturalistic conversations without structured questions or prompts. Using these recordings, we sought to understand

how co-production unfolded naturally in practice, how diverse stakeholders experienced the process, and how context-sensitive knowledge was generated to support community engagement in health research and service design.

Participants

In the context of this study, the term participant refers to individuals who took part in the co-production groups, including members of the CSfHE network, but not those acting as facilitators. A combination of snowballing, purposive, and convenience sampling were used to ensure the inclusion of stakeholders from diverse backgrounds and with varied experiences of local collaborative initiatives or area-based partnerships. This is important to better understand and represent the experiences and meet the needs of people from a range of backgrounds in the Fylde Coast community. Co-production group participants were recruited through the networks of CSfHE project partners and co-investigators via invitations, online/social media platforms, and organisational newsletters; through posters or flyers displayed in public places (e.g., community hubs, leisure centres, etc.); and by meeting staff and service users of VCFSE organisations to introduce the study and leave Participant Information Sheets (PIS). PIS provided further information for potential participants and contact details of the university-based CSfHE researcher responsible for the organisation of the sessions. The sessions were advertised as ‘drop in’, with sustained participation encouraged but not expected. Community members were offered incentive payments, based on UK National Institute for Health and Care Research (NIHR) rates, to recognise their time, expertise, and lived experience.

Applications were screened, and participants were included if they met the following criteria: aged 18 years or over; experience of living or working on the Fylde Coast; experience of using, supporting someone to use, or providing community-based services on the Fylde Coast; current involvement in health and/or social care research through academia or other sectors (a criterion for Group 3 academic participants only); and not currently experiencing a mental health problem.

Procedure

The study was conducted in accordance with the Declaration of Helsinki and approved by the Central University Research Ethics Committee at the University of Liverpool (Reference no.: 12221; approved in March 2023).

Potential participants who expressed interest in the co-production groups were either invited to contact the research team directly or offered the option to be contacted by a team member. They were fully briefed and informed about the research and information governance procedures via the PIS, written in lay language and including contact details of the team. Participants were encouraged to ask questions, if they had any, before deciding to take part or not. Participants could attend as many or as few co-production sessions as they wished and were given the choice of which co-production group(s) to join. Those with lived experience of accessing or using community-based

services could join Group 1 and/or 3, while those with experience of providing services on the Fylde Coast were eligible for Groups 1, 2, and/or 3 (see Supplementary Material). Informed consent was obtained with the support of a research assistant, either in person or remotely, with forms returned via email or post.

Facilitated by the VCFSE and local authority partners and lived experience experts within the CSfHE team, the co-production groups were run between April 2023 and October 2023 (for details, see Supplementary Material). Qualitative data were collected through audio recordings of the co-production group sessions. Socio-demographic information was also collected, including gender, age, ethnicity, relationship status, education, employment status, occupation, and place of residence.

Epistemological Position and Reflexivity

This study is underpinned by a critical realist epistemology, which acknowledges that while reality exists independently of our perceptions, our understanding of it is always mediated by language, culture, and social context (Bhaskar, 2013). This approach aligns with our use of thematic analysis, enabling us to explore participants' lived experiences while also attending to the underlying structures, such as health inequalities and systemic barriers, that shape those experiences.

All authors brought personal sensitivity to health inequalities, informed by diverse social positions, including ethnic minority and immigrant backgrounds, experience of health inequalities, and roles across academic and community-based sectors. These positionalities shaped our interpretations and interactions throughout the research. We engaged in regular reflexive dialogue to examine how our identities and assumptions influenced knowledge co-production, striving to foreground participants' voices and support inclusive, context-sensitive insights.

Analysis

The co-production group sessions were audio-recorded and transcribed verbatim. Transcripts were uploaded to Taguette, an open-source qualitative data analysis tool accessible to all members of the study team. An inductive thematic analysis (Braun & Clarke, 2021) was conducted following a six-phase approach: familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

Coding was undertaken by all authors except VED, with each co-production group coded by two members of the research team. Regular meetings were held throughout the process to ensure analytical consistency, share emerging insights, and collaboratively refine the thematic structure. VED joined the analysis from phase 5 (defining and naming themes) onward, offering a fresh, less immersed perspective to challenge assumptions, ensure clarity in theme definitions, and enhance the overall coherence and rigour of the final thematic framework.

Table 1. Socio-demographic Characteristics of Participants

		N	%
Age range	18-30 years	1	3
	30-45 years	11	37
	>45 years	17	57
	Preferred not to say	1	3
Gender	Female	26	87
	Male	3	10
	Preferred not to say	1	3
Ethnicity	Asian or Asian British	1	3
	Black or Black British	1	3
	White British	24	83
	White Irish	1	3
	Any other White background	1	3
	Preferred not to say	1	3

Results

Thirty participants took part in co-production groups: 11 members of the public, 16 health and social care service providers, 3 academic researchers (for details, see Supplementary Material). Their socio-demographic information is presented in [Table 1](#).

The thematic analysis identified five overarching themes that capture participants' reflections on their experiences of co-production and its wider potential (see [Table 2](#) and overview of the thematic structure). These themes illustrate both the practical and emotional dimensions of working collaboratively across diverse groups, and the broader systemic challenges and opportunities for embedding co-production in research and community work, including (1) Inclusive participation and representation; (2) Procedural steps in co-production; (3) Navigating group dynamics; (4) Individual empowerment through co-production; and (5) Systemic influence and strategic enablers. Together, these themes demonstrate that co-production is both a process and a political stance, requiring commitment to equity, relational care, and systemic change.

Theme 1. Inclusive Participation and Representation in Co-production

Across the groups, there was a strong and consistent emphasis on embedding principles of equality, diversity and inclusion (EDI) throughout all stages of co-production. Participants identified multiple opportunities and challenges related to enhancing inclusivity and ensuring equitable participation, presented under two sub-themes: (1) Removing barriers to access and participation, and (2) Enhancing and valuing diversity and representation.

Table 2. Thematic Structure

Themes	Subthemes	Quotes
Inclusive participation and representation	Removing barriers to access and participation	"I think the common language has to be one that everyone understands and everyone is comfortable with." (Participant, Group 2) "I will ask lots of questions... I want to learn, but then you get a fear of asking so many questions, because you don't know how it's going to be received. Sometimes you think, 'Should I say it?' It's that - particularly all the acronyms..." (Participant, Group 2) "You put [the event] in a location that only seems to be benefitting [certain communities] – so everything that happened during COVID was only ever in the [a neighbourhood] and a lot of people are still angry about that situation. So, a lot of people commented when you put it somewhere else, they will come but they will not come to the [location]." (Participant, Group 3) "I've been involved in so many, and I never hear it again. You know, I think, 'Where did that go? What happened from that?' I think this is probably one of the first times I feel that you know what? We are trying to make a real influence in terms of what's going to be happening in a place really." (Participant, Group 2)
	Enhancing and valuing diversity and representation	"Co-production representation needs to be more diverse. You see the same faces coming to the meetings, yet that's not necessarily their work area." (Participant, Group 2) "All of the research that we do, considering how we engage and involve those voices that are often called 'seldom heard', that aren't actually included in research – that, in effect, is research that's sensitive and considers health equity." (Participant, Group 2) "If [community organisation's name] knew about this, you'd have another 10 people here." (Participant, Group 3)
Procedural steps in co-production	Creating dynamic and safe co-production spaces	"[Let's] go back to the scenario. So, I've put the flipcharts that you did last time, up here. You're more than welcome to just go back and get your piece of paper that you were working on last time, if you prefer to." (Facilitator, Group 2) "This is a safe space to be critical and to be challenged... but doing it in a respectful way" (Facilitator, Group 3)
	Flexible and collaborative session design	"So, next time I will just pull together what we've done today and feed that back because obviously I'm expecting there might be a couple of people who weren't here today. And then we'll move forward with thinking about, well who would we want in that space, and then we can move onto the barrier facilitators, and then the actual plans" (Facilitator, Group 2) "So last week we went back to the original questions, before the prioritisation, because the schedule has changed a little bit. This is what co-production sessions are about. It is an iterative process. Sometimes we have to go back, and back, to certain points, to confirm, because it changes as we go along." (Facilitator, Group 3)
	Transparency and shared ownership	"Let's just keep things simple for us and just focus on the questions in this session. So, I'm being a bit prescriptive about this, because we're up against the clock now. So, we've got to get this done by the end of this session." (Facilitator, Group 3) "Because it's the people with lived experience that have the clearest idea of all as to where the issues really lie, so it's really important that they're central in the team that's investigating it" (Participant, Group 3)
Navigating group dynamics in co-production	Power, positionality, and perceived hierarchies	"You're so clever you people [academics]... we're here because we need that help for the people of Blackpool" (Participant, Group 3) "We [academics] are trained in [conducting research], but for us this is the interesting part – we want to know what's important for you [those with lived experience]. We can tell you what the literature says, but it might have massive gaps... You say, 'You're missing the key point – this is what you should be looking at.'" (Participant, Group 3)
	Managing negative emotions and embracing positivity	"I was saying before, there's always this tension in coproduction spaces, where you want everyone to be onboard and understand where you're going. But at the same time, you want to allow space for ideas to happen. And obviously, we allowed a lot of space in the last session, [when this happened] things got a bit jumbled and maybe people felt a bit frustrated. I know I did. So, it's absolutely fair enough that that's how you felt." (Facilitator, Group 3) "If we're going to do something for Blackpool, we need to get the high-ups in Blackpool, we need to get [them] on board ... If we do the research and get these people together, if we can get the research and put it to them, maybe they can find some money, I don't know, but we're desperate to find a way ... I can speak all day about mental health and what's causing it, I've no issue with that at all ... I'm so frustrated. Sorry." (Participant, Group 2)

Themes	Subthemes	Quotes
Individual empowerment through co-production	Personal and professional growth	"I'm here with you people, to learn off you people... to help us do something about it, not just research. We want to have an outcome... that we feel we've made a difference" (Participant, Group 3). "As well as this, like going towards my personal and professional development it's really interesting. I just feel quite proud that I'm part of something like this to be honest" (Participant, Group 2)
	Building social capital and connections	"Friendships have developed... trying to reach those that are socially isolated is something very, very important" (Participant, Group 1)
Systemic influence and strategic enablers	Broadening collaborative community research	"We've got to think about the consultation with the wider community so that it's not just a few people in this room" (Participant, Group 3).
	Strategic enablers for tackling complex systemic issues	"If we're going to do something for Blackpool, we need to get the high-ups in Blackpool" (Participant, Group 3), adequate time, and organisational openness. This also meant challenging siloed systems and improving information flow across services. A participant shared frustrations with fragmented systems: "We put all these systems in place... but what I found difficult is the sharing of information, different systems at every stage" (Participant, Group 2).

1.1. Removing Barriers to Access and Participation

A key concern across all groups was the need to make co-production sessions more accessible and inclusive, both practically and psychologically. Inclusive, respectful communication was highlighted as foundational for ensuring understanding, as well as building trust and encouraging participation. Participants repeatedly stressed the importance of using plain language, avoiding jargon and acronyms, and creating space for clarification, as one participant reflected.

These communication practices helped reduce anxiety about “sounding silly” and supported the creation of psychologically safe spaces where participants felt more confident to contribute. Tools like newsletters were also valued for enabling continued engagement between sessions.

Practical barriers, such as session timing and location, were frequently raised. Late-afternoon sessions posed challenges for those with childcare responsibilities, as shared here: “Some of the community connectors they work, say, 18 hours a week but they have the capacity because of the timeframe that you’re doing it to be able to look after the children, do school pick up and still come to this. So, I’m just being dead honest.” (Participant, Group 3)

Location was also important in terms of perceived inclusivity. Some participants explained that venues historically associated with particular groups could discourage or reduce broader engagement.

Several structural and socioeconomic barriers, such as benefit restrictions, health conditions, and caring responsibilities, were especially evident in Groups 1 and 3. These factors limited some individuals’ ability to participate in either paid or voluntary roles, as illustrated here: “But that’s the thing. But it’s nice when you are in that position that you can volunteer” (Participant, Group 1). Another added, “I just think you’ve got two issues, 1) [the session] was too late in the day and 2) you’ve got the monetary issue” (Participant, Group 3). These reflections highlight the need for flexible compensation methods and transparent communication around payment and travel arrangements from the outset.

Another barrier to sustained involvement was the lack of feedback on the impact of participants’ contributions. Participants noted that when the impact of contributions was not visible or communicated, motivation to get or remain involved in co-production groups reduced. Participants emphasised that timely and transparent feedback loops were critical to sustaining motivation and ensuring that co-production feels meaningful and responsive.

Ultimately, ensuring inclusive co-production demands both structural and interpersonal adjustments, from practical scheduling and accessible venues to respectful, jargon-free communication. Furthermore, consistent feedback about the impact of contributions is vital to maintain motivation and sustain involvement over time. These considerations are not peripheral but foundational to genuine collaboration.

1.2. Enhancing and Valuing Diversity and Representation

Across all groups, participants strongly emphasised the importance of diverse representation within co-production. Diversity across lived experience, sector, role and identity was viewed as a key strength, enriching the collective knowledge base and leading to more informed and relevant outcomes. As one participant noted: “I think it increases the knowledge pool – having different perspectives, different experiences, different ideas” (Participant, Group 2).

There was widespread recognition that no single perspective was sufficient, as illustrated in this quote: “I strongly believe that no one organisation on its own can sort it out. We need experience from academics, we need experience from lived experience – people who come from all walks of life” (Facilitator, Group 2). However, participants also raised recurring concerns about the lack of diversity within co-production groups, noting limited representation across dimensions such as gender, professional role, discipline, sector, and lived experience.

Participants consistently affirmed lived experience as a legitimate, and often more insightful, form of expertise than professional or clinical perspectives. One participant reflected, “It’s becoming more apparent that when someone has got lived experience, they’re sometimes more effective than just the clinical” (Participant, Group 2). Others were similarly moved by peers’ experiences: “Having parents who have been through the Children’s Social Care process and being able to support others to do that... that blew my mind.” (Participant, Group 2). There was an emphasis that creating spaces for people to share their lived experiences was not only as empowering on a personal level but also as crucial for shaping the research process and its outcomes.

The participants would be part of the research team and play a central role in forming what that research is going to look like – because it’s the people with lived experience that have the clearest idea of where the issues really lie.” (Facilitator, Group 3)

These reflections underscore the importance of positioning lived experience not as an add-on, but as central to co-production, particularly when working towards equity-driven goals. Inclusion of people from marginalised backgrounds was considered essential for meaningful and impactful co-production. In this view, inclusive research practice is not only ethical, but also essential to achieving health equity.

Despite this commitment, participants acknowledged that recruitment efforts often failed to reach the most marginalised due to insufficient time and effort. They called for more targeted recruitment strategies, especially in spaces where marginalised groups are more likely to engage. Diversity enriches co-production by bringing a broad range of perspectives and lived experiences, which is critical to producing relevant and equitable outcome.

There was a shared recognition that achieving true diversity in co-production requires proactive outreach, careful planning, and adequate time to build trust and relationships with communities often excluded from research.

Theme 2. Procedural Steps in Co-production

This theme explores the foundational steps for co-production sessions that ensured effective planning, facilitation, and collaboration. Three sub-themes were identified: (1) Creating dynamic and safe co-production spaces; (2) Flexible and collaborative session design; and (3) Transparency and shared ownership.

2.1. Creating Dynamic and Safe Co-production Spaces

An essential procedural step in co-production was the intentional creation of spaces where participants felt welcome, safe, and respected. The sessions began with introductions, allowing facilitators and participants to build rapport and better understand individuals' motivations for taking part. One participant described the space positively as "exactly as it says on that now, the warm, friendly and accessible space" (Participant, Group 2).

Psychological safety was nurtured through clearly communicated ground rules, flexibility, and sensitive facilitation. Participants were invited to pass on prompts, ask for clarification, or take breaks when needed. Practical boundaries, such as stepping outside for phone calls, were agreed upon early on. Facilitators also issued trigger warnings before sensitive discussions, making it clear that looking after one's wellbeing was a priority. Safe participation was supported by collaboratively developed ground rules. These aimed to balance confidentiality with openness and respect, fostering a space for honest dialogue. As one facilitator explained: "This is a space that you feel comfortable being challenged and challenging others on their ideas. We are talking about the stuff, not the person" (Facilitator, Group 1).

Hybrid delivery, with some joining in person and others online, introduced further complexity. Closed captioning on Microsoft Teams was used and appreciated but frequently unreliable. One participant explained, "Just to let you know, the captions are incredibly imperfect, so I'm often a little bit behind on this just because of the way the logistics are set up. I didn't hear the response" (Participant, Group 3). These issues were particularly significant where the participant relied on captioning to fully engage with the session. They commented as, "I've found these sessions really hard to access, and if anybody wanted to ask me how to make them accessible, I could tell you lots of things" (Participant, Group 3). Additional technical challenges, such as screen-sharing delays and difficulty hearing in-room discussions, occasionally occurred and reduced the quality of engagement for some remote participants. Despite technical limitations, participants and facilitators were committed to making the hybrid format work, recognising its value in increasing accessibility and reach.

Across co-production groups, respectful interaction remained a central principle throughout. Ground rules encouraged participants to challenge ideas without critiquing individuals. Facilitators used affirming language, humour, and creative tools, such as flipcharts and scenarios, to sustain engagement and ground discussions. These activities helped make abstract or complex topics more accessible and provided continuity across sessions.

Participants were active co-creators of these spaces, often suggesting creative approaches or tools for completing tasks. One participant proposed a visual approach to analysis: “We want to put them in themes. But instead of writing them down, everyone, we can just literally colour code and see which one has got the most.” (Group 3)

Recaps were used both to welcome returning participants and as a standard feature throughout, reinforcing continuity and purpose. Facilitators also used probing questions to refocus or deepen discussions, such as: “What is there about health? What could they do about your health?” (Facilitator, Group 1), or “Can you expand on that?” (Facilitator, Group 3). Sessions were managed with an awareness of time, using gentle prompts to steer conversations back to the agreed focus: “Let’s bring it back to [focus point]” (Facilitator, Group 3). This attention to timekeeping helped avoid overruns and gave participants clarity on how much time remained.

Building rapport through introductions and establishing ground rules are foundational to creating inclusive, psychologically safe spaces where all participants feel respected and empowered to contribute. Facilitators’ use of flexible approaches, such as hybrid formats and creative engagement tools, helps maintain participation despite logistical challenges. These efforts foster an environment where challenging ideas is welcomed while maintaining mutual respect and emotional safety.

2.2. Flexible and Collaborative Session Design

A hallmark of the sessions was flexibility. Rather than rigidly following pre-set plans, facilitators frequently checked in with participants about how they were feeling, whether they were satisfied with the direction they were going in, and preferences for how to proceed.

Participants were reminded that co-production is often an iterative, nonlinear, and sometimes unpredictable process.

Sessions started with an overview, so that participants knew what was ahead of them in terms of session length and focus. Facilitators remained sensitive to group dynamics, offering breaks when needed and adjusting pace accordingly. Scenarios and examples, both from research and participants’ lived experience, were used to illustrate concepts and help shape discussions.

Session planning was collaborative and responsive. Facilitators summarised the progress made, identified areas for further exploration, and recorded next steps.

Alongside this, revisiting the project aims and scope was a regular practice. This was particularly useful when new participants joined and after a period of working together. This allowed to take a step back and assess where the

group's work was at, where they needed to focus their energy next and how much longer they had left to achieve their aims. Timelines and priorities shifted throughout the process, and while this occasionally caused confusion, it also kept the work responsive to the group's needs and emerging ideas.

Flexibility is essential in co-production, with facilitators regularly checking in and adapting sessions to meet the group's evolving needs. Collaborative planning and iterative revisiting of goals help keep the group aligned and responsive, allowing the process to embrace complexity without losing focus. This openness to change ensures that co-production remains participant-led and meaningful rather than rigidly structured.

2.3. Transparency and Shared Ownership

Transparent communication was crucial to establishing trust and managing expectations. Consent processes were clearly explained and revisited, for example, ensuring participants knew only those who had submitted consent could appear in photographs.

Concerns about tokenism were raised when tight deadlines restricted meaningful engagement, as illustrated by a participant: "I know that you've got a very tight timeframe but it's just thinking about how can we do it but without it being tokenistic as well" (Participant, Group 3). Facilitators used strategies like starting the sessions with recaps, clearly stating the goals and actions to achieve during the session, revisiting ground rules (e.g., shared responsibility), and refocusing discussions to maintain purpose while making progress and ensuring authentic collaboration.

Acknowledging limitations was also seen as part of responsible co-production. These included recognising when aspects of the wider project had not been co-produced, due to external factors, such as deadlines or limited engagement. A participant noted, "Whatever gets shared out of this, it's important that we're transparent about that and we don't just claim we co-produced everything when we didn't. Because that happens quite a lot, and I find it very frustrating and unethical" (Participant, Group 3).

This led to the necessary acknowledgement of shared ownership of the co-produced work. Shared ownership was not limited to session inputs but extended to co-authorship, research prioritisation, and shaping outputs. Furthermore, the group shared an understanding that participants owned the process of prioritisation, actively shaped the research rather than simply taking part in it, and were involved in implementing any resulting recommendations.

Transparency also involved explaining research processes – for example, revisiting the foundations of research, overviewing literature reviews, or discussing why a planned method (like a core outcome set) was not appropriate, such as: "because the research that we had in mind is less about the trialling various interventions, and more about finding out what does and doesn't work well" (Facilitator, Group 3).

Transparency was fostered within the groups through peer feedback and reflexivity, which helped shape group processes and dynamics. This practice focused on identifying what worked and what didn't in each session, enabling regular adjustments for the benefit of the group. Group dialogue often included both personal and professional perspectives, and when disagreements arose, the group worked towards consensus. Reaching shared understanding was essential – whether on smaller matters such as session goals or on larger decisions like agreeing on the final outputs.

Theme 3. Navigating Group Dynamics in Co-production

Group dynamics were a central influence on how co-production unfolded across all groups. Participants engaged with both the interpersonal and structural challenges of working collaboratively across diverse roles, experiences, and expectations. Two sub-themes were identified: (1) Power, positionality, and perceived hierarchies; and (2) Managing negative emotions and embracing positivity.

3.1. Power, Positionality, and Perceived Hierarchies

As co-production groups became more diverse, participants increasingly recognised and discussed the presence of power imbalances, both explicit and implicit. These imbalances were seen as particularly pronounced between organisations, professional disciplines, and between academics and community members. As one participant stated: “This is about power imbalances, isn't it, between organisations and disciplines” (Participant, Group 2).

To mitigate these dynamics, participants advocated for proactive strategies to support more equitable collaboration. These included setting clear ground rules, such as “challenge the point, not the person”, and fostering a culture where all voices are heard and respected. Shared goals were also viewed as essential in bridging different forms of knowledge and uniting participants across diverse experiences: “There's a lot of NHS experience here, and other assets and experience... we've got one common goal that all links up.” (Participant, Group 2)

Despite these efforts, subtle hierarchies persisted. Group discussions, particularly in Group 3 that focused on identifying local research priorities, revealed the persistence of perceived hierarchies, especially between community members and academics. Some participants expressed genuine admiration for researchers, while also positioning themselves as less articulate or less capable of contributing meaningfully as illustrated in following quotes: “I think you are far cleverer than I... I'm just living on experiences rather than the type of things you do which are very clever.” (Participant, Group 3); “I need to send my thoughts to you because you can put them over so eloquently for me” (Participant, Group 3). These comments show a recurring theme of perceived inferiority. Participants viewed academic expertise as valuable, but sometimes felt their own lived experience lacked the intellectual legitimacy to influence research equally. One participant summarised this

dynamic with striking clarity: “We will rant about this, that and the other... but we are not nailing anything down. You people... you’ve just got it” (Participant, Group 3). This perceived distinction between passionate, informal discussion and the structured, outcome-oriented contributions of researchers suggests an internalisation of traditional hierarchies, despite the collaborative intent of the space.

However, not all voices accepted this division. Several facilitators and academic partners challenged the notion that expertise lies solely in formal research training.

Facilitators actively worked to set the tone for respectful, open dialogue, framing disagreement as a natural and valuable part of co-production. They reminded participants that shared ownership and direction were not only welcome but expected: “This is a co-productive space. So, if you think, ‘Oh, we want it to go this way,’ then that’s what this space is here for” (Facilitator, Group 3). To further reduce perceived knowledge gaps, facilitators explained research processes, such as funding pathways, rapid reviews, and methodological choices, in accessible language: “There are all sorts of literature reviews, right? You can do a proper in-depth... or you can just do a quick scoping review” (Facilitator, Group 3).

Despite these inclusive practices, the subtleties of power and positionality continued to surface in the language and tone participants used, often expressing genuine appreciation for researchers, while simultaneously diminishing their own contributions. These sentiments point to the emotional complexity of co-production: even in environments that explicitly value lived experience, participants may continue to feel “less than” those perceived to hold formal authority or expertise.

This theme reinforces the importance of both structural and relational approaches to sharing power in co-production. While processes such as ground rules and transparent communication are crucial, they must be accompanied by a cultural shift that consistently validates all forms of knowledge and affirms the confidence and contributions of community members as co-researchers. Facilitators play a crucial role in fostering an environment where expertise from lived experience is respected and amplified.

3.2. Managing Negative Emotions and Embracing Positivity

Confusion emerged as a salient theme, particularly in Group 3, and was attributed to three main sources: the complexity of multiple groups, the co-productive approach itself, and gaps in participant attendance.

Co-production Groups 1 and 3 were open to members of the public, alongside regular capacity-building workshops. All sessions were held at the same community hub and, for a period, ran concurrently. This overlap created confusion for some participants, who at times struggled to keep track of and distinguish between the different strands of the project: “And then I had two emails, I got a bit confused, I’m here now not just Monday and Wednesday for this one but I’m also back here again tomorrow... that’s why I

got confused which one was which.” (Participant, Group 3). Another noted, “That’s the problem isn’t it? There’s so much going on... it’s so confusing isn’t it?” (Participant, Group 3).

This confusion was compounded by the advertising and communications for the different sessions. Although materials differentiated between the groups, they all had the same prominent project title ‘Future at the Community Hub’. One participant reflected that this engendered a lack of clarity, saying ‘Right, yeah, that’s why I was getting confused because it’s all the same title’ (Participant, group 3).

The aim of Group 3 was ambitious, and the group’s co-productive journey was a complex one. The timeline for Group 3 was longer than the other two groups, so there was more scope for shared decision-making about how to approach the subject matter. This did not always yield clear progress and was confusing and off-putting for participants. The following conversations in Group 3 illustrate such an occasion:

Participant 1: I think it’s just getting very complicated with what we’re doing ... It’s grown from the grassroots that we wanted it to, I think.

Facilitator: What do other people feel?

Participant 2: I completely agree with you. I feel a bit overwhelmed with it, which is why I’ve just not really said much.

Participant 3: No, it’s just blowing my brains now a bit... There was a bit of confusion last week... Yeah, we sort of went off-piste a little bit, in my opinion.

Facilitator: Yes. So, I confess that I was also not 100% clear on where we were going ... but sometimes you’ve got to suck it and see, and maybe the route would become apparent ... Sometimes it does, sometimes it doesn’t ... It’s coproduction, this happens. (Group 3)

Acknowledging and addressing any confusion or frustration resulted from changes or disruptions, and managing expectations in terms of the realities of the co-production space and being ready for “messy progress” played an important role in keeping participants engaged. This confusion was often exacerbated for participants if they missed a session. Facilitators made efforts to recap and re-integrate latecomers or those who had missed sessions so they could participate meaningfully, but confusions still arose: “I’m personally slightly confused. I know I missed a session, but I thought that we had a research question that we were focusing on, so how are we now going back to the original list of multiple questions?” (Participant, Group 3).

Beyond structural confusion, emotional frustration stemmed from broader critiques of mental health systems and funding cycles. Participants expressed a deep sense of frustration and fatigue with the current state of mental health interventions, particularly in terms of lack of sustainability or long-term impact, and failure to address root causes.

This frustration was echoed in discussions about the limitations of time-bound, grant-funded programmes. As one participant noted, “You get all this money in theory to do these interventions, [but] what happens when the evaluation stops and the grant stops?... There’s something about making changes sustainable and not just gliding over a five-year period” (Participant, Group 3). These reflections underscore a shared concern that many initiatives amount to “short-term fixes”, rather than addressing the deeper, structural issues that perpetuate poor mental health outcomes in Blackpool. Participants highlighted how this can create a sense of being “stuck in a loop”, witnessing repeated cycles of funding, activity, and decline without structural improvements. This cyclical nature was something people said they had “got incredibly sick of over the years” (Participant, Group 3), reinforcing the cumulative exhaustion that results from continual engagement with initiatives that fail to stick.

Co-production processes can evoke confusion and frustration, particularly when timelines shift or sessions overlap, requiring careful management of expectations and support for participants who miss meetings. Participants’ shared fatigue with short-term, ineffective interventions highlights the emotional toll of ongoing systemic challenges. Despite this, many find co-production spaces empowering and appreciate the opportunity to be heard, which fosters trust, motivation, and a renewed sense of agency.

Theme 4. Individual Empowerment Through Co-production

Participation in the co-production groups was experienced as empowering, particularly in terms of personal development, professional growth, and strengthened social connection. Two sub-themes were identified: (1) Personal and professional development; and (2) Building social capital and connections.

4.1. Personal and Professional Growth

Participants frequently expressed that their involvement in co-production supported both personal learning and professional advancement. The desire to contribute meaningfully while also developing new skills was a common motivation.

The groups created space for people to develop confidence, reflect on their own contributions, and feel proud of their involvement. One participant described how the experience contributed to their development and self-recognition: “It’s going towards my personal and professional development... I just feel really proud that I’m part of something like this” (Participant, Group 2). For others, participation helped reframe their relationship to their work or volunteering roles. A member of Group 1 shared, “I’m a volunteer

here with [name of a local organisation]. It's absolutely amazing... I call this my little happy place... somewhere where you can just forget all your troubles and then work with the plants and meet all the lovely people." (Participant, Group 1)

Despite the wider challenges discussed above a recurring thread across groups was a deep appreciation for being taken seriously, both intellectually and relationally, within co-production spaces. One participant reflected on the value of diverse professional contributions: "I feel privileged... because it's not very often that you get a range of experts in a room that come together and everybody is bringing different expertise and perspectives... it's all learning for all of us" (Participant, Group 2).

In Group 3, participants similarly expressed gratitude for being genuinely listened to, particularly by researchers, which many described as a rare and meaningful experience. As one participant shared:

You know, we're very fortunate in this room. I'm very fortunate in this room to have access to people who can and will and do listen, and maybe take things away and go, 'Do you know what? We need to have a look at this.' (Participant, Group 3)

Participation in co-production offers valuable opportunities for learning, skill development, and a sense of pride in contributing to meaningful outcomes. The reflections highlight the empowering potential of participatory research when it fosters confidence, mutual respect, and opportunities for influence.

4.2. Building Social Capital and Connections

Alongside professional development, participants described how their involvement helped build social capital, forge new connections, and strengthen community bonds. For many, co-production created meaningful relational spaces where friendships developed, and isolation was reduced.

The process of meeting regularly, collaborating on shared goals, and having informal conversations enabled a sense of belonging and community. Creativity played a role in building these relationships, described by one facilitator as "a form of well-being... very accessible, very powerful to tell your own story and create conversation and connection" (Facilitator, Group 1).

Others framed co-production as a starting point for broader collective impact, with conversation itself positioned as a catalyst:

It improves their mental health, and it generates conversations... conversations are very important... I think that's the way that we move forward with conversations within Blackpool, it's how we generate sometimes those conversations, maybe aim them in a certain area and see what the outcomes can be. (Participant, Group 3)

Together, these reflections reinforce how co-production, when genuinely inclusive and relationally grounded, can foster individual confidence, a sense of purpose, and wider community connection. The networks formed extend beyond professional collaboration to personal friendships and support systems, particularly benefiting those who might otherwise be socially isolated. These social dimensions are foundational to building resilient communities and sustaining engagement in collective action.

Theme 5: Systemic Influence and Strategic Enablers of Co-production

This theme captures the participants' motivation to use co-production not only as a method for shaping research but also as a means of influencing broader systems, addressing health inequalities, and sustaining change beyond isolated projects. Two sub-themes are discussed: (1) Broadening collaborative community research; and (2) Strategic enablers of co-production for tackling complex systemic issues.

5.1. Broadening Collaborative Community Research

Across groups, participants viewed co-production as a powerful tool to shape research agendas and drive systemic change. There was a shared desire for co-production to extend beyond individual sessions and short-term funding cycles toward sustainable, community-led research and action. One participant summed this up: “We just want to make a difference ourselves... to form something, to get some funding, to definitely make what we hope will be a difference” (Participant, Group 3). Participants further highlighted the importance of involving wider community members, not simply to expand numbers, but to ensure authenticity, representativeness, relevance, and collective ownership.

However, participants also reflected on persistent barriers to broader engagement, particularly in marginalised communities. One participant asked, “How do we engage with people who don’t or can’t come to the groups? This is really tricky” (Participant, Group 3), while another observed, “We’ve put things on... but there hasn’t been one person attend. There’s something very wrong there” (Participant, Group 1). These reflections echoed a broader concern about inclusivity in community research, “Even figuring out who those hard-to-reach groups are is something we need to think about carefully” (Participant, Group 3).

Despite these challenges, the commitment to participatory and community-rooted research remained strong, as illustrated in this quote: “It’s hard to get people to engage, and I think that is something we really should work on” (Participant, Group 1). Participants emphasised that co-production must go beyond consulting a few individuals and instead work toward broader community ownership of research agendas and outcomes.

5.2. Strategic Enablers of Co-production for Tackling Complex Systemic Issues

There was a strong consensus that sustainable co-production requires structural support, not only in terms of funding, but also through collaborative infrastructure and shared ownership. As one facilitator warned, “Unless we explicitly say all voices are equal... it’s very easy for the traditional hierarchies to just play out and the usual voices to be loudest” (Facilitator, Group 2). There was agreement that accountability, transparency, and partnership working were crucial to overcoming these challenges and ensuring equity within the co-production process.

Effective co-production was seen to require strategic commitment, particularly high-level buy-in. The COVID-19 pandemic was described as a catalyst that encouraged institutional openness to change. One participant reflected that: “Wash Your Words wouldn’t have happened without COVID... all of a sudden, the council were more open to conversations” (Participant, Group 3). This offered a window into how systemic shifts can occur when urgency disrupts usual bureaucratic patterns.

Participants spoke passionately about using co-production to move beyond individual-level behaviour change to tackle broader determinants of health. As one participant argued, “The problem we have... is that a lot of research and actions just stay at the level of lifestyle choices... we need to look at wider determinants to actually effect changes in health inequalities” (Participant, Group 3).

Co-production was viewed as a potential mechanism for shifting how communities and systems respond to entrenched inequality, with communities driving the vision and the change. Despite the enthusiasm for co-production, participants were realistic about the challenges of resource scarcity. Competition for funding created tensions between organisations, as well as a major barrier to long-term partnership working. One participant shared, “There’s one pot of funding and we’re both going for it... how am I supposed to work with them then if I can’t share?” (Participant, Group 2). To navigate this, participants discussed the need for creative solutions such as joint fundraising and shared resource models. As one group member put it, “It’s a very competitive landscape... it’s increasingly necessary to co-produce work that enables us to share resources effectively” (Participant, Group 2).

Ultimately, sustainable co-production depends on structural supports, such as secure funding, strategic partnerships, and high-level buy-in that can break down traditional silos and power imbalances. Participants emphasised the need for transparency, shared ownership, and creative resource-sharing models to overcome competitive funding landscapes. Ultimately, co-production holds promise as a mechanism for addressing deep-rooted health inequalities by centring community leadership and systemic change.

Discussion

This study aimed to explore how co-production was implemented across three distinct groups, examine stakeholder experiences, and provide practical guidelines to support future co-production efforts in health research. Despite differences in group composition and aims, several shared themes emerged. Successful co-production was underpinned by inclusive participation, shared ownership, and responsive, flexible facilitation. Participants valued the opportunity to contribute meaningfully, and many reported personal and professional growth, including increased confidence and social connectedness. Importantly, they reported that co-production had an impact not just at the individual level but at a structural level, through the development of shared agendas, action plans, and community-led visions for integrated services.

The findings also highlighted persistent challenges. These included perceived power imbalances, particularly between academic and lived expertise, practical and structural barriers to participation (e.g., scheduling, payment processes, and accessibility), and the limitations of short-term project cycles in fostering sustained engagement. Despite facilitation efforts, some participants felt intellectually inferior or peripheral to the process, particularly in more ambitious projects such as Group 3. These findings emphasise the importance of designing co-production processes that actively value and centre lived experience. Overall, findings indicate that while co-production has significant potential to foster inclusive research and drive systemic change, realising its full benefits requires clarity, structure, meaningful engagement, and sustained commitment.

Understanding the Impact of Co-Production

Our findings contribute to and extend a growing body of work that seeks to articulate principles and best practices for co-production in health research (Albert et al., 2023; Erwin et al., 2024; Hawkins et al., 2017). While Albert and colleagues (2023) emphasise the complexity of co-production and the need to attend to interpersonal dynamics, this study offers concrete examples of how such dynamics play out in practice and how they can be managed to support equitable collaboration. In line with Smith et al. (2022), who call for transparent reporting of values and processes, this study details group composition, facilitation strategies, and the procedural steps taken to support engagement.

The findings also align with the work of Heaton et al. (2015), who argue that co-production theory helps explain how collaborative working fosters knowledge translation. Heaton et al. caution, however, that more research is needed into the “nature, challenges, benefits and pitfalls” of co-production across contexts and timeframes (p. 9). Our study responds to this call by providing insights from a coastal town grappling with entrenched health inequalities, contributing context-sensitive learning about how co-production unfolds in practice.

This study also intersects with several theoretical frameworks that help explain the impact and processes of co-production. Social Identity Theory (Tajfel, 1974) offers a lens through which to understand how shared identity, belonging, and recognition shape participation and motivation. The current study showed that co-production environments that value lived experience help to affirm participants' social identities and foster a sense of group belonging. Relatedly, Haslam et al. (2024) argue that neighbourhood identity has both physical and psychological dimensions, which this study supports. Co-production in community hubs, grounded in shared local experience, created the conditions for stronger social ties and more authentic engagement.

Resilience theory, especially as articulated by Hart et al. (2016), further contextualises the findings. Rather than viewing resilience as an individual trait for overcoming adversity, our study reflects a broader approach, showing how individuals and communities respond collectively in the face of substantial social inequalities. Findings suggested that co-production promoted resilience at the individual level as a function of social belonging, a sense of empowerment through contributing positively, confidence, skills, and knowledge. These individual gains did, in turn, support collective responses to tackling social inequalities and adversities.

The Knowledge to Action (K2A) framework (K2A; Graham & Tetroe, 2010) was also relevant in guiding how co-produced knowledge can be translated into practice. Our study contributes to K2A by demonstrating how the early phases of scope and plan can be collaboratively undertaken through community engagement and co-leadership. Rather than approaching participants as passive recipients of knowledge, our co-production model embedded lived expertise throughout the process, ensuring outcomes were relevant, feasible, and grounded in everyday realities.

Implications for Practice

The study reinforces the value of co-production for improving health research and service delivery but cautions that success depends on deliberate, well-resourced facilitation. Aligned with the National Institute for Health and Care Research (NIHR) guidance (2024) on co-production, several practical implications emerge. A set of practical guidelines derived from our findings is also provided in [Table 3](#).

Power and hierarchy. The NIHR guidance identifies “sharing power” and “respecting and valuing the knowledge of all those working together on the research” as core principles of co-production. Yet in our study, persistent perceptions of hierarchy, particularly between academic and lived expertise, posed challenges. Despite efforts to flatten hierarchies through facilitation, some participants still felt intellectually inferior or peripheral. Therefore, where possible, projects should incorporate activities that actively affirm the value of lived experience. In the case of Group 3, the ambition of the project may have made this difficult to achieve within the available timescale. Future

Table 3. Practical Guidelines for Co-production in Health Research

Domain	Guideline	Rationale and Key Considerations
Engage community and stakeholders	Include community members and stakeholders in co-design of project logistics and content wherever feasible.	Increases relevance, ownership, and feasibility of research outputs.
Reduce structural barriers	Ensure accessible venues, flexible scheduling, digital inclusion, and streamlined payment processes.	Reduces barriers for participation, particularly for marginalised or resource-constrained community members.
Provide relational continuity	Build long-term relationships via regular communication, feedback loops, and recognition of contributions.	Trust and engagement are strengthened when participants feel consistently valued and informed.
Improve facilitation practices	Employ skilled facilitators who can manage group dynamics, support diverse voices, and provide safe spaces.	Facilitators help navigate interpersonal dynamics and ensure equitable input.
Address power and hierarchy	Actively flatten hierarchies between academics, professionals, and community participants.	Participants may feel intellectually inferior or peripheral; affirming lived experience supports equitable participation.
Ensure transparent communication	Provide timely, clear updates and feedback on decisions, outputs, and next steps.	Reinforces sense of being heard, valued, and co-responsible for outcomes.
Increase personal impact and reciprocity	Design activities that enable skill-building, confidence, and meaningful social connections.	Supports motivation, retention, and empowerment of participants.
Consider sustainability and resources	Allocate sufficient time, funding, and institutional support for ongoing engagement and long-term initiatives.	Enables co-production to mature, reduces tokenistic involvement, and supports meaningful outcomes.
Plan knowledge translation	Embed co-produced knowledge into actionable outputs, with clear pathways for impact.	Ensures research benefits are shared with communities and inform practice or policy.

initiatives should allocate sufficient time and resources for such activities, which could form part of a broader introduction to co-productive research methods and values.

Structural barriers. Participants identified persistent structural and socioeconomic barriers to participation, including inaccessible venues, inflexible session times, unclear payment systems, digital exclusion, and financial pressures. These challenges stood in contrast to the NIHR's principle of "including all perspective and skills", underscoring a gap between policy ideals and lived realities. A valuable strategy to address these issues is to incorporate lived experience in the co-design of the project itself. However, this is not always feasible, as it requires upfront resources to fairly compensate community members and organisations. More accessible and flexible funding avenues to support pre-bid project co-design would help make this approach more viable.

Notably, participants also raised concerns around structural barriers that limited engagement in the current project, despite attempts for proactive facilitation and anticipatory steps to make participation easier and more inclusive. This included concerns around the venue location, scheduling of some sessions or activities, and confusion around payments. Furthermore, rigid University procedures make payments to individuals and small community organisations a challenging and bureaucratic process that needed to be reviewed and improved to ensure research is more inclusive and equitable. These challenges had been addressed throughout the entire project lifecycle. What emerged as particularly important, was the need for transparent communication and timely responses. When participants raise concerns or make suggestions, swift and clear follow-up reinforces their sense of being heard and valued. This responsiveness should be considered a core component of inclusive co-production design.

Relational continuity. While the NIHR guidance emphasises the importance of 'building and maintaining relationships', participants in our study frequently pointed to short-termism, unclear feedback processes, and fragmented project cycles as key barriers to meaningful engagement. Our findings highlight that relationship-building must go beyond the lifespan of individual projects, sustained through feedback loops, recognition of contributions, and continuity of contact, in order to foster trust and long-term involvement. Crucially, the outcomes and impacts of research should be communicated back to participants and communities. This is often challenging, as research impacts can take years to emerge and require additional resources to capture and share effectively. Addressing this would necessitate dedicated funding and infrastructure to support ongoing engagement beyond project completion.

Personal impact. The NIHR encourages "reciprocity and opportunities for personal growth", a theme that emerged across all groups in our study. Participants reported professional development, increased confidence, and meaningful social connections. These benefits and reflections were shared

naturally in conversations during co-production sessions, even without direct prompting. Crucially, these positive outcomes were enabled by safe spaces, tailored facilitation, and responsive project design. Embedding reflexive, relational practices into project governance could help maximise and sustain these impacts.

Taken together, our findings suggest that realising NIHR's (National Institute of Health and Care Research, 2024) co-production principles in practice requires a dual focus on structural change and cultural shift. Resources, time, and institutional commitment are all essential. So too is a willingness to reflect openly on power, positionality, and the emotional labour of co-producing research.

Implications for Policy

National policy increasingly endorses co-production, as seen in England's Integrated Care Systems (ICS), Wales's Social Services and Well-being Act, and Scotland's proposed National Care Service (Scott et al., 2024). Yet, implementation challenges persist. Scott et al. (2024) identify three persistent barriers to meaningful co-production within commissioning processes: structural complexity and inflexibility, limited capacity among commissioners to support inclusive practices, and a lack of mechanisms to sustain the collective voice of service users. These challenges often result in tokenistic engagement, undermining the potential for genuine partnerships that centre lived experience. Mirroring our findings, Scott et al. (2024) emphasise the need for longer funding cycles and pilot programmes that allow co-production to mature; flexible funding models focused on social value, rather than rigid key-performance indicators; and strengthened leadership through including commissioning roles dedicated to co-production leadership and accountability.

Reflecting this, our participants advocated for genuine influence over decision-making, shared ownership of outcomes, and transparent communication. They critiqued tokenistic consultation and short-term interventions, calling instead for long-term, community-led approaches that address the root causes of health inequalities. To support this, commissioning structures must embed accountability for collaboration quality, leadership by communities, and communication of impact. This aligns with Scott et al.'s (2024) call for inclusive commissioning that foregrounds the collective voice, genuine co-design, and appropriately funded, sustainable engagement. By integrating these insights, our study underlines that co-production is not just a methodological or ethical ideal, it requires system-level adaptations in commissioning, regulation, and resource allocation.

While our analysis is situated within the UK policy context, these findings have broader international relevance. Many health and social care systems worldwide face similar challenges in embedding co-production within hierarchical or marketised structures. The need for sustained investment, equitable power-sharing, and community leadership resonates with international evidence from participatory health governance and community-

based health promotion (Gupta et al., 2023; Haldane et al., 2019). Thus, our study contributes to a growing global conversation about how systems can move beyond consultation to enable genuine co-production, requiring local commitment and system-level adaptations in commissioning, regulation, and resource allocation.

Strengths, Limitations, and Future Research Directions

The findings of this study should be considered in relation to its strengths and limitations. A key strength of this research was its grounding in real-world practice. The study was embedded within an existing partnership initiative and involved three different co-production groups with diverse aims and stakeholder compositions. This structure allowed for the triangulation of perspectives across stakeholders, including community members, VCFSEs, local authority, health and social care professionals, and academics. Facilitated sessions generated detailed, contextually rich data, and the inclusion of real-life examples enhanced the credibility of findings. The naturalistic setting and unstructured recordings further strengthened ecological validity, capturing interactions as they occurred organically within the co-production space. Coding and analysis were conducted using Taguette and involved both academic and non-academic researchers, which added methodological rigour and ensured multiple viewpoints were represented throughout the research process. Nonetheless, there are important limitations. The study was conducted in a single geographic area, Blackpool, and the participant sample was relatively small. While the findings may be transferable to other coastal or similarly disadvantaged areas, their generalisability to broader or more diverse populations is limited. Moreover, participants were predominantly White British, reflecting the demographic profile of the local population. This limits the extent to which the findings can speak to the experiences of more ethnically diverse communities. Future research across diverse communities and regions is recommended to understand how co-production can be adapted to different cultural and systemic contexts. Furthermore, the participant sample was predominantly female, reflecting broader patterns in community-based health engagement where men are less likely to take part in participatory activities or research (e.g., Borg et al., 2024; Parrado et al., 2013). This gender imbalance may have shaped the co-production process, particularly through themes related to relational work, emotional openness, and collective reflection, whilst limiting the diversity of perspectives, especially those linked to male experiences of health, help-seeking, and community participation. Future research could explore the barriers experienced by males to join co-production spaces to ensure better representation of experiences and inclusivity.

Additionally, the current study did not include follow-up interviews or focus groups specifically aimed at exploring the (personal) impact of participation. As a result, some emotional or longer-term outcomes of co-

production may have gone unreported. Future research should incorporate more structured, in-depth methods to explore the personal significance and transformative potential of co-production.

Although co-production is widely recognised as beneficial for health outcomes (Albert et al., 2023; Erwin et al., 2024; Hawkins et al., 2017), there is significant variation in how it is applied. A related but distinct concept, co-creation, is increasingly used in health and social research to describe collaborative processes that generate value, knowledge, or solutions jointly with stakeholders. While both approaches emphasise participation, co-production often foregrounds power-sharing, equity, and service-user influence, whereas co-creation may be broader in scope and less explicitly focused on redistributing decision-making power (Voorberg et al., 2015). Greater consistency in process design, more detailed reporting, and sustained investment in community-led research are essential to advance the field and clarify the practical and ethical implications of these participatory approaches.

Conclusion

This study reinforces the potential of co-production not only as a method of engaging communities but as a transformative approach to research and service development. By documenting the implementation of co-production across diverse groups and surfacing the experiences of a range of stakeholders, it offers practical insights into the relational, procedural, and structural conditions necessary for success. While recognising ongoing barriers, such as entrenched hierarchies, resource constraints, and short-term project cycles, the findings highlight the value of inclusive, place-based collaboration in addressing health inequalities.

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Supplementary Materials

Supplementary material

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