Principles for co-production of guidance relating to the control of COVID-19

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The purpose of this brief paper is to suggest key principles for co-production of guidance relating to the control of COVID-19, especially where that guidance is expected to be implemented locally by institutions, communities and small businesses.

We understand co-production to be the processes and activities by which specific outputs, whether policy, guidance or tools, are created between those traditionally viewed as the 'decision-makers' and those groups traditionally viewed as 'subjected' to those outputs (Davies, Wetherell & Barnett, 2006; Wright, Corner, Hopkinson & Foster, 2006). It is a practice that amplifies local expertise and practical, embedded knowledge of the problems, and implications of any proposed policy (Hurtig, 2008). Whilst co-production inevitably requires some time and resources during the design of an intervention, even a minor investment in working with the implementers and targets of interventions will be repaid in terms of enhanced effectiveness. Co-production can be as short as a few hours of consultation with key stakeholders and as long as weeks or months. However, in this rapidly changing environment, a little bit of well-planned, well-prepared co-production can go a long way towards preventing implementation failures, either due to irrelevance or unacceptability, later on.

We suggest three key principles for what optimal co-production would look like, highlight four criteria to understand whether co-production has been effective, and provide practical steps for undertaking co-production before presenting two cases where co-production was undertaken quickly to inform pressing policy needs.

What does effective co-production look like?

Co-production activities and processes look different depending on the groups involved, the outputs needed and the existence and strength of relationships between output developers and relevant institutions, businesses and communities. In practice, co-production will involve an iterative process with one or more of: broad-based consultations, live or via the internet; focus groups, with community members or with key stakeholders and community leaders; one-to-one consultations, either with the most relevant informants or with community leaders; prototyping and revision based on feedback; and final agreement on outputs (Hawkins et al., 2017).

The exact combination of methods used, and the sequence in which they are used, will be determined by the timescales and consequence of the outputs to be co-produced. There is no single optimal method or strategy for co-production. However, we believe there are three key principles for optimal co-production.

Principle 1. Optimal co-production is locally effective at developing key insights. Methods and strategies used for co-production should be oriented at unearthing insights that a top-down development process without co-production would not have. This is especially important with regard to the role of 'local experts' with lived experiences (see below). Local experts are people who are in key mediating roles in institutions or who are at the centre of dense social and community networks (Haenn & Casagrande, 2007). This gives them sight of a wide range of social experiences and evidence. Their insights are valuable because of their unique practical knowledge about the consequences of government policy and access to a wide range of social experiences. They would not necessarily be official community leaders and careful work has to be carried out to identify the most appropriate local experts to address specific policy questions. Such people could include networks of professionals, faith leaders, local authority officers, charity/advice providers or more informal experts such as mutual aid volunteers or unpaid childcare providers. It may also be important to recruit

citizen scientists, or lay researchers working in communities (Daniels, 2018), who can act in specific settings. Regardless of the specific people chosen, who these people are needs to be carefully considered according to the policy question involved (Jupp, 2007; Spray, 2018). These local, informal experts should be given a role in which they do not simply respond to government suggestions and programmes of inquiry, but are actively involved in shaping the form of research and policy ideas (Dyrness, 2008).

When beginning a process of co-production, developers should ask themselves whether the combination of methods and strategies used for co-production will yield insights as to the relevance, acceptability and feasibility of the output (Campbell, 2002; Durose, Needham, Mangan & Rees, 2017). In order to achieve these insights, particular attention from the start should be given to how consultations are held and who they are held with. It could help to have social scientists with long-term knowledge of UK society gained through ethnography with various constituencies to give input to the process of co-production.

Principle 2. Optimal co-production is fit for purpose. The methods, strategies and foci used for co-production should be chosen to match the goals that need to be achieved. For example, if guidance is to be developed and implemented at scale, it may be that co-production activities should encompass not just the codification of guidance but also its dissemination, implementation and uptake. Co-production activities can be used to inform planning for these phases as well (Rycroft-Malone, Burton, Bucknall, Graham & Hutchinson, 2016).

Principle 3. Optimal co-production supports procedural justice and is equity-generating. Methods and strategies used for co-production should reflect a concern for a fair and equal process, with an appropriate opportunity for a diversity of voices and interests to be articulated and heard (Tyler, 1989). It will often be impossible to have agreement between all stakeholders on what constitutes a 'fair' outcome of a co-production process; however, it should be possible for the process by which an output is co-created to be regarded as fair (Hemment, 2007; Parker, Pearce, Lindekilde, Bouhana, & Rogers, 2019). Even those who disagree with decisions will accept them as long as the procedure used to make them is judged to be fair (Blancero, DelCampo & Marron, 2010). Procedural justice is central to British public policy, and in particular health policy. For example, the National Institute for Health and Care Excellence (NICE) has long relied on procedural justice to ensure that the outcome of its deliberations have wide acceptability (Daniels, 2000).

Given the current inequalities associated with Covid-19 transmission and mortality, especially among socio-economically disadvantaged and BAME groups, co-production would need to involve such groups (as relevant to the policy concerned). Alongside procedural justice, co-production should prioritise developing policy in consultation with those who are usually least represented in decision making in institutions, communities and businesses. This would best reduce the chance of interventions unintentionally contributing to further inequities and, indeed, maximise the likelihood that interventions improve equity.

How do we know if co-production has been effective?

We propose four criteria for determining whether a co-production arrangement has been effective. These flow from the three key principles above.

Criterion 1. Effective co-production acknowledges frontline expertise. Local experts are key to co-production, but these may not necessarily be leaders and managers. Where an output is to be implemented locally, it should be produced in partnership with those who will need to take up and learn new ways of working; for example, food service workers, healthcare assistants, or cleaning staff. This will often be determinant of its successful implementation. An effective co-production process will have sought to glean these insights and to incorporate them into a co-produced output.

In incorporating frontline expertise, co-producers should account for power and duress. Specifically, this means that consultation activities should be mindful to which voices are 'in the room'. It may be, for example, that workers may be more willing to contribute if their managers are not present; or pupils may have different accounts of their activity patterns in schools in the presence of teachers.

Criterion 2. Effective co-production leads to socio-culturally competent outputs. Co-production has often been touted as a way to overcome structural inequalities and inequities in public and social services, but can widen these inequities when the views of the most vocal and most powerful are the only ones heard (Eriksson, 2019). Awareness of this is important not just because an inequitable process will be procedurally unjust (Powers & Faden, 2003), but also because outputs will need to be relevant to all members of a community beyond those who are most heard. Outputs should reflect an understanding of the diversity of communities within which they will need to be applied, and of gender, age and other distinctions within communities.

Criterion 3. Effective co-production strengthens social relations and trust. Co-production is an explicit recognition of diverse strengths and assets within all areas of society and an opportunity to improve social cohesion between groups (NICE, 2019; Parker et al., 2019). People living in disadvantaged communities possess resources and socio-cultural capital that should not be over-looked in policy-making. Reaching out to include persons from marginalised groups as assets to policy-making can enhance social cohesion by bringing a broader range of perspectives and interests into conversation with government and each other. It can also stimulate a sense of ownership of policy that will contribute to the success of the policy (Webber, 2019). Central to this is that to be effective, co-production activities should have clear regard to feedback loops, to evidence incorporation of suggestions and insights from consulted groups and to 'follow-up' at the end of co-production.

In contrast, policy-making procedures that allow groups to differentially engage and disengage can undermine government goals to improve social cohesion. These procedures can furthermore result in a policy that is differentially implemented, thus expensive to deliver and ultimately of limited success.

Co-production is likely to broaden trust and makes it more likely that people will adhere to government policies. Groups will see their suggestions taken into account and they are more likely to follow policies that have been built from their and others life-situations. This will especially be the case if as part of communications on new policies, it is clear that they have been developed through equal, embedded consultative processes.

Criterion 4. Effective co-production accomplishes legal obligations in policymaking. The Public Sector Equality Duty (PSED) in Section 149 of the Equality Act 2010 emphasises that a public authority must have due regard to the need to eliminate discrimination, harassment, victimisation. However, the PSED also sets out two further goals: first, that a public authority must seek to advance equality of opportunity and second, that it must seek to foster good relations between groups protected under the Equality Act. Co-production of policy can be an effective way to achieve these aims. While the PSED is addressed directly to pubic authorities, there is nothing in the Equality Act that precludes its adoption by private sector organisations.

What are practical steps to co-production?

Co-production can be done quickly, and should draw on a combination of activities and formats needed to generate 'good enough' evidence (Durose et al., 2017). Co-production can be used to determine the specific goals of an output as well as the precise activities to achieve these goals. Different forms of consultation and collaboration with different

participants may be needed for determining the goals and the activities. As described by Hawkins et al. (2017), co-production activities exist on a continuum from early stakeholder consultation undertaken in conjunction with evidence review, rapid cycles of iterative development and feedback, and prototyping (see Figure). In time-pressured contexts, prototyping may be rolled into implementation.

We present below several typical co-production activities, with particular consideration as to their utility at different stages of development. Across all activities, planners should be aware of potential unintended consequences and seek to mitigate these. These unintended consequences include role ambiguity of participants, impacts on trust and increased fear e.g. of virus transmission (Parker et al., 2019). Clarity, consistency and specificity in co-production activities will be important to address these unintended consequences.

Key stakeholder consultations. These include one-to-one or small group conversations with leaders of relevant groups and communities. Key stakeholder consultations are useful to gauge acceptability, to gain champions for co-produced output and to provide dissemination through public opinion leaders but may be less useful to provide rapid advice in the iterative phase or to understand the 'on the ground' reality. Typically, consultations are part of a run-in phase to co-production and are no more than four or five in number.

Focus groups and open meetings. Open meetings are a hallmark of co-production but are less immediately useful in the current public health context, and online technologies for open meetings pose major risks for equity in co-production. Focus groups, which can readily be undertaken by teleconference, may be more useful and can include a wide range of interests, experiences and perspectives in each group. Focus groups are most useful to understand relevance, feasibility, acceptability, and dissemination, but are unlikely to be helpful in providing iterative advice.

Routine activity observations. When outputs will impact frontline practice, routine activity observations, including 'shadowing' frontline workers, can identify where proposed outputs might be at odds with workers' reality, where outputs might be improved to better reflect the activity patterns of these workers, and where outputs could usefully be disseminated for impact (e.g. where should handwashing advisories be placed?). This need not be an in depth ethnographic study—a little, even a few hours' worth, can go a long way and avoiding embarrassing and ineffective implementation.

Rapid cycle groups. These are targeted groups of no more than six to eight stakeholders representing a 'typical' range of interests and roles in respect of the outputs being co-produced. This might include, for example, one or more public opinion leaders from affected groups; members of affected communities; frontline workers; and possibly, but less prominently, decision-makers, clinicians and/or civil servants with first-hand knowledge of affected communities. These groups are set up to provide rapid and responsive advice in the iterative phase of co-production. Groups may not necessarily meet in session, and might instead be set up as a panel of advisors. Rapid cycle groups are useful to provide a diversity of advice at speed and can also see an output through from conception to dissemination, but may be less useful in terms of 'championing' co-produced outputs or designing dissemination strategies.

One specific approach to rapid cycle groups is the Delphi technique, which is an iterative and anonymous approach specifically oriented to achieving consensus on outputs. These have been used, for example, in generating clinical guidelines or assembling logic models for interventions (van Urk, Grant & Bonell, 2015).

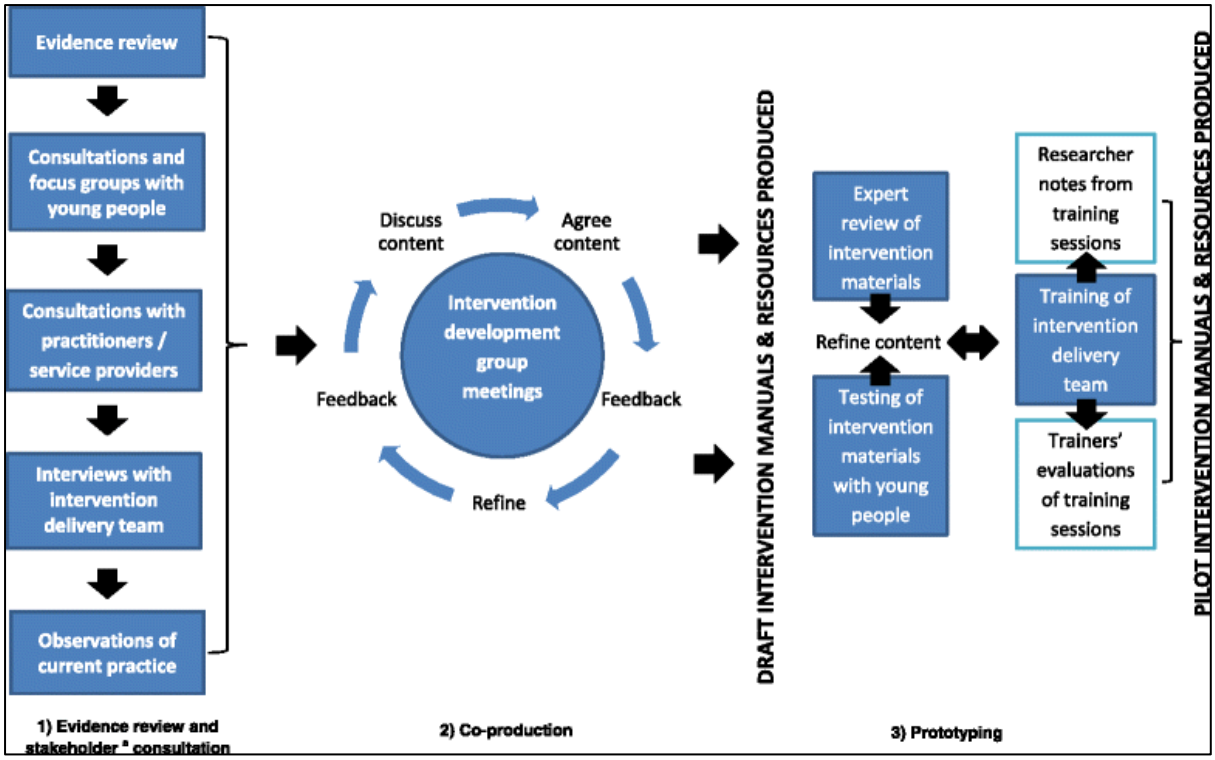

Figure. Consultation, co-production and prototyping of interventions (from Hawkins et al., 2017)

How has co-production been successfully undertaken at speed?

A Rapid Response: Consultation on Excess Deaths during Covid-19 Pandemic

The Cabinet Office were concerned about the public implications of excess death and the disruption of usual burial practices during the peak of the Covid-19 pandemic in the UK. A particular issue was how different faith communities might respond to alterations to processes of saying goodbye to and mourning relatives, especially if delays to burials or cremation had to be enforced. Given the sensitive subject the usual methods of focus groups were not yielding helpful information.

A team of 15 anthropologists with long experience of working with different faith communities carried out a rapid research exercise over six days. A principal investigator designed the questions with insights from the anthropology of death and of UK communities. The long-term expertise allowed fuller contextualisation and analysis of the data. Interviews were carried out over phone, WhatsApp and Zoom with local experts of different ages. They were open-ended and led by the concerns of the interviewees. Local experts were people who had specialist roles such as religious practitioners and hospital chaplains, but also key local animators of communities of all ages. Going beyond the leaders of organisations the anthropologists interviewed people who did not have official roles, such as volunteers and community organisation participants. Fifty-eight interviews were carried out by experienced social scientists for up to 100 minutes each.

The final report structure was guided by the themes and concerns of the interviewees. Crucially this allowed it to capture common experiences of emotional loss and trauma, as well as faith differences. Each anthropologist created summaries of the interviews and shared them with their interviewees for further commentary and/or alteration. The final report

was also circulated to all participants so they could suggest changes. This created an 'iterative' structure within a short space of time and ensured that the policy recommendations fitted with local realities and sensitivities.

As a result of this study policy changes were made in national and local level government communications around mourning and death from Covid-19. Policies of access to relatives, guidance to religious practitioners and funeral homes and to the paperwork after death were altered by Public Health England, Department of Communities and Local Government and HMRC.

Key elements: partnering with social scientists with long term knowledge of UK communities, especially on sensitive areas of public policy. An iterative consultative structure for interview summaries and report guided by informants' priorities and concerns.

Behaviour Centred Design: Co-creating the Tanzanian National Sanitation programme

By 2017, progress on improving sanitation in Tanzania had stalled, leaving some 55% of the rural population with unsuitable, unhygienic, or no, toilets. The Government recognised that a new approach was needed and commissioned a consortium from LSHTM, Innovex Tanzania and McCann Global Health to design a new approach. Three steps were involved: first the *Assess* phase where international and local knowledge about the determinants of toilet improvement was assembled and organised in a collaborative workshop of local stakeholders, local population and behavioural scientists. This identified key gaps in knowledge about why people might improve their toilets. A second stage, the *Build* phase, involved seeking answers to these questions through methods including focus groups, games and in-depth interviews with population and key stakeholders in two regions. A second workshop in Dar-es-Salaam, again involving key stakeholders, identified insights and produced a creative brief. In the third, *Create* phase the creative team rapidly produced candidate communications concepts and again tested them in focus groups in a new sample of rural villages. These were refined and again tested before the finalisation of the contents of the national sanitation campaign.

Based on the insight from the *Build* phase that most people were modernising their houses, but not their toilets, the campaign adopted a breezy modern tone with the slogan *Nyumba ni Choo* (your house is not a house without a toilet), a series of toilet makeover shows on TV and a regional roadshow where local officials publicly pledged to resolve the toilet problems of their district.

A small investment in campaign co-creation thus led to an entirely new approach to toilet promotion that increased the prevalence of improved toilets from some 45% to over 60% in two years.

Key elements: an iterative consultation process (*Assess*, *Build*, *Create)* involving stakeholders and population in the co-creation of a novel approach to the hitherto unattractive topic of toilets.

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