

# Developing and Demonstrating Co-production in PhD Research: Studying Power in Conversations After Self-Harm.

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## The PhD..

- This research explored the experience of power, and mechanisms which enable this, during conversations following self-harm, which take place in UK community mental health settings.
- Participants included people working in and those accessing services. The study drew on participant-developed imagery, interview and mixed focus groups.

## Why Co-production?

- There is a broad consensus that public involvement in health research improves relevance<sup>3</sup>, acceptability<sup>4</sup> and knowledge exchange<sup>5</sup>.
- As a democratising<sup>6</sup> methodology, co-production values multiple ways of knowing, bringing experience-expertise<sup>7</sup> to an identified gap in power literature.
- Co-production aligns with a critical realist position, reducing the inherent limitations of single ‘researcher perspective’.

## Caution..

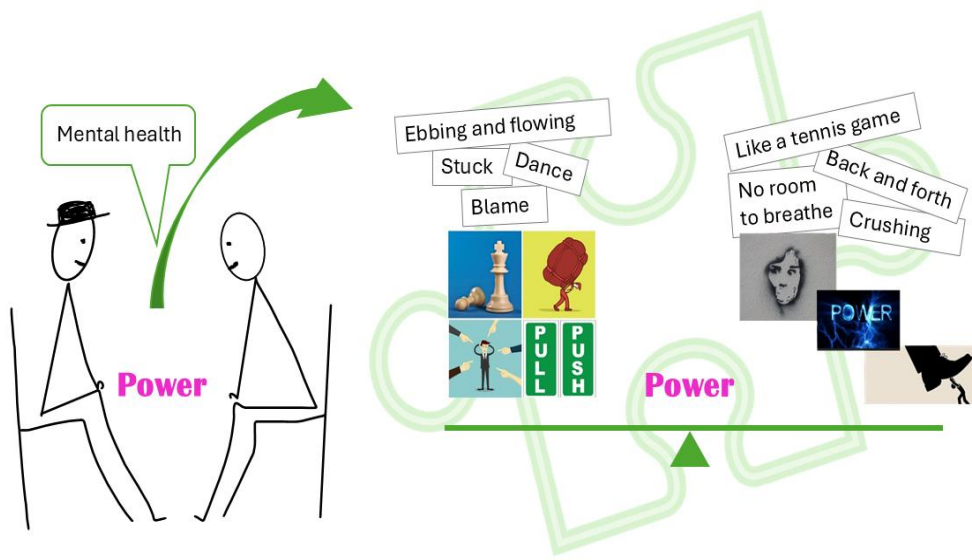
- Co-production is critiqued for a lack of consistency in terminology & approach<sup>8</sup>, transparency about impact on process and output<sup>9</sup>.
- Literature addressing how to embed coproduction within Doctoral research is sparse<sup>10,11</sup>.
- Pragmatic risks include funding and time constraints plus reliance on researcher experience to enable coproduction.

## Developing Co-production

### How: Our Approach

- Researcher’s previous experience with coproduction ensured skills<sup>12</sup> required.
- Supervisory team support through ‘paradigm clash’<sup>13</sup> of PhD and coproduction: conflicting timelines and balancing the requirement of a unique contribution to knowledge with the collaborative nature of coproduction.
- Funding achieved (so far) through regular applications to small awards.
- NHS partnership enabled access to Lived Experience Advisory Forums (LEAF) during Embedded Consultation<sup>14</sup> stages, including refinement of research question & method.

### The research:



### The team:

Ensuring visibility of co-production



Toni King Clare Ockwell Daniel Elton

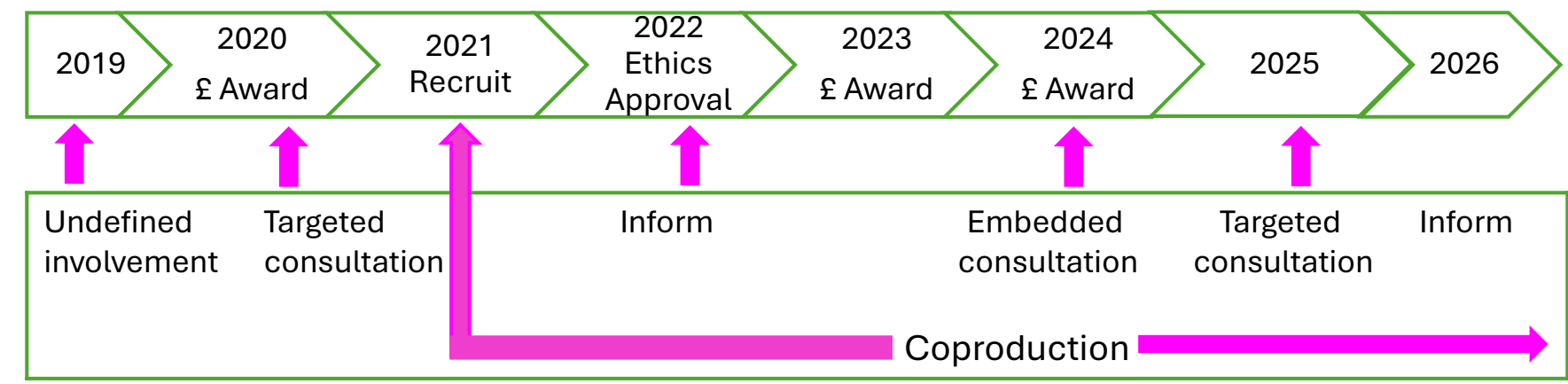
- NHS processes enabled recruitment & employment of Lived Experience Research Advisors (LERAs) to work alongside researcher from the point of ethics development onward (required NHS willingness to support non-portfolio adopted research).
- Use of GRIPP2<sup>16</sup> to ensure transparency about where coproduction took place.
- Guided by co-production principles<sup>17</sup> & asset-led: LERA lead development of recruitment materials, website & accounting – enabling ‘positive stretch’ & blurring of lead roles.
- The shared ‘making’<sup>18</sup> of regular presentations have served to highlight our progress and authentic collaboration<sup>19</sup> - refreshing our values and commitment.
- Flex in approach required when funds run out, delaying co-analysis.

## Demonstrating Co-production

### Who, What & When

Range of novel approaches developed to clearly communicate who has contributed to knowledge creation at each stage of PhD

- To ensure transparent & consistent attribution of type of engagement. Terminology selected<sup>14</sup> and mapped across timeline:



- Size of colour block to represent our contribution to each task of analysis:

Example: Metaphors	Individual Analysis	Shared Analysis	Final Decision (if no consensus)
Clare	Primary		
Dan	Intuitive Overview		
Toni	Secondary		Not Required

- Size of colour block used to communicate the ‘weave’<sup>20</sup> between our forms of knowledge, experience and stages of research:

Role:	LERA	Author	Participants/ LEAF
Experience	Lived & research support	Academic	Clinical
Research Stage			
Dissemination			
Writing Report			
Recommendation			
Data analysis			
Data collection			
Ethical approval			
Research Design			
Research Question			
Research Idea			

**Knowledge Weave**  
Representation of form of knowledge  
Representation of contribution

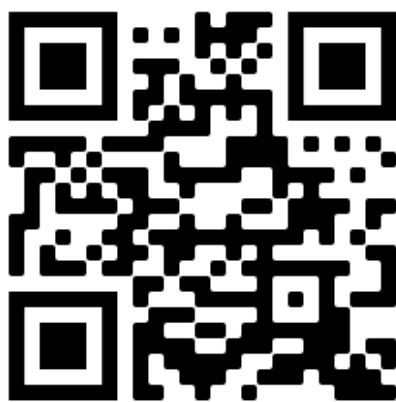
- Logging the impact of co-production on knowledge-creation – collated from shared and individual reflexive diaries (example):

WHAT	WHEN	INCLUDED	SUMMARY IMPACT	EVIDENCE
AIR NHS LEAF	Aug 2019	Is the Research Q important? (Pre & post sharing Research idea and image) Could drawing help prepare someone for Research interview?	Research Q important. Include staff and service user. Important to explore community (A&E is known). Consider staff burnout / who self harm. Mixed feel re drawing – include digital / clip art / photo	

## Conclusion

- This research advances how co-production in research can be approached and communicated within a PhD.
- Transparent communication about involvement approaches and knowledge contribution ensures clarity about levels of collaboration, recognition of the value of lived-experience in research, enables legacy planning for Lived Experience Research Advisors, and foregrounds the unique contribution required of a Doctoral student.
- Sharing pragmatic solutions is intended to promote coproduction in early researcher careers, thereby developing our future research capacity.

## References & Info



www.spices-research.com

## Acknowledgements

### With thanks for:

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**RCOT** Royal College of Occupational Therapists

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**NHS** Sussex Partnership NHS Foundation Trust

**University of Brighton**

**NHS** Hampshire and Isle of Wight Healthcare NHS Foundation Trust