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Understanding lived experience-driven co-production in health and social services: The sowing and growing model

Gillian Mulvale [a,*], Jenn Green [a], Sandra Moll [b], Nicoline Vackerberg [c,d], Glenn Robert [e,d], Michael Larkin [f], Sofia Kjellström [d], Puspita Hossain [g], Le-Tien Bhaskar [g], Esther Lim [d,h], Shioma-Lei Craythorne [f]

[a] DeGroote School of Business, McMaster University, Ron Joyce Centre, 4350 South Service Road, Burlington, Ontario, L7L 5R8, Canada
[b] School of Rehabilitation Science, Faculty of Health Sciences, McMaster University, Institute for Applied Health Sciences (IAHS), 1400 Main Street West, Hamilton, Ontario, L8S 1C7, Canada
[c] Qulturum, Center for Learning and Innovation, Region Jönköping County, Hus B4, Länssjukhuset Ryhov, 553 05, Jönköping, Sweden
[d] Department for Quality Improvement and Leadership, School of Health and Welfare, Jönköping University, Barnarpsgatan 39, Building G, 553 33, Jönköping, Sweden
[e] Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, James Clerk Maxwell Building, King's College London, 57 Waterloo Road, London, SE1 8WA, United Kingdom
[f] Institute of Health and Neurodevelopment (IHN), College of Life & Health Sciences, IHN Building, Aston University, Aston Triangle, Birmingham, B4 7ET, United Kingdom
[g] Department of Health Research Methods, Evidence, and Impact (HEI), Faculty of Health Sciences, Health Sciences Centre, 2C, McMaster University, 1200 Main Street West, Hamilton, Ontario, L8N 3Z5, Canada
[h] SingHealth Office of Regional Health, Singapore Health Services, 10 Hospital Boulevard, #19-01 SingHealth Tower, 168582, Singapore

1. Introduction

Calls for greater involvement of patients in health and social services have been growing internationally for several decades (Nilsen, Myrhaug, Johansen, Oliver, & Oxman, 2006; Tritter & McCallum, 2006; Tsianakas et al., 2012). Pressure for reform has been driven by social movements in mental health, addictions, disability, and other communities where patients and caregivers have challenged power structures supporting professional dominance that have often left them feeling silenced as passive recipients of care (Frese & Davis, 1997; Scotch, 1989; Tomes, 2006). These movements have advocated for patient experience to be a core pillar of healthcare design alongside quality, outcomes, and costs (Bate & Robert, 2006). An expanding literature calls for user experience to be central in co-creation – an umbrella term that includes co-design, co-delivery, co-governance, and co-evaluation – (Gustavsson et al., 2016; Larkin et al., 2024; Mulvale, Moll, et al., 2024; Mulvale & Robert, 2021; Poblete et al., 2023).

Co-creation approaches call for epistemic justice by recognizing care recipients as 'experts' in their own experiences and lived experience as a source of knowledge, alongside professional expertise and best evidence that must be considered in quality improvements in health and social care (Cummings et al., 2023). Co-production, originally credited to Ostrom (1973), is one such approach. While many definitions exist (Masterson et al., 2022), we draw on Boyle and Harris (2009) who define co-production as "delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours" (p.11). It promises "… the potential to deliver a major shift in the way we provide health, education, policing and other services, in ways that make them much more effective, more efficient, and so more sustainable" (Boyle & Harris, 2009, p. 3).

Realizing the promise of these approaches can be difficult in systems that have a top-down, hierarchical structure where the 'expert' traditionally provides care to a care recipient, creating a power imbalance between care providers and recipients (Egid et al., 2021; Rose & Kalathil, 2019; Soklaridis et al., 2024). Nonetheless, co-production has been adopted in care involving structurally vulnerable individuals, where there are pronounced power divides between those receiving and those delivering services due to stigma, language, cultural, financial, and other barriers (Mulvale et al., 2019). Co-production examples include services for mental health, disability, complex comorbidities, children, older adults, and those at the intersections of ethnicity, immigration status, Indigeneity, and sexual diversity (Cho et al., 2013; Crenshaw,

* Corresponding author. DeGroote School of Business, McMaster University, Ron Joyce Centre, 4350 South Service Road, Suite 421, Burlington, Ontario, L7L 5R8, Canada.

E-mail addresses: mulvale@mcmaster.ca (G. Mulvale), blatchj@mcmaster.ca (J. Green), molls@mcmaster.ca (S. Moll), nicoline.vackerberg@rjl.se (N. Vackerberg), glenn.robert@kcl.ac.uk (G. Robert), m.larkin@aston.ac.uk (M. Larkin), sofia.kjellstrom@ju.se (S. Kjellström), hossap1@mcmaster.ca (P. Hossain), duongl4@mcmaster.ca (L.-T. Bhaskar), esther.lim.l.p@singhealth.com.sg (E. Lim), s.craythorne2@aston.ac.uk (S.-L. Craythorne).

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2017). These groups often face social exclusion, health challenges, and barriers to securing employment and housing (Hulse & Stone, 2007; Stuart et al., 2012). They may require multiple public services, yet these services are not always tailored to their challenging circumstances (de Freitas & Martin, 2015). Poorly designed processes may similarly impede their involvement in co-production efforts, risking services not well-suited to their needs, and harm resulting from tokenistic involvement (Oliver et al., 2019; Robert et al., 2022; Steen et al., 2018; Williams et al., 2020). Despite these challenges, excellent examples of co-production in action have emerged, but their origins and development are not well understood.

Recent literature has advanced conceptual understanding of co-production in health and social care, with guidance for practice, including mechanisms to enable inclusive and reciprocal engagement in co-production (Masterson et al., 2024), and frameworks for co-production leadership (Kjellström et al., 2024), outcomes measurement (Nordin et al., 2023), and establishing values (Masterson & Laidlaw, 2024). At the same time, there has been limited sharing of ideas across traditions in health services research, quality improvement, sociology, and public administration. This has led to insufficient attention to value co-creation/destruction (Eriksson, Williams & Hellstrom, 2023), social relations and interactions concerning power and agency in health services research and quality improvement work (Robert et al., 2022), and ubiquitous use of the term 'co-production' (or 'co-biquity') without sufficient attention to its true meaning (Stewart, 2021). At the same time, a range of typologies of co-production (individual, group, collective) have been proposed (Poblete et al., 2023; Robert et al., 2022), and the concept of 'fugitive co-production' has been identified, where groups within communities collaborate with local health care staff without permission or authorization from relevant authorities (Stewart, 2021). However, there is a noticeable gap with respect to how co-production models emerge in a local setting and how they evolve over time in response to dynamic factors such as changes in leadership constellations (Kjellström et al., 2024).

Participants at an international forum of co-production researchers and lived experience experts identified a need for research to understand what implementation means in the co-production context by studying the emergence and diffusion of successful co-production involving structurally vulnerable populations (Mulvale et al., 2019). To begin to address the gap in the literature and this internationally-recognized research priority, we launched an international longitudinal study of the implementation and diffusion of three co-production cases aimed at improving health and social care for people experiencing mental health challenges and multiple health conditions (Mulvale et al., 2024). Reputable frameworks were adopted from the implementation science literature including the Consolidated Framework for Implementation Research (Damschroder et al., 2022), the Diffusion of Innovation (Greenhalgh et al., 2004), and Lozeau's Compatibility Gaps frameworks (Lozeau et al., 2002). The case study found that many facilitators conceptualized within those frameworks have influenced the three co-production cases' processes, such as passionate leaders, staff with their own lived experience, external change agents, alignment with organizational cultures, supportive organizational structures, and small-scale co-production approaches to build buy-in and support. Yet, a conceptual challenge remained in characterizing co-production as a discrete 'intervention', often defined as "a set of actions with a coherent objective to bring about change or produce identifiable outcomes" in clinical, policy, and regulatory programs (Rychetnik et al., 2002, p. 11). This did not apply well in the co-production contexts studied. Instead, our participants described co-production as an emerging and ongoing process that is committed to centering or being directed by lived experience without necessarily having a specific intervention in mind. This insight revealed an unexpected and key consideration about co-production as an emergent process during which the intervention is created and evolves over time in the local context (Mulvale et al., 2024).

In light of this challenge, the aim of this paper was to revisit and expand on the initial case study data(Mulvale et al., 2024) through an inductive and constructivist approach (Charmaz, 2006; Mills et al., 2006) to better understand the dynamic and evolving process of emergence of co-production described by our interview participants. We returned to the data, setting aside the language of prior theoretical frameworks, to look with 'fresh eyes' at the initial data as a secondary analysis, and augmented the initial data with an additional two years of data collection with a renewed investigation of the generated themes. Our research questions were:

i. What is the process by which co-production efforts become established within existing health and social services?
ii. How are they taken up in other locations?
iii. How are they sustained (or not) over time?

In response to the language frequently used by interview participants, including 'growth', 'spread', and 'deepening roots' to 'weather change,' we adopted the metaphor of a plant cycle. The model presents different phases of the process, corresponding to sowing seeds of innovation, allowing these efforts to grow and blossom, and their propagation to other sites to cultivate a 'community garden', based on themes in our data. Here we present the 'Sowing and Growing Model' that outlines the process of the emergence and growth of co-production in health and social services, illustrated with quotes from our findings. The model broadens our understanding of the dynamic processes by which lived experience can be made central within traditionally hierarchical systems, thereby transforming mindsets and activities in health and social services.

2. Methods

We applied constructivist grounded theory (Birks & Mills, 2023) to explore real-world examples of co-production situated in health and social system transformation (Charmaz & Belgrave, 2012). This approach is particularly valuable in studying social processes like co-creation to produce contextually relevant explanations (Charmaz, 2006).

2.1. Setting

Three co-production programs were purposively selected for the initial case study based on these inclusion criteria: in operation for at least three years; diffused to other locations; and interested in participating in research to understand the evolution of co-production (Birks & Mills, 2023; Patton, 1999). These programs had been discussed at an international symposium on co-production involving vulnerable populations (Mulvale et al., 2019) as information-rich cases that were comparable in terms of having well-established health and social care systems, yet were diverse in geographical location, organizational settings, populations of interest, programs, aims, and trajectories of development. The programs offered diversity in diffusion to other sites, enabling study of how co-production can emerge at secondary sites in different contexts, and allowing for a total of nine study sites to inform our developing theory. The opportunity for depth and breadth of understanding across three cases and nine sites over time is congruent with a grounded theory approach (Charmaz & Thornberg, 2020).

Two programs were mental health oriented but were in different geographical contexts with different foci of service delivery. One was co-led by a consortium of community mental health organizations in Scotland, engaging the voices of lived/living experiences to develop programs and supports to promote mental health recovery. The other was led by a community mental health organization in Canada focused on co-designing and co-delivering educational classes to people with lived/living experience, care providers, and other community members. The third program originated in a hospital setting with an initial focus on older adults with complex needs. Over time it expanded to include a

wide range of community-based health and social care services and people of any age with complex needs. The programs also offered diversity in diffusion to other sites (two domestically and one to other countries), enabling study of how co-production can emerge at secondary sites in different contexts.

The first program, *Making Recovery Real* in Dundee, Scotland, brought together public, voluntary, and community organization partners with people experiencing mental health challenges at 'conversation cafes' to design and deliver new approaches to improve recovery outcomes. This approach diffused to two other Scottish regions: Fife and Aberdeenshire. The second program, *ESTHER* in Region Jönköping, Sweden, used the persona of 'Esther' to centre people with complex needs in efforts to improve patient experiences within a traditionally fragmented system. *ESTHER* was later adopted in the Kent and Medway council areas of England, and in Singapore. The third program featured Canadian Mental Health Association (CMHA) branches in the province of Manitoba, Canada that adapted the English Recovery College model to become *Learning Centres* for mental health recovery education. Two branches (Winnipeg and Portage la Prairie) began developing their sites collaboratively and are treated as 'home' sites. The Swan Valley branch, located elsewhere in Manitoba, later adopted the model. See Table 1 for a summary of the programs and diffusion sites.

2.2. Community involvement

The core international investigators group included university faculty and student researchers, and local health and social care collaborator-researchers, thereby grounding the research in the community under study (Charmaz, 2006). Each co-production program was represented by at least one collaborator-researcher. The Steering Committee included additional local representatives from both the study programs and their partners. All collaborators were involved in study design and member checking, and the collaborator-researchers participated in data collection and reporting.

2.3. Data collection

We collected and analyzed interview transcripts, documents, and field notes through an inductive, iterative process. We purposefully sampled key informants (n = 71) and documents (n = 32) in consultation with the local research teams. Fifty-five key informants were recruited who had in-depth knowledge of the programs' strategic development, broader social contexts, and the organizational and program management factors that influenced implementation (e.g., executives, strategic managers), and the remaining 16 interviewees were in program/service leadership or support roles within the health and/or social care organizations who led, participated, or supported the co-production program's emergence, implementation, and/or development over time. Key informants participated in one to three individual or group interviews each over the course of 3.5 years. Interviews were held in-person or online, and each lasted approximately 60–90 min. Research team members (SC, JG, PH, GYK, EL, AM, GM, GR, SS, NV) conducted interviews between January 2020 and July 2023 (Fig. 1). Some key informants could speak to many program sites; these multi-site interviews have been counted as unique interviews for each site in the figure. For example, two Manitoba Learning Centre sites collaborated in their initial development and many interviews discuss both sites.

Table 1
Key informant participant codes: Site codes.

Program and site	Code
Making Recovery Real, Scotland	**MRR**
• Dundee	DND
• Fife	FIF
• Aberdeenshire	ABD
ESTHER	**EST**
• Region Jönköping, Sweden	JKP
• Kent and Medway, England	KM
• Singapore	SGP
CMHA Manitoba Learning Centres, Canada	**LC**
• Winnipeg	WPG
• Portage la Prairie	PLP
• Swan Valley	SWV
• Manitoba broadly	MB

Interviews with 23 key informants were conducted for the initial case study between January 2020 and May 2021 (n = 21; 5–10 interviews per co-production program, and 2–6 interviews per site). Our semi-structured interview guide raised questions about contextual factors and critical moments in program development, informed by implementation science frameworks. Evidence from 32 documents (Table A.1, Supplementary material) also provided program context, characteristics, and timelines.

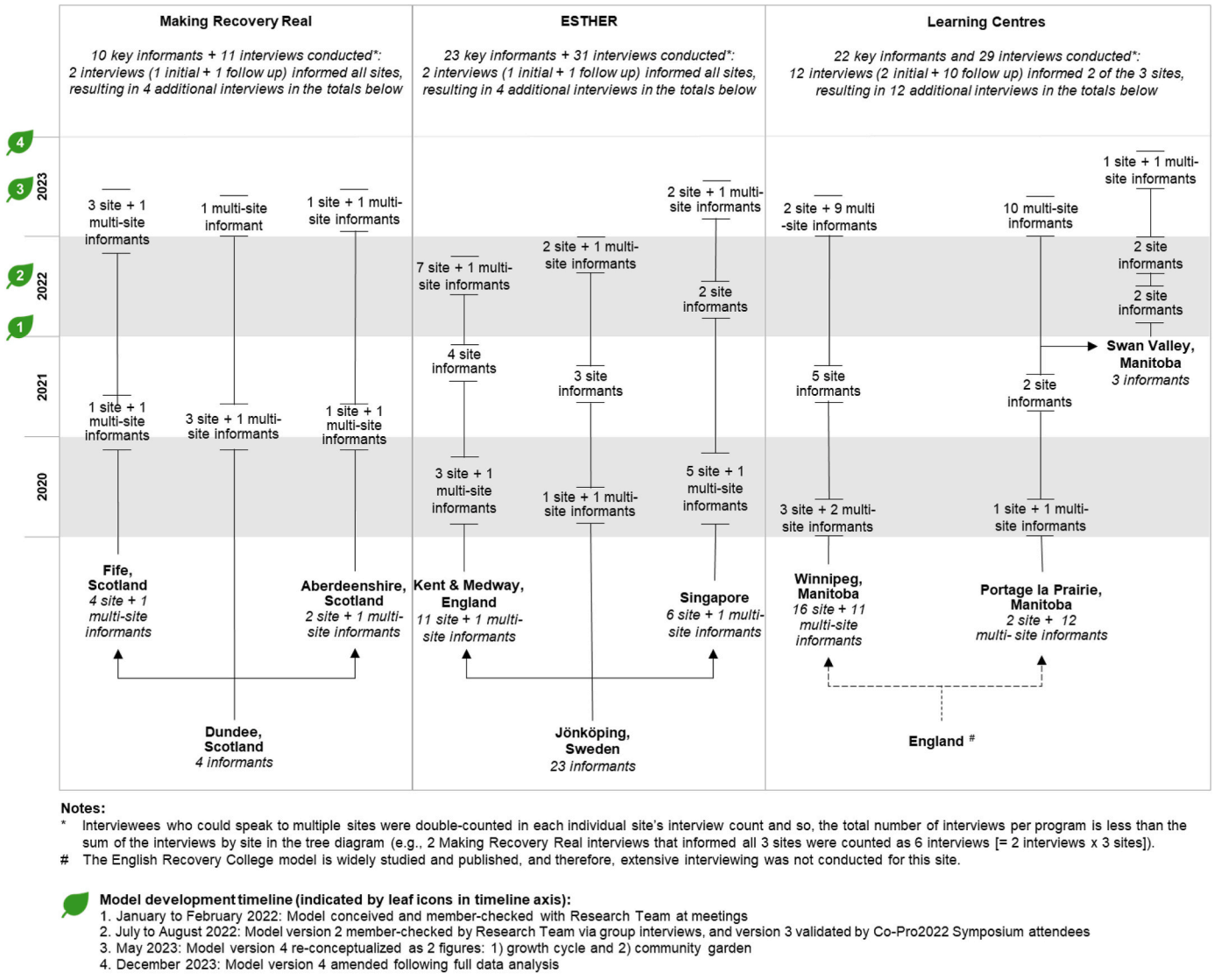
To explore the emergence and evolution of co-production processes further, we expanded the study, adding additional questions and probes to the interview guides and extending our data collection using theoretical sampling to identify key informants who could provide further insights. This resulted in 50 additional interviews over two additional years (5–21 interviews per program and 1–11 per site). Thirty-two new informants helped us understand the changing context and the programs' influence on sectors, partnerships, and contexts. At three sites, follow up interviews were limited or prevented as programs were stalled or closed due to changing contextual factors (Making Recovery Real Fife and Aberdeenshire, CMHA Portage la Prairie). We added informants knowledgeable about those experiences and added a site in Manitoba to expand our understanding of successful and unsuccessful diffusion. Participant codes consist of: program code, site code, and participant number (Table 1; e.g., an informant from the Singapore ESTHER program could be EST-SGP-02).

Interviews were audio-recorded, transcribed by professional transcribers, and checked for accuracy. All documents and most interviews were conducted in English. The three interviews conducted in languages other than English were translated into English during or following transcription. Data was coded within NVivo qualitative data management software (Lumivero, Denver, USA).

2.4. Data analysis

We applied a grounded theory approach to re-examine the first wave of data and expand our data collection as we followed the generated themes, constantly comparing new and existing data. In late 2021, two investigators (GM, SM) generated memos and preliminary analytic categories to develop an early conceptual model using the plant growth metaphor.

We adopted a team-based and constant comparative approach to coding. Two interviews from each program were coded by two coders initially and following confirmation of intercoder agreement, each interview was coded line by line by individual team members who memoed emerging insights and met frequently to discuss and compare codes, and refine categories across interviews and sites, exploring relationships among concepts and categories (See analytic memos outlined in Figures A.1 and A.2, Supplementary material). During intermediate coding, we gathered and analyzed new data concurrently, adapting the original coding framework to include the generated categories and concepts; all data was coded to this expanded framework (LB, JG, PH, GM). We used substantive codes to stay true to the language of interview participants as much as possible and gerunds to capture process elements (Birks & Mills, 2023). Concurrently, we used visual mapping of the phases of plant growth to understand and refine factors 'within' each phase of the unfolding process and external contextual factors, such as the micro, meso, and macroclimates (i.e., the contexts of the co-producing team, the organizational infrastructures and inter-organizational relationships/networks, and the broader



Notes:

* Interviewees who could speak to multiple sites were double-counted in each individual site's interview count and so, the total number of interviews per program is less than the sum of the interviews by site in the tree diagram (e.g., 2 Making Recovery Real interviews that informed all 3 sites were counted as 6 interviews [= 2 interviews x 3 sites]).

\# The English Recovery College model is widely studied and published, and therefore, extensive interviewing was not conducted for this site.

Model development timeline (indicated by leaf icons in timeline axis):

1. January to February 2022: Model conceived and member-checked with Research Team at meetings
2. July to August 2022: Model version 2 member-checked by Research Team via group interviews, and version 3 validated by Co-Pro2022 Symposium attendees
3. May 2023: Model version 4 re-conceptualized as 2 figures: 1) growth cycle and 2) community garden
4. December 2023: Model version 4 amended following full data analysis

Fig. 1. Tree diagram illustrating the four-year interview data collection timeline by program and site and key milestones in Sowing and Growing model development.

socioeconomic and policy environment, respectively). These contextual factors were illustrated as the roots and shoots, garden structures and weather climate (sun/rain/clouds), respectively.

During initial and intermediate coding, we presented linear, sequential growth phases beginning with germinating and concluding with propagation, with a separate visual for the community garden. As part of analysis and theoretical coding, we consulted the literature on plant cycles to strengthen the coherence of emerging ideas. Insights from theories on power, social movements, and innovation informed elements of the phases of the final model (e.g., social movement theory informing blossoming, and theories of power informing sprouting phases). The insights gained from these theories enabled us to present a coherent model in a single visual and aided in identifying the core concept of 'changing mindsets' to explain how co-production motivated innovation in health and social care systems by: 'bringing the idea to life' in the germination phase, 'believing it can work' in the sprouting phase, 'transforming mindsets' in the blossoming phase, 'mentoring others' in the propagating phase, and 'teaching and learning' in the community garden phase. With all phases fully fleshed out and a unifying core category established linking the phases into a coherent theory, we judged that the model had reached theoretical sufficiency (Birks & Mills, 2023).

2.5. Quality and credibility

Credibility, resonance, and usability are three criteria for quality in qualitative research (Charmaz & Thornberg, 2020). Credibility was strengthened through prolonged engagement in the field, leading to 70 interviews across a 3.5 year period. Data was triangulated by comparing themes generated and interpretations across data sources (interviews, documents), key informants, and local research teams that led the data collection on the different co-production programs, and collaborators, adding depth of understanding within each site. Theoretical sampling led to additional perspectives within the themes generated and contributed to theoretical saturation of the conceptual categories. Regular team meetings and memo writing served to strengthen the analysis process, and member checking was conducted with collaborators at multiple time points to refine the emerging theory and establish resonance. For example, the results of the initial coding were presented to the full research team in early 2022. This early model resounded strongly with collaborators who affirmed that it described how co-production had unfolded in their cases. The research team met every two to four months to review the data collection and analysis process and interviews with research team members were conducted (July–August 2022) as part of formal member checking regarding the second

version of the model. Monthly meetings of the research team (May–November 2023) informed final conceptualization of the model, as did presentations to an international forum of equity-focused co-production researchers, experience experts, service providers, and managers (August 2022) (Mulvale, Moll, et al., 2024), two Steering Committee meetings (February 2022, May 2024), and a webinar panel presentation of the model with collaborators from each program as panel members (October 2024).

This frequent and open communication among team members, careful attention to detail in the developing coding framework, comparing memos, and frequent check-ins and member-checking with the full research team and collaborators confirmed the model provides a relevant conceptualization of their experiences of the growth and diffusion of co-production programs across contexts and time through changing circumstances. In terms of usability, we derived the conceptual model by studying three exemplary programs that diffused across five countries. Although the program examples are specific, the ideas and processes could be broadly applied to a range of co-production initiatives and settings. Multiple comparison groups increased the scope and generality of the model (Charmaz & Thornberg, 2020). Negative case analysis of exceptions to the 'sowing and growing' themes also provided important data regarding the boundaries of the theoretical ideas, and informed refinement of the final model.

3. Findings

3.1. Sowing and growing transformative innovation through co-production

The study findings reflect a set of social processes embedded in co-production for health and social system improvement. An overview of key phases in the process is provided, followed by analysis of the elements of each phase that were reflected in the data. Fig. 2 provides an overview of the Sowing and Grrowing model of transformative change that was developed by the research team from the study findings.

Initial motivations for adopting co-production processes included: 1) the ability to meaningfully engage service users, professionals, and other stakeholders in an equal, authentic, collaborative relationship; 2) greater responsiveness to structurally vulnerable populations across a spectrum of services; 3) promoting empowerment through an asset-based approach; and 4) deeper engagement and greater ownership of outcomes. Centering lived experience as a driver for change was reflected as a core value throughout this process.

Participants described the process as an evolution of learning new approaches, with varying organizational and policy support over time. Both the Making Recovery Real and ESTHER Jönköping processes, for example, began with story sharing to raise awareness and then evolved to co-design and co-delivery. Similarly, ESTHER Singapore initially involved professionals 'shadowing' patients to better understand how to represent their experiences, and over time this became listening directly to patients' lived experiences. Participants described this process using language of plant growth, for example, having a desire to "grow an alternative future" [MRR-DND-01], by "cultivat[ing] skill" [LC-WPG-01], such that a new infrastructure began "taking root" [EST-SGP-03].

The theory of Sowing and Growing uses this metaphor in describing the unfolding process across five phases – germinating, sprouting, blossoming, propagating and growing a community garden of multiple co-production programs. Shared principles that center lived experience at the heart of each program were catalysts for this growth. Each phase describes strategies and actions to bring co-production to life that contribute to an evolving receptiveness to centering lived experience across organizations and systems. Each phase describes how these ideas are taken up by more people and embedded further into practice, resulting in notable shifts in thinking and collective mindsets, signaling movement toward the next growth phase. The model also outlines contextual factors (climates) that may help or hinder growth, and how

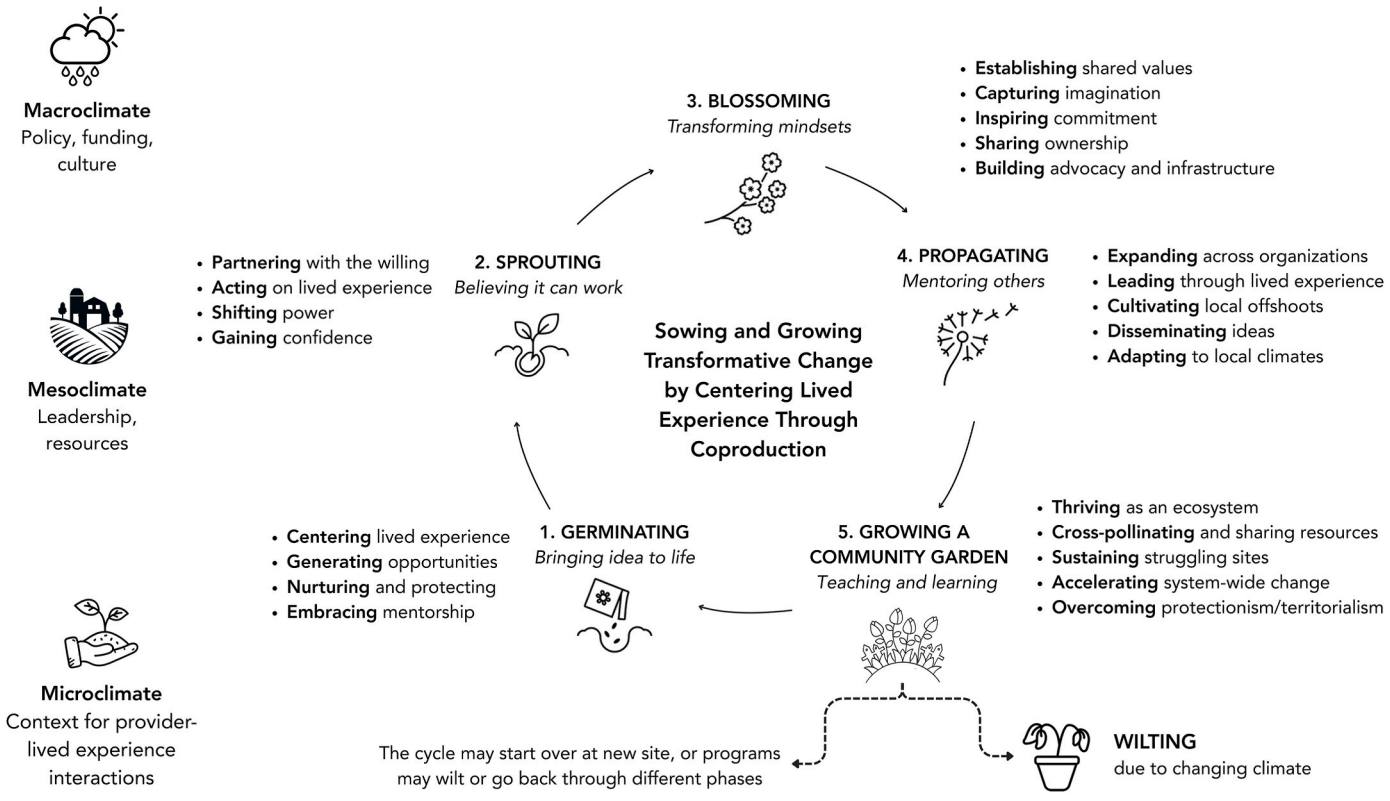


Fig. 2. Graphical display of the Sowing and Growing model theorizing the dynamic and evolving process of growth of co-production in health and social services across 5 phases and within changing climate conditions (contextual factors).

co-production models may propagate to new sites, forming a community garden of mutual learning and support (Table 2).

3.2. Germinating

In germination, the idea of centering lived experience through co-production was brought to life. A small, committed group with shared belief in the power of centering lived experience generated an opportunity to meaningfully involve people with lived experience in an improvement effort. The group worked largely independently and 'off the side of their desks.' In some cases, these efforts had formal leadership approval (e.g. ESTHER, Learning Centres) and in others they did not (e.g. Making Recovery Real). This small group of supporters formed a 'protective environment' to test and nurture the idea, which challenged traditional hierarchical structures and operating procedures placing it at risk of failure. As one key informant stated,

> "… it was very much the importance of having people with lived experience at the centre of any developments, not just that tokenistic consultation when things are already underway, and a big emphasis on using that." [MRR-DND-04]

Typically, mentorship support was critical to catalyze growth through informational or financial resources. For ESTHER, it was the institution's own organizational development and quality improvement resources, and for CMHA Manitoba, it was a combination of leaders from the national office and from an intermediary organization in England that had developed the Recovery College model. One informant described their role as "help[ing] to show that there is an alternative to tinkering with the current", thereby "creating the new future" with new ideas [MRR-DND-01].

3.3. Sprouting

In this phase, networks expanded to include a small group of willing partners who, given their commitment to acting on lived experience and sharing improvement ideas, were early adopters of the co-production approach (in contrast to expecting or expending energy on ensuring broad stakeholder participation). These partners played a key role in providing support to get the efforts off the ground. For example, in ESTHER,

> "… one of the exercises we did around 1999 was to invite the six managers of the social welfare program in the municipalities … and together with them we did a system map … that was [a] crucial moment because at least for three, four of the managers of social welfare, it became clear that they had an active role in making the system for Esther better." [EST-JKG-02]

Shifting power toward people with lived experience required listening intentionally to their care experiences to both identify improvement opportunities and create spaces for them to collaborate with professionals to develop potential improvements. In Making Recovery Real,

> "It was really about getting people [with lived experience]'s ideas as to what was important to them. From the start, there were a few very key themes that became quite obvious, and those have informed the developments over recent years." [MRR-DND-04]

As this phase unfolded, proponents came to believe "that it will be successful" [EST-JKG-04], and affirmation from internal and external sources fostered confidence, signalling a readiness for the next growth phase. For example, the Department of Medicine received the Swedish quality award for healthcare for ESTHER, which "confirm[ed] the leadership, and gave confidence in the approach" [EST-JKG-02]. Similarly, requests for private screenings following the debut of Making Recovery Real's film of recovery stories at a local theatre fostered confidence, as did the provision of kick-off funding for Learning Centres in

Table 2
'Sowing and Growing' model summary with accompanying sample quotes.

Growth phase	Sample quote
Germinating: *Bringing idea to life* • Centering lived experience • Generating opportunities • Nurturing and protecting • Embracing mentorship	"… at the very start, it was a case of, "Right. We don't really know where we want this to go. And, are we the ones to be dictating where this should go? No, we're not. What's most important is that we're listening to people with lived experience, people on the ground, and they should be the ones that are telling us what needs to be changing." [centering lived experience] … first and foremost, was listening to people and their experiences on the ground. [MRR-DND-04]
Sprouting: *Believing it can work* • Partnering with the willing • Acting on lived experience • Shifting power • Gaining confidence	"… one of the most important decisions was to take the patient in the room.[acting on lived experience] And there was a lot of resistance. We started with patients in the Esther cafes. That was easier to do. After that, we had patients in the Esther Steering Committee. That was more difficult. [shifting power] We got a lot of resistance there, but it worked. [gaining confidence] [EST-JKP-01]
Blossoming: *Transforming mindsets* • Establishing shared values • Capturing imagination • Inspiring commitment • Sharing ownership • Building advocacy and infrastructure	"So we received a lot of awards - the coolest innovation of the world 2014, and we had an award for social innovation 2017 … [capturing imagination] We had BBC coming over, making a movie … Esther was just spreading, I call it like a social movement. [inspiring commitment] We didn't have to do very much. [sharing ownership]. It was just going, and we got a lot of emails and a lot of questions … so this go with the flow because this was just going. [EST-JKP-01]
Propagating: *Mentoring others* • Expanding across organizations • Leading through lived experience • Cultivating local offshoots • Disseminating ideas • Adapting to local climates	"Singapore asked me if I could help, and train trainers there … [expanding across organizations] [but] Sweden could only help them to start. [disseminating ideas] I went there but people were asking, "How are we going to do this?" And they didn't get an answer because they really had to make this their own Esther. [cultivating local offshoots] That was frustrating for them, but it was about building sustainable possibilities and adapting to their context." [adapting to local climates] [EST-JKG-01]
Growing a community garden: *Teaching and learning* • Thriving as an ecosystem • Cross-pollinating and sharing resources • Sustaining struggling sites • Accelerating system-wide change • Overcoming protectionism/ territorialism	"[We] developed a network of folks who were in Ireland and such who were developing recovery colleges … And we stayed connected and continued to share resources. [thriving as an ecosystem] I was able to connect again to continue to share updates and information. [cross-pollinating and sharing resources] So, a key opportunity to not only look at what we're doing here, and nationally in Canada, but get a sense of what's happening internationally in best emerging practices. [accelerating system-wide change] [LC-WPG-02]
Climate and threats to growth: *Macroclimate* • Policy • Funding • Culture	"But it was quite difficult to get buy-in from NHS [policy] … we felt, "We can't be wasting our energy on people that perhaps aren't bought in [culture] … we need to work and change and influence what we can and get feedback from that and evidence that this works and then use that … to be able to influence a little bit more." [MRR-DND-04]
Mesoclimate • Leadership • Resources	"… Another part is, I think Esther is very much bottom-up. So it's very much you are very close to Esther. So there you see what's going on and what you can do better. So the steering is from

(*continued on next page*)

Table 2 (*continued*)

Growth phase	Sample quote
	bottom and then the managers are getting a bit threatened. [leadership]" [EST-JKP-01]
Microclimate	"… the values of equal power relationships and the nonmedical model [context for provider-lived experience interactions], that whole shift away from deficits-based and more towards strengths-based … in some institutions, just inherently, aren't structured [that way] – [they] will have a really hard time, I think, changing." [LC-MAN-01]
• Context for provider-lived experience interactions	

Manitoba by a partner organization.

3.4. Blossoming

Co-production began to blossom as shared values were formally established to guide the work, and as more service providers, people with lived experience, and citizens experienced the transformation potential of a co-production approach. In Making Recovery Real, it was a set of core values; in ESTHER, it was three guiding questions; and in Learning Centres, it was the Recovery College principles that captured peoples' imaginations.

> "… there's just such an incredible feeling of sharing ideas and there's that mutual respect. And it's that enthusiasm that sort of catches fire when everybody is working collaboratively together. [LC-WPG-03]

By formalizing commitment to these principles, people with lived experience felt validated and inspired to act. Service providers embraced once again the values that had initially motivated their careers. The co-production process created a sense of shared ownership, and participants became an expanding network of 'ambassadors for change' in their own circles. In ESTHER, their commitment to this work was palpable.

> *"The fact is that when you meet everyone in the ESTHER network, you notice the massive commitment. No one … gives the impression that they have been forced to do [it], rather [it's] something people have chosen to join because they want to … there is a personal drive. The ESTHER network should never be seen as something you are forced into."* [EST-JKG-04]

Formal and informal approaches were used to encourage service providers and people with lived experience to become agents and advocates for change. In ESTHER Jönköping, health providers trained in quality improvement techniques and certified as ESTHER Coaches, whose role was to partner with people with lived experience in identifying and leading quality improvement efforts throughout the organization. In ESTHER Kent and Medway, ESTHER Ambassador training promoted advocacy for policies, funding, and infrastructure to embed co-production as a routine way of working. Ambassadors and Coaches served as roots for the initiative, spreading recognition of the importance of having people with lived experience present throughout organizations. In ESTHER, we heard,

> "A lot of the coaches said it's helpful to keep us going and remind us every time why are we doing this. So, the way you build sustainability for me is really clear—to have a patient in the room because that will open up to more motivation. It will open up doors that normally are closed, because patients can open the doors … when patients are driving projects: They can phone politicians, they can phone managers; that I can't do. So, I see so much power in having patients in the room." [EST-JKG-01]

As momentum grew, community members were also engaged and became committed advocates. Slogans such as, 'Everyone knows a lonely ESTHER' or 'Mental health is everyone's business,' helped promote relevance to the entire community. In ESTHER Jönköping, bakeries sold ESTHER cakes to community members to share with an Esther living alone as a form of co-producing improved well-being. CMHA Learning Centres opened their doors to the entire community, with courses aimed at promoting the mental health of everyone in the community.

With growing advocacy, co-production infrastructure was built. Examples include Conversation Cafes (Making Recovery Real), ESTHER Cafes (ESTHER), and Community Advisory Committees (Learning Centres). At one Learning Centre, physical infrastructure was revitalized for co-production:

> "… what we have created is a sense that this is a place where you are seen and you are heard and your voice has a place. … it really has a campus feel, and so we have seen that engagement is different. … there's a buzz around here, a real sense of ownership and pride … I feel like our community knows that they have power and feels empowered to speak up, to share, and to tell us what they don't like and what they do like." [LC-WPG-03]

Co-production enabled a 'mindset' (rather than a series of programs) to blossom that can lead to transformative change within people using services, service providers, and the community. In Learning Centres, the transformative impact was described as remarkable,

> "Our students have told us that they feel respected, that they find the experience to be encouraging and inspiring … But what we really find is transformative is how co-production actually affects us as professionals, and our students, and our community members, and that we stop thinking of it as us and them. It becomes we, and we become a group. [LC-WPG-03]

Professionals described an internal transformation, such that they could not imagine not involving voices of lived experience in their day-to-day work and in designing innovation.

3.5. Propagating

As word of the co-production program travelled, others wanted to emulate it. Within organizations, other groups began to take up co-production efforts.

> "And now people are wanting to be involved. So, it's created some excitement and some change within the organization. … people have been really encouraged. If you have an idea, let's figure out how to make that happen." [LC-WPG-01]

People with lived experience also became leaders with a desire to "give back" by sharing their co-production and recovery experiences to help others. In Making Recovery Real, we heard this helped people with lived experience to turn negative experiences into something positive "in their life, and in the life of their family and their community." [MRR-DND-02]

Local offshoot programs were cultivated, and the original program was adapted to new locations with different climates (i.e., socioeconomic, cultural, technical, and policy contexts). For example, ESTHER now has formal arrangements for programs in Singapore, Kent (England), Austria, and Denmark and informally has inspired change in other countries such as Scotland and Armenia.

3.5.1. Growing a community garden

Over time, community gardens (networks) of different adaptations of the original programs at different phases of development took root in different locations acting as a nurturing ecosystem of like-minded programs with the shared the goal of centering lived experience and learning from each other.

> "'All teach, all learn' is a platform in this global network … that's a driver for the development of the international ESTHER work … by

> listening to how others solved challenges [in] other … situations, [it] improves the understanding of what you are doing yourself. So, there is this kind of all teach, all learn that is so important." [EST-JKP-01]

Like biodiversity within a garden, the growth experiences of different sites helped sites learn how to adapt to environmental changes, overcome hurdles, sustain hope, or regroup until the next growth opportunity. In Manitoba, one Learning Centre shared their co-produced courses with another site when resources for course development were put on hold during a leadership change. New ideas were also shared within the garden. For example, learning about simulation technology used in training in ESTHER Kent and Medway created new possibilities for the home site in Sweden.

In some cases, the garden expanded to include other organizations that shared similar values, helping to co-ordinate system-wide changes. For example, Learning Centres expanded their collaborations over time within the public health and justice systems, and with programs for people with addictions, young moms, and Indigenous peoples, helping "to push along the concept of collaboration, not protectionism or territorialism." [LC-MAN-07].

In this phase, mindsets were transformed across organizations and whole systems. Community gardens were open systems that featured a shared passion for centering lived experience, shared leadership and activities, energy and information exchange, and that promoted transformation at different levels and scales. However, as described in the next section, not all programs within the system continued to blossom and propagate.

3.5.2. Changing climates and threats to growth

Interviewees pointed to instances where changes in public policy, economic and social conditions (macroclimate), in organizational leadership and resource availability (mesoclimate), or in engagement of people with lived experience (microclimate) threatened growth. For example, resistance from leaders and managers who were uncomfortable with relinquishing control was discussed in Making Recovery Real:

> "I was under pressure from my director as to, "What is actually going to happen there? Is this going to be a success? You need to take control of that." But I thought, "If I take control, it won't work."" [MRR-DND-01]

Once a program blossomed, growth didn't stop; programs had to continuously adapt within their changing climates, otherwise they would stagnate, wilt and could eventually die. Rather than a single leader, co-production grew through the influence of many organizational champions, often at the grassroots level. This raised concerns whether a model could be sustained without a single leader,

> "You now have ESTHER Coaches in the various institutions. These are the seeds that you have planted. But my concern is how deep are their roots? And how nurturing is the soil? So, it's more the sustainability and the future growth; you have sown the seeds … but you have to tend it such that you don't get one or two harvests and then after that no more. So, that's the risk that we have to constantly be careful of … how deeply rooted is it?" [EST-SGP-03]

Many programs demonstrated resilience in the face of threats such as a global pandemic that challenged co-production during periods of social distancing and lockdowns, and upheaval in health and social care systems. Others struggled and eventually closed over this period. Co-production's flexible nature enabled adaptation in ESTHER Kent and Medway.

> "ESTHER has been operating in a very changeable environment, and yet it keeps building. It's maintained its core and its foundations … I think it's standing up to the test of time. It's standing up to the challenge that COVID-19 has thrown at us … we are connecting with the ESTHER network and the Esther community in a different way, but the success is growing all of the time … what that tells me is that ESTHER is adaptable and that it has the potential to be sustainable." [EST-KM-04]

Participants also described risks of community organizations returning to competition rather than cooperation, or to a climate of bureaucracy and professionalism, rather than placing lived experience as central. Like companion planting where some plants help others thrive through pest control, sharing nutrients, attracting pollinators and improving soil, the 'community garden' helped to sustain programs through such challenges until they had an opportunity for renewed growth, by providing informational or financial resources. While such threats challenged co-production programs, developing coping skills helped sustain co-production and set the stage for renewed growth.

3.5.3. Repeating the plant cycle

The plant cycle repeated as new sites moved into the germination phase, benefiting from initial mentorship support from the original program. However, to flourish sustainably, each site had to find its own path through the sowing and growing cycle, adapting to its own context. While the community garden could offer support, each remained autonomous and continued to evolve within its unique and changing context. As an ESTHER informant shared,

> "It's more the mindset … they [new sites] have really to make this their own ESTHER. So, that is a bit frustrating for them, but it's also building sustainable possibilities and adapting to their context. … We [home site] don't own the ESTHERs in the other countries. I think we'll never own the ESTHERs because the ESTHERs [own] their own projects." [EST-JKG-01]

Across programs and sites, there was recognition that transformative system-wide change through co-production could take many years. Nonetheless, participants shared the hope that co-production principles would eventually become the basis for a new system that would result in a major shift in thinking and practice.

4. Discussion

4.1. Model overview

We present the 'Sowing and Growing" model to capture key phases of the process by which co-production can emerge, grow, and diffuse in health and social services. The model identifies actions taken across five phases of growth that change ideas about the role of people with lived experience in shaping system improvements. The fifth phase describes a vibrant community garden that facilitates knowledge sharing and mutual support, so the garden may continue to thrive and adapt, even as some constituent 'plants' may fail.

A core category central to every phase is 'shifting mindsets toward centering lived experience' as a new relational and power dynamic between people with lived experience and service providers. This mindset challenges typical hierarchies in health and social care and is initially put forth by a small, passionate group of advocates for change. As more people are exposed to co-production in action, the idea is taken up by growing numbers of people across organizations and the community as a transformative and widely held mindset shift (Vackerberg et al., 2023a).

The model also points to the importance of dynamically changing contextual influences in the macro, meso, and microclimate that may support the growth process or alternatively lead to periods of dormancy, wilting, and ultimately dying, and the role that networked co-production programs can play in supporting each other within the community garden.

4.2. Contributions to theory

By offering a theory of the process by which co-production emerges and diffuses in health and social services, Sowing and Growing addresses

an important gap in the literature, which to-date has been criticized for insufficient use of theory (Messiha et al., 2023) and for failing to comprehensively integrate theory from different traditions (Robert et al., 2024). Sowing and Growing has the potential to be used as an overarching framework to integrate relevant theories (e.g. empowerment theory, social learning theory, social innovation theory, and others) that have been used in the co-production literature within each growth phase. This can enable proponents to better anchor co-production efforts in relevant theories as co-production evolves from a concept to a core value, integrated way of working, and widely-held mindset within health and social care organizations. It also elaborates how a focus on values and lived experience can lead to social movement-like growth across health, social care, and the communities within which these organizations operate (Horn, 2013; Maton, 2008; Tremblay et al., 2017).

4.3. Key findings

Three themes were identified as critical nutrients for transformation to occur in the co-production context. First is establishing a set of core values and principles as a cornerstone for all activities. This commitment to core values inspires service providers and lived experience experts alike to become changemakers. Second is becoming embedded within the community with broad appeal to the general population as proponents, while focusing on specific populations. Third is building relationships with like-minded people to establish legitimacy and countervailing power against traditional hierarchies.

4.4. Comparison to existing implementation science frameworks

The Sowing and Growing approach extends existing theories of implementation and diffusion of innovation in health and social care by focusing on co-production not as an 'intervention' with particular characteristics or anticipated outcomes per se, but as a shifting paradigm of ideas about the relationship between service users and service providers. While the climate factors, and characteristics of individuals and organizations involved are consistent with those within implementation science frameworks, the model's focus is not about how to fit or adapt a given innovation within a context, but instead to shift power within the inner climate of an organization so that co-produced innovation becomes the normal way of operating.

This is complementary to and yet very different from what we learned through existing implementation science conceptual frameworks. While supportive contextual factors (e.g., leaders and change agents that could provide mentorship) clearly overlapped, the value-driven nature of the co-production process stood out (Kjellström et al., 2024; Masterson et al., 2022). Repeatedly we heard that co-production 'allowed' people to return to their core values that had motivated their decisions to become caring professionals — intrinsic values that were perceived to have been worn down over time.

Unlike traditional implementation science models that point to organizational leadership support, resources, and alignment with existing infrastructure and corporate values as necessary for adoption of innovations, these were not always present in the co-production efforts studied here. Co-production appears to flourish where there are a range of actors within the context using diverse leadership practices (Kjellström et al., 2024) and by building internal leadership and advocacy capacity through co-production processes gradually over time that may or may not lead to sustainable resources and infrastructure.

4.5. Implications for organizational adoption and sustainability

In the absence of formal leadership support in health and social care, the findings suggest that coalitions of the willing can begin and continue their work unobtrusively, during the germinating and sprouting phases of the Sowing and Growing model. In this way, they may gradually overcome resistance from powerful sector institutions or middle management gatekeepers, consistent with the concept of 'fugitive co-production' (Stewart, 2021) and introduce lived experience infrastructure through a slow and opportunistic approach, rather than by overt attempts to build-in lived experience acceptance within existing power structures. As this ideational shift in ways of working through relational, power-shifting, and adaptable processes (Knowles et al., 2021) becomes embedded in the mindsets of greater numbers of people, and supportive infrastructure is developed, enduring shared values have the potential to drive sustainability. However, whether this will be realized over the long term remains to be seen; smaller non-profit organizations are likely to face funding challenges to sustainability.

4.6. Guidance for practitioners

The Sowing and Growing model provides suggestions for those seeking to advance co-production in their own contexts. First is the need to **get started** with **practical steps**, even before feeling ready, and to **trust the process,** by recognizing that not everything needs to be in place at the beginning; instead, allow participants to co-produce together. Co-production also requires **perseverance** in the face of challenges, meaning that **risk-taking** is required. Co-production involves **disrupting the status quo**, having an openness to unfamiliar possibilities, respecting that everyone brings expertise, accepting a level of pushback, and allowing for continuous adaptation. Co-production can also begin outside the dominant institutions, **with or without their sponsorship or patronage**. By starting small and building strategically and opportunistically with people with lived experiences, success can be demonstrated slowly over time.

4.7. Strengths and limitations

The Sowing and Growing model is grounded in data collected about the evolution of three original models of co-production in health and social services in different countries, and six of their offshoots and adapted replications over a four-year period in five countries. Each model was unique, as were adaptations in different contexts, which provided richness to the dataset. Involvement of gatekeepers from the programs as research collaborators facilitated both access and depth of understanding of the evolution of each program. Consistent with constructivist ground theory methods, the model and analysis is based on multiple rounds of data collection, with frequent touchpoints with the research teams including collaborators from each program, theoretical sampling, and a constant comparative method. The four years of data collection spanned periods where some programs were germinating, others were sprouting, blossoming, and propagating, and community gardens were being cultivated. Concurrently, all had to adapt to macroclimate changes such as a global pandemic, and some experienced health system and social system restructuring and changing leadership. These changing contexts yielded insight into how programs adapted (or not) to changing climates over time. The similarity of themes heard across multiple programs and settings suggests that there is theoretical generalizability.

There are also some limitations to consider. First, the initial intent of this research was a longitudinal case study that adopted a deductive analysis approach. Unlike traditional grounded theory, it was only following the initial analysis of the first wave of data collection from the case study that emergent themes suggested the possibility of developing a grounded theory of the process of growth, development, and diffusion of co-production programs. Further, the three initial programs were identified at an international symposium attended by members of the research team and two focused on mental health. Consequently, these programs initially emerged in high income countries in Europe, the United Kingdom, and North America, and while one was diffused to Asia, they are not internationally representative of all countries or conditions where co-production may emerge. The structural barriers

and facilitators for co-production in low income countries or different conditions are likely to include some differences. Further, inclusion of collaborators from each program as gatekeepers may have resulted in a positive disposition toward the programs that unconsciously influenced data collection, interpretation, and presentation of results. Another limitation is that this research was conducted over one period in the development of these programs so it was not possible to gather data as each program passed through each of the growth phases of the model. A final limitation is that the model suggests a progression from one phase to the next that is likely idealized. We expect the time spent within each phase to be fluid and that programs may move back and forth across phases.

4.8. Areas for future research

From a leadership perspective, research is needed to better understand the interplay between co-production and leadership, particularly given the challenges it poses to existing hierarchies. Even when senior leadership supports efforts to initiate and expand co-production, many programs encounter resistance from middle management, who may perceive co-production as a threat to their authority and established roles. More in-depth analysis is needed to explore how leadership at different levels (senior, middle, and community) supports or hinders co-production throughout its unfolding phases, from "sowing" (initiation) to "growing" (implementation and scaling). These findings resonate with Kjellström et al. (2024), who emphasize that leadership in co-production is best understood as a relational and distributed practice, rather than a top-down function. Leadership emerges through shared responsibility, trust-building, and facilitation, and is enacted across stakeholder groups rather than confined to formal roles.

From an organizational perspective, research is needed to understand organizational readiness to move through each stage of the Sowing and Growing process. Development of readiness tools could probe the extent to which leaders, managers, service providers and people with lived/living experience have advanced through the sowing and growing elements of each phase, and the extent to which a co-production mindset has been achieved/spread across organizations and settings.

Finally, it will also be important in future research to remove barriers to lived experience researchers accessing feasible financial support to study the processes and outcomes of their own co-production projects.

5. Conclusion

The Sowing and Growing model depicts how lived experience can be placed at the centre of improvement efforts in health and social services. Rooted in the philosophy of co-production, it describes an organic and relational process of change unfolding through five developmental phases—Germinating, Sprouting, Blossoming, Propagating and Growing a community garden. Each phase represents a stage in the journey of bringing co-production to life: nurturing ideas through listening and centering lived experience; building belief and partnership; spreading shared values and ownership; and, extending learning through mentoring and adaptation, and ongoing networking, mutual learning and support. Together, these phases trace how the philosophy of co-production takes root and grows into an embedded mindset that reshapes practice, relationships, and organisational and system cultures over time.

The model's impact and practical significance lie in its ability to mobilize shared values and foster sustained cultural transformation across health and social service systems. By positioning lived experience as a catalyst for growth, the model demonstrates how power and responsibility can be rebalanced through collaboration, leading to shifts in thinking, relationships, and collective purpose. It highlights how contextual 'climates' may enable or hinder growth, and how co-production can propagate across sites, forming a community garden of mutual learning and support. Through this dynamic process, the model shows that transformation becomes self-sustaining when shared values are continually cultivated, enabling systems to renew themselves from within.

CRediT authorship contribution statement

Gillian Mulvale: Writing – review & editing, Writing – original draft, Visualization, Supervision, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Conceptualization. **Jenn Green:** Writing – review & editing, Writing – original draft, Visualization, Supervision, Project administration, Investigation, Formal analysis, Data curation. **Sandra Moll:** Writing – review & editing, Visualization, Validation, Methodology, Formal analysis. **Nicoline Vackerberg:** Writing – review & editing, Validation, Investigation. **Glenn Robert:** Writing – review & editing, Validation, Supervision, Methodology, Investigation. **Michael Larkin:** Writing – review & editing, Validation, Supervision, Methodology, Conceptualization. **Sofia Kjellström:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Puspita Hossain:** Writing – review & editing, Investigation, Formal analysis. **Le-Tien Bhaskar:** Writing – review & editing, Visualization, Formal analysis. **Esther Lim:** Writing – review & editing, Validation, Investigation. **Shioma-Lei Craythorne:** Writing – review & editing, Investigation.

Data statement

The datasets generated and/or analyzed during the current study are not publicly available due to the study program sites' small sample sizes and the key informants' roles as leaders within small organizations, making it difficult to deidentify their data. However, the datasets are available from the corresponding author upon reasonable request.

Ethical considerations and consent

All procedures complied with relevant laws and institutional guidelines. Research ethics clearance was provided by the: McMaster Research Ethics Board (MREB# 2066, November 2019), Aston University Research Ethics Committee (REC REF # 1611, February 2020), King's College London Research Ethics Number (Ref# MOD-19/20–17350, July 2020), SingHealth Centralised Institutional Review Board (CIRB Ref# 2020/2341, July 2020), and Swedish Ethics Testing Authority (Etikprövningsmyndighten, Dnr 2019–06373, February 2020). Participants received letters of information outlining the study objectives, protocol, and risks prior to providing written consent. Data was collected and stored locally and shared across sites as anonymized, encrypted, and password-protected files.

Declaration of competing interest

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Appendix A. Supplementary data

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