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Research Involvement and Engagement

COMMENT

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A three-way partnership: reflections and lessons from co-producing social care research with practitioners, researchers and the public

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Abstract

Background Co-production in social care research seeks to bridge the gap between academic inquiry, frontline practice, and lived experience by actively involving practitioners, researchers, and public members as equal partners throughout the research process. However, sustaining and balancing this three-way partnership remains challenging in practice.

Case study This paper reflects on the 'Better Care Moves' project, a co-produced study involving social care practitioners and managers, academic researchers, and public members with lived experience of life and care transitions, such as hospital discharges to care homes and moves into and between social care settings. The team shared reflections on their experiences of co-production in this project through questionnaires and semi-structured interviews, guided by the principles of co-production. Key lessons were identified under two themes: (1) including, valuing, and learning from all perspectives, and (2) power sharing and relationship building. The co-production approach in this project enabled recognition of diverse expertise - practice knowledge, lived experience, and research skills - while fostering mutual learning and skill development. Challenges included limited diversity among public members, demands on practitioner time, and navigating power differentials. Team members highlighted the importance of clarity in roles, mutual respect, and ensuring all voices were heard and valued. The project produced practical resources and strengthened cross-sector networks, demonstrating the tangible benefits of co-production for research and practice.

Conclusion Co-production is an evolving, relational process that requires sustained commitment to inclusion, valuing diverse contributions, and sharing power. While roles differ, equality of respect is essential. Future co-production should strengthen diversity, support consistent participation, and embed transparent decision-making. The 'Better Care Moves' project illustrates how co-production can generate accessible knowledge and practical tools for both research and practice to the benefit of those who experience social care services.

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Plain English summary

This paper looks at the use of co-production to develop, manage and deliver a social care research project called 'Better Care Moves'. Co-production is a collaborative approach to research where everyone involved – university researchers, social care practitioners such as care home workers, social workers and managers, and members of the public with lived experience – work together as equal partners. All team members share expertise, responsibilities, and decision-making, and are actively involved at all stages of the project.

The 'Better Care Moves' project explored the experiences of older people and their families moving between care settings, such as from home or hospital to a care home. The research team was a three-way partnership made up of public members, practitioners or managers, and academics, following co-production principles throughout.

The team shared their experiences of the co-production process through questionnaires and semi-structured interviews. These were grouped into two main themes:

1. Including, valuing, and learning from all perspectives.
2. Power sharing and relationship building.

Co-production brought many benefits, such as shared learning and skills development. It also presented challenges in sustaining and balancing this three-way partnership, including limited diversity among public members, varying levels of practitioner involvement and managing different perceptions of power. The team highlighted the importance of clarity about roles, mutual respect, and ensuring everyone's voices is heard and valued.

The project also produced practical resources and strengthened links between researchers, practitioners and the public, showing how co-production can enhance social care research and practice.

Keywords Co-production, Social care, practitioner, Staff, Lived experience, Older people, Carer, Transition, Move, Social work

Background

Co-production is an approach to involvement that has been increasingly adopted in health and social care research and practice development. It refers to a collaborative model in which people traditionally separated into categories of 'users' and 'producers' – including people who use services, practitioners, and researchers – work together to share expertise, responsibilities and decision-making [1, 2]. In health and social care research, it is essential to hear the voices of people who draw on care and support, their family members and people from marginalised communities, not only by listening to their perspectives but by actively involving them in research design and delivery [3]. Meaningful inclusion requires engagement at all stages of the research process [4, 5], enabling people with a vested interest in the topic to move beyond the roles of research participants or occasional consultants, towards sharing ownership of both the research and its outcomes.

Like public members, social care practitioners have traditionally found themselves in the position of recipients of research [6]. Whilst evidence-informed practice has been advocated in social care, especially social work, in the past few decades, there are challenges when it comes to the adoption of research in daily practice, such as lack of time, insufficient training in research methods, or scepticism about the applicability and relevance of academic studies to 'real-world' practice [7–9]. This has created an apparent disconnect between practitioners and researchers, whereby practitioners may experience challenges to embracing research and academics may overlook the realities of social care and the pressures experienced by practitioners in the context of complex case work and ever-increasing time pressures [6, 10].

Recognising the value of diverse stakeholder contributions, co-production research builds on the principles of meaningful involvement. It offers an approach through which researchers, practitioners and people with experience of care and support work together, sharing power and responsibility throughout the project, from identifying research questions to generating knowledge [11]. By actively involving practitioners and public members in research, co-production provides a way to bridge the gap between research and practice, enabling practitioners to share their practice experience, and members of the public, their lived experience. It attempts to challenge traditional notions of how projects are undertaken and by whom, positioning all members of the co-production team, including practitioners, researchers and the public, as equal members, collaborating, sharing power and having agency to determine the direction of work [12, 13].

This paper consolidates the lessons learned from a co-production study in social care, namely the 'Better Care Moves' project, which explored how to assist social care practitioners in supporting older people and their families through the experience of transitions between and into social care settings, such as care homes and extra care housing [14, 15]. The project team consisted of four older people and family carers, four social care

practitioners and managers, and four academic researchers. We worked together in research activities, including a literature review and interviews, and co-produced free online resources to inform and support older people's transitions (available at: https://sscr.nihr.ac.uk/research/care-settings/better-care-moves-for-older-people/). This paper especially highlights the value of a constructive three-way partnership between practitioners, researchers and the public in this co-production research.

Methods

The research proposal for the Better Care Moves project was developed based on a long period of discussion between the academic members of the research team, older people, family carers, and social care practitioners and managers across two local authority areas in England. These discussions aimed to identify the key issues and challenges related to moves between social care settings, as seen by each stakeholder. In preparation for the research proposal, we conducted consultations with:

- A group of **public members** of the University of Kent Opening Doors to Research (ODRG) group, all of whom have experience of social care service use and/or caring, the majority aged 65 or over. The feedback collected from the consultation meeting, follow-up email conversations and online meetings with six members from the ODRG group contributed to the identification of key research objectives of the proposed study. Three members from this group also reviewed the draft proposal.
- Three **social work managers and practitioners** from two local authorities in South East England on the key challenges in transition-related practice and the design of this proposal. We collected valuable information on the gaps of services in adult social care, disparities in transition-related support and services within and across different local authorities, and challenges and dilemmas in the support and service delivery and design. The information was used in shaping the focus of the research aim, and design.

Following a successful application to receive project funding, a co-production team of twelve people was established consisting of four academics, four public members with experience of moving, or supporting moves, between care settings (one from the ODRG group and three from other public involvement and engagement groups hosted by universities or local authorities), and four social care practitioners and managers (two social work managers/practitioners based at a local authority and two from care provider organisations – one domiciliary care agency and one residential care home). Due to job changes and personal circumstances, two practitioner/managers were unable to remain involved for the full duration of the project (one withdrew due to family reasons, and one left the organisation and was replaced by a successor, maintaining consistency of involvement at the organisational level).

The study was conducted between 2021 and 2023, spanning the COVID-19 pandemic and the subsequent easing of restrictions. During the earlier, pandemic-affected phase, all activities were delivered online. As a co-production team, we had one training session on interview data collection, two training sessions on co-production (provided by external experts), seven online co-production workshops, four co-production reflective meetings, and extra one-to-one meetings held by the lead researcher and co-production group members. Following the lifting of COVID-19 restrictions, we organised one in-person co-production workshop and two team meetings, fostering face-to-face engagement and joint working among group members. The roles of social care practitioners and people with lived experience included:

- Sharing and discussing transition-related needs, social care support and services and how to improve transition experience of older people.
- Reviewing materials for research participants e.g. information sheets, interview questions, and research outputs.
- Helping with the recruitment of interviewees.
- Conducting interviews as co-researchers [16], with training and support provided by the research team.
- Ongoing review of the project findings and progress throughout.
- Taking part in meetings and workshops to discuss the findings, whether they make sense with reference to their experience, and how to best present and use the findings to produce a practice guide for social care practitioners.
- Co-presenting at conferences, events, workshops and webinars.
- Co-producing guidance and resources, including animation design, recording and drafting online resources.
- Disseminating the project resources and outputs to relevant organisations, groups and individuals.
- Reviewing and/or co-authoring research outputs, e.g. journal papers.

The public advisors were also supported by the Patient Experience and Public Involvement Lead at the project host University, and were paid in line with NIHR guidance [17].

To evaluate and reflect on our co-production approach, we undertook a structured reflection exercise to explore

how co-production was experienced by different members of the team and to identify learning for future co-produced research. The was informed by ideas from reflective practice, which emphasise reflection as a deliberate and thoughtful process of examining experiences in order to generate learning and improve future action [18]. In this sense, our review aimed not only to document experiences of the project but also to critically consider how co-production principles were enacted in practice. In particular, we sought to capture perspectives from contributors with lived experience, practitioners/managers, and academic researchers in order to understand how co-production was experienced across roles and better understand issues such as collaboration and perceptions of power within the research process. The team shared reflections on the experiences of co-production in this project through questionnaires (completed by social care practitioner/managers and researchers) and semi-structured interviews (with experts by experience, conducted by JG and WZ). The questionnaire and interview questions were guided by the NIHR principles of co-production [11]: sharing of power, including all perspectives and skills, respecting and valuing the knowledge of all those working together on the research, reciprocity, and building and maintaining relationships. Responses from the questionnaires and interviews were reviewed by JG and WZ and organised using a framework informed by the NIHR co-production principles.

Ethical approval for the Better Care Move study was granted by the NHS Health Research Authority (Reference: 21/WM/0201; IRAS ID: 300025), along with Local research governance approvals from the two participating local authorities. The study was conducted in accordance with the principles of the UK Policy Framework for Health and Social Care Research. This reflective paper on the co-production approach did not require separate ethical approval, as all contributors whose reflections are members of the co-production team and co-authors of the paper.

Results

The co-production team reflected on the project's principles, structure, and delivery of the project, using the NIHR principles of co-production [11] as a framework (Fig. 1). Key principles and lessons were summarised into two themes: including, valuing and learning from all perspectives; and power sharing and building relationships.

Including, valuing and learning from all perspectives

Co-production requires a research team to ensure that all views, experiences, skills and knowledge are included and valued, from lived experience, practice knowledge and research expertise.

> *Public members bring their knowledge and expertise from their own lived experience and practitioners bring their knowledge and expertise of the "reality on the ground". Whilst academics bring their skills and knowledge of how to do research. [Julia, practitioner]*

> *I think [the co-production team] had a good selection coming from all angles… It was diverse and I think that's important. Not looking at something with a tunnel vision. [Janet, expert by experience]*

Ensuring that all perspectives are meaningfully included also involves a commitment to diversity and inclusion [19]. This involves engaging people with relevant experience of the research topic, particularly those from groups that are often underrepresented in research. While the co-production group for this study included people with lived experience, practitioners, and academic researchers, it was not able to reach a widely diverse group. People with lived experience involved in this co-production group were all white women, although ethnicity diversity was represented among practitioner and academic group members. This partly reflects the context in which the study was conducted in South East England, where the older population is relatively less ethnically diverse, as well as wider patterns in which women are more likely to take on unpaid caring roles and therefore may be more connected to relevant networks through which contributors were recruited. Nonetheless, we recognise the importance of continuing to seek more diverse representation within co-production groups themselves.

> *All public members (with previous experience of caring for) were female - it would have been good to have more diverse gender representation to bring in alternative dimensions. [Eirini, academic]*

> *Perhaps something we still need to tackle in our research is greater diversity in the co-production group itself, not only focussing on the diversity of our research participants (although that is also important). [Ann-Marie, academic]*

Another challenge in facilitating three-way collaboration within this research was sustaining practitioner participation, as some practitioner members of the group withdrew from the project over time.

> *We lost some practitioner members from the co-production group during the project's duration. Ideally, it would have been better for our practitioner and manager members to remain engaged throughout, but it's unavoidable for professionals to transition to*

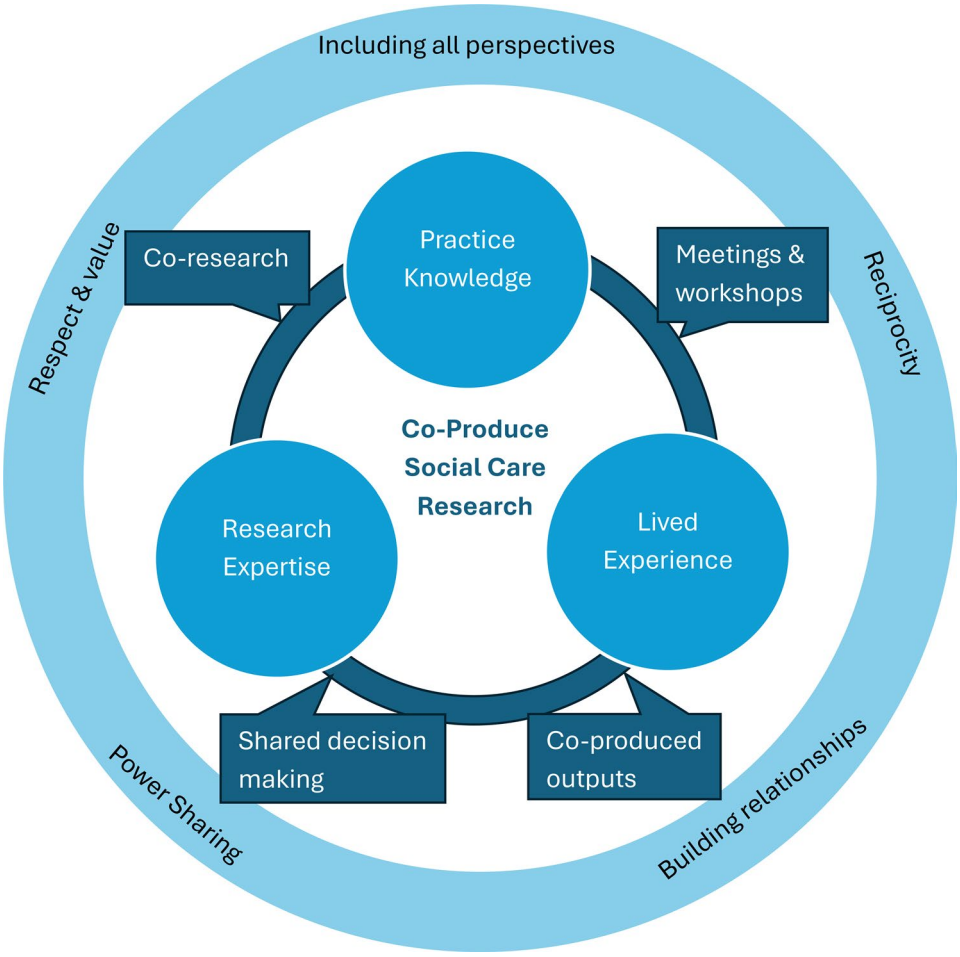


Fig. 1 Principles, knowledge sources, and collaborative activities in co-producing social care research through a three-way partnership

other jobs or face personal issues that impact their involvement. [Wenjing, academic]

This co-production project definitely saw and made great use of the diverse range of skills and knowledge of its members when designing and delivering the research. The starting point was that every member of the research team is of equal importance and recognised as an asset. Co-producing research requires that the different knowledge bases, experiences and perspectives are afforded equal respect and value. Additionally, the space and opportunity for all voices to be heard must be made available.

My knowledge about these things only came from my own experiences… We were constantly asked as research advisors if we had anything to add and 'what's your view on that?' We were pretty much treated all the same… it was like a joint effort. [Helen, expert by experience]

I felt valued as a member of the team insofar as I was able to share my experiences from the 'frontline' and the eccentricities of the social care system, along with explaining some of the jargon used! [Julia, practitioner]

Co-production group members felt their contributions were recognised and also were able to get something back from contributing to the project. For example, the development of social networks, increased confidence, new knowledge and skills and access to courses and training. Both public members and practitioners were provided with opportunities to develop their research skills and knowledge, which they were then able to apply to research activities such as interviewing and analysis, and subsequently translate into practice.

In addition to formal training around research, co-production group members also commented on what they had learnt from other members of the group:

She [a practitioner] didn't realise that supported living is also for the elderly… I realised that I sort

of gave somebody something new to learn. [Janet, expert by experience]

It was interesting to know from the other public members, to hear their stories. It makes you feel not alone in what you've been through. And I think also from seeing the researchers that's really interesting to see how they really take on board what you say and respect it and even if they haven't been through that same situation. [Karin, expert by experience]

Power sharing and building relationships

With shared power comes a shared responsibility between all partners – public members, practitioners and academics. Whilst public members reported they felt respected and valued, they did not always perceive their contributions as being on an equal footing with those of academics. It is important to recognise that people involved in a project may have different roles and levels of responsibility, but difference does not equate to inequality. True equality lies in the value and influence placed on each perspective, rather than in identical tasks or equal involvement in every decision. This is demonstrated in the reflections shared by the public members.

I don't think you can have completely joint ownership [Kate, expert by experience]

What I said was taken on board equally with other people, but the ultimate power I wouldn't say rested with me or the other public members … Because ultimately the researchers are doing the research, guiding us all, so I'd say the power rests with them… I'm not doing all that background work. I'm helping with the work but I'm not doing all the horrendous stuff, analyse it all and you can help share your thoughts on the findings but you're not the one that's compiling every last tiny bit. [Karin, expert by experience]

Similar to discussions in healthcare about co-production, where the process brings mutual benefits while also exposing persistent power imbalances within healthcare and academic systems [13], our findings recognise comparable challenges within social care practice and research. At the same time, this project illustrates how co-production can serve as a practical means of sharing power more equitably across these boundaries. In this co-production study, members of the co-production team shared the responsibility and key decisions with others and the power between individuals might fluctuate depending on the expertise and responsibility required at any particular stage.

Practical steps were taken to support this, including creating space in meetings for different perspectives to be discussed, involving public members and practitioners in interpreting findings and shaping recommendations and outputs, and maintaining transparency about roles and decision-making. While researchers retained responsibility for the formal research processes, these approaches helped ensure that lived experience and practice perspectives meaningfully informed the direction and delivery of the project. The aim is to ensure that power relations are more equitable than hitherto and that there will be joint ownership of key decisions on a project as people work toward a shared understanding [11]. Every member of the group said that they understood the roles and responsibilities of each group member, however, this did to some extent reinforce power differentials. Co-production can be restrained or limited by the structures and processes that govern and support research, such as requirements to submit detailed protocols upfront, rather than work with knowledge users (such as practitioners and people with lived experience) to develop these based on input from partners [20]. These dynamics may operate differently across sectors; for example, compared to more hierarchical acute healthcare settings, social care contexts may offer greater scope for relationship-based working, yet are also influenced by resource and organisational constraints. In this study, involving practitioners and experts by experience in reviewing emerging findings and co-designing accessible outputs helped to mitigate these challenges, ensuring that diverse perspectives were represented in the study's outputs and recommendations.

Relationships are key to sharing power. There needs to be joint understanding and clarity over roles and responsibilities. Evolving relationships and trust enable co-production to happen and be successful. In order for trust to develop, individuals need to reflect on the knowledge, assumptions, preconceptions and biases that they bring to a research project. There needs to be an acknowledgement and mindfulness of the complexity involved in power differentials.

I felt really those are the main things that we had time to build, relationships between us, and you did have the different perspectives. [Kate, expert by experience]

This research project was conducted between 2021 and 2023 and was inevitably affected by the COVID-19 pandemic. The pandemic not only limited opportunities for data collection but also shaped how the co-production group was able to work together. Although the team successfully recruited members and collaborated through online platforms, opportunities for building relationships and trust were delayed and constrained by the lack

of in-person interaction. The co-production team only met in-person towards the end of the project. These circumstances underline the limitations imposed by the pandemic on the co-production process, particularly in developing relationships and trust within the team.

> *If there had not been the pandemic we could have met the team face-to-face at the beginning, and this would have probably helped to create closer relationships at the start. [Robin, academic]*

Conclusion

While co-production has been widely discussed in healthcare research, social care presents distinct contextual challenges and opportunities, including different organisational structures, resource constraints, and the central role of practitioners and people with lived experience in navigating care. Compared to healthcare, particularly acute care settings, social care more often involves longer-term relationships and home- and community- based interactions, which may create greater opportunities for sustained collaboration. This study contributes to the growing evidence base by examining how co-production works within the social care context. A key strength of this project was the way members with different expertise - lived experience, practice knowledge, and academic research - were able to contribute equally valued perspectives. This forms a three-way partnership, further extending the two-way learning between public contributors and academics [21] to include insights and experience from social care practitioners and managers. The collaboration enriched the research process and outcomes, including enhancing participant recruitment [22], the co-design of accessible outputs [23], and the feasibility of implementation [24] through the combined involvement of social care practitioners, managers, and experts by lived experience.

While this paper reflects on shared experiences of the co-production team, the insights draw on the distinct yet complementary perspectives of practitioners, people with lived experience, and researchers, illustrating how these different forms of knowledge interact within social care research. The co-production team members reported benefits such as skill development, confidence, and new networks, demonstrating the mutual gains of co-producing research to all involved parties. At the same time, challenges around diversity of public involvement [25], sustaining practitioner participation, and navigating power differentials underline the complexity of building truly inclusive and equitable partnerships. These experiences also reflect wider structural factors that shape the feasibility of co-production in research, including time, funding, organisational support, and the competing demands faced by practitioners and public contributors.

Co-production is not a static achievement but an evolving process that depends on relationships, trust, and reflexivity. As noted from the evaluation of other research co-production studies, it is inherently relational, requiring research teams to navigate power dynamics among funders, researchers, practitioners, and experts by lived experience [26]. Successful co-production requires engagement throughout the research journey which is grounded in the principles of inclusion, value and learning from others, power sharing and building relationships [16]. Different roles within a project are inevitable, but equal value can be placed on all contributions. Creating the conditions where every perspective is heard and respected is central to moving social care research and practice towards more meaningful co-production in the future.

To strengthen future co-production in social care research and practice, we recommend:

- Actively strengthening inclusion and diversity, ensuring that underrepresented voices are meaningfully engaged, for example, by working with community organisations and networks to engage underrepresented voices.
- Building supportive structures for participation, including flexible ways of involvement, recognising practitioners' time and priority constraints, and creating opportunities for mutual learning between contributors.
- Embedding power-sharing and trust, with clear, transparent processes for joint decision-making and reflection, between researchers, practitioners and public contributors.
- Embedding more systematic evaluation of co-production approaches and sharing learning with both the creators and users of knowledge.

Building on the success of this co-production project and our three-way partnership, we extended our collaboration to develop a set of online resources, co-produced with public advisers, practitioners and researchers from this study (https://sscr.nihr.ac.uk/research/care-settings/better-care-moves-for-older-people/). These outputs not only demonstrate the sustainability of the partnerships formed, but also show how co-production can generate practical tools and accessible knowledge that benefit both research and practice [14, 15].

Limitations: As a reflective commentary rather than a research report, the insights presented in this paper draw on shared reflections from the co-production team. While this enables exploration of experiential learning and multiple perspectives on the co-production process, it has limitations in terms of systematic data collection and analysis. In addition, the primary aim of the project

was to co-produce practice-oriented outputs rather than to formally study the co-production process; the insights presented should therefore be understood as interpretive and emergent rather than a comprehensive evaluation. Future work could complement such reflection with more structured evaluation approaches.

Abbreviations

NIHR National Institute for Health and Care Research
ODRG Opening Doors to Research

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No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate
Not applicable.

Consent for publication
Not applicable.

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JG is an independent social worker. SL is the Principal Social Worker of Adult Social Care and Health at a local authority. WZ, ECS, RD and AMT are academic researchers. KW (Wortham), KW (Webb), HS, and JRS are experts by lived experience.

Competing interests
The authors declare no competing interests.

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