How can older people co-researchers and professionals learn to co-produce together?

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Abstract

Co-production has been presented as an effective method to better understand and act upon the social, health and environmental challenges experienced by older people (Buffel, 2015). This paper responds to the lack of research examining the role of learning in co-production. It examines how older people as co-researchers working with community organisers can develop this method. Through qualitative focus group data from co-researchers and staff delivering projects, the study provides a comprehensive understanding of the practices, skills and approaches involved in co-producing age-friendly places. To demonstrate the learning process, the paper examines the strengths and weaknesses of one of the tools used to identify the assets of an area, Asset Based Community Development mapping. The paper also explores the different ways in which co-researchers and community organisers can develop shared learning on the causes and consequences of social isolation. In addition, the paper considers the range of challenges associated with working with marginalised groups within the community.

Keywords

Age-friendly places, co-production, co-researchers, lifelong learning, older people
INTRODUCTION

An increasing body of work argues that joint research between individuals and groups is an effective approach for understanding the complex range of issues affecting people ‘ageing in place’ within communities (Buffel, 2018). This paper focuses on a £10.2M programme called *Ambition for Ageing* (AfA), funded by the Big Lottery’s Fund Ageing Better Programme, which aims to reduce social isolation amongst older people. AfA uses a co-produced approach to create age-friendly places aimed at reducing social isolation amongst older people (AfA, 2016). The principles of co-production were established from the outset as part of the Big Lottery’s strategic vision to ensure that outcomes are needs-led with the aim of effectively tackling disadvantage (Austwick, 2015). This article explores the extent to which this rhetoric is matched in practice, examining processes aimed at influencing the work of older people and professional staff.

In the context of AfA, co-production may be defined as representing a partnership between older people (referred to as co-researchers in this study), their families and communities, and statutory and non-statutory organisations. There is a university partner contributing to the research of the programme (The University of Manchester), an evaluation team, an Equalities Board, and an Older People’s Network informing the programme design. All partners work together to research, design, develop, and deliver projects with the aim of reducing social isolation and creating more age-friendly communities (Afe-Innovnet, 2015).

Findings reported in this paper are drawn from focus group interviews with older co-researchers, participants who were new to the AfA programme at the time of interviews (October-January 2016/17), and with Local Delivery Lead (LDL) staff approximately six months later (June 2017). Therefore, the study looks at the early stages of implementation of the programme as opposed to outcomes.
Research Context

The five-year programme is led by Greater Manchester Community Voluntary Organisation (GMCVO) with eight LDL partnerships delivering programmes of work across Greater Manchester. Each of the LDLs has a budget of between £650-750K over the four years of programme delivery. Reflecting the characteristics of co-production, a range of approaches to work with older people is being adopted, but for the first phase, all LDLs initially identified a group of older people who became ‘co-researchers’ (Buffel, 2015). The LDLs trained, facilitated, and worked with co-researchers to conduct an Asset Based Community Development (ABCD) mapping exercise to identify ways of making their neighbourhoods more age-friendly.

For the second phase, co-researchers drew from the ABCD method to develop projects which aimed to create age friendly places and reduce social isolation. LDLs were responsible for funding a series of investments in each of their neighbourhoods. LDL staff worked with groups of older people or agencies, charities and organisations to develop projects which would fulfil programme criteria and meet eligibility for funding. In each LDL, spending decisions of up to £2K were made through a panel mechanism. The panel was composed of older people. LDL staff oversaw the procedure, which involved ensuring no-one dominated discussions, proposals were each allocated equal time in discussion, and that voting procedure was regulated.

LITERATURE REVIEW

Co-production

A number of factors have contributed to the interest in using co-production methods with older people, including: first, the impact of population ageing, with pressure for services that incorporate the views and preferences of older people (Fudge, Wolfe & McKeivitt, 2007);
second, the growth of self-advocacy movements, with groups of older people asserting their right to be active participants in research, policy and service design (Walker, 2007); and third, the emphasis on, and support for, user engagement that now exists within funding bodies and policy organisations with an interest in ageing (Buffel, 2016).

Durose and Richardson (2016) argue that traditional, technocratic ways of designing policy are inadequate to cope with the increasingly complex challenges facing society. As a result, they advocate greater experimentation in policy design, with emphasis on collective decision-making and devolved power. The researchers argue for the need for equal partnerships, with collaboration based on mutual respect, trust and inclusivity. They also describe the co-production process as asset-based, built around people and based on existing strengths. For the vision to be realised, Durose and Richardson (2016) argue that the process needs to be flexible and iterative. Gammon and Lawson (2008) identify competing aspirations for equality, or universalism within co-production, and the need for innovation through diversity. They suggest that co-production methodologies can only achieve their intended outcomes by creating spaces where tensions can be understood, shared and managed.

Co-production has been presented as an effective way of using ‘experiential expertise’ (Collins and Evans, 2007) which can highlight areas neglected by ‘experts’ (Fischer, 2000). To make co-production work, it is argued that traditional notions of the ‘expert’ versus the ‘layperson’ (Porter, 2010) must be challenged. However, this does not mean diluting the integrity of the research process (Martin, 2013). It has been further argued that co-production methodologies require an epistemology of what has been termed ‘unknowing’ (Vasudevan, 2011) and ‘listening’ (Back, 2007). By ‘unknowing’, Vasudevan (2011; 1154) refers to a re-imagining of interventions associated with educational practice and research. Writing about formal educational settings, she cautions of the pressure scholars and educational practitioners are under to conceptualise knowledge in a narrow way, rather than engaging in
intellectual inquiry. She identifies the need to reclaim a more open ethos of inquiry and possibility in the everyday acts of seeing, being, becoming, belonging, through which knowledge is enacted. Her essay uses a questioning dialogue and in line with her philosophy and practice, does not offer definitive recommendations, but rather proposes ‘unknowing’ as a stance through which to re-imagine educational practice.

Bindels et al. (2014), examining co-produced research processes, highlight the need for different types of knowledge – experiential as well as scientific – to be valued. However, Richardson and Le Grand (2002) question whether community actors can fully understand their own motivations and behaviour, or can engage in analytical thinking on a topic, merely based on experience. However, drawing upon her own research, Buffel (2018) found older co-researchers capable of collecting high quality data as well as making an effective contribution to data analysis. Pestoff (2006) argues that there is a lack of research on the role of learning in co-production. He calls for further research on how service users and professionals learn to co-produce effectively, a gap in research to which this paper responds. Moreover, whilst much has been written on the political ideology behind co-produced ways of working (Banks and Carpenter 2017), this paper provides an understanding of what happens in the implementation of community-based projects.

Co-production and older people

The World Health Organization’s Global Age Friendly Cities Guide (2007) recommends that citizens should work with policy makers to co-produce the policies that affect them. Notable examples of older people involved as key actors in enhancing neighbourhoods include Calgary Elder Friendly Communities in Canada (Austin et al., 2005), and Old Moat in Manchester in the UK (White and Hammond, 2018). Despite such initiatives, older people have remained largely invisible in discussions around the impact of urban change (Edwards,
Buffel et al. (2012) highlight the paradox of neighbourhood participation, whereby older people tend to spend a lot of time in their neighbourhood but are often amongst the last to be engaged in decision-making on issues affecting their community. Importantly, using a collaborative approach can lead to improved outcomes for older people, their neighbourhoods, and use of public services (McGarry cited in Buffel, 2015).

Minkler (2005) notes that the advantages of adopting a co-produced approach include: ensuring that the topic under investigation matters locally; improving the relevance and cultural sensitivity of survey questions and other data collection tools; and adding nuance to the interpretation of findings (Minkler 2005; 11). Blair and Minkler (2009) argue that using co-production can be more effective than relying on the traditional model of researcher and research participant, especially in respect of involving marginalised or ‘seldom heard’ groups (Blair and Minkler, 2009: 651). Buffel (2015) identifies a range of advantages associated with using co-produced methods, including: facilitating the recruitment of participants, improving the quality of the data produced, increasing the potential for social change, and producing personal benefits for co-researchers.

The older population is now recognised as encompassing a diverse range of ageing experiences, notably those associated with class, gender, ethnicity, disability, and sexual identity. Issues of representation are therefore highly significant when examining who participates in co-produced research practices. Jakobsen and Anderson (2013) note the distributional consequences of co-production, arguing that the knowledge base and resources required to engage with and benefit from co-production processes may serve to exclude some groups.
Most data around co-production has been drawn from the education and health care sectors (Pestoff, 2006). This paper builds upon existing literature on co-production by examining how scientific research around social isolation and the development of age-friendly places can be co-created with co-researchers and professional staff. The study explores whether co-production methodologies create spaces where different perspectives can be understood, shared and negotiated. It also investigates whether co-researchers have empathy for more socially-isolated and socially and economically disadvantaged older people.

**METHODOLOGY OF THE STUDY**

This research presents perspectives from older people co-researchers and professional staff delivering projects aimed at tackling social isolation in a range of neighbourhoods in Greater Manchester. The first wave of focus group interviews was conducted in October-January 2016/17 with older participants who already had some engagement with the AfA programme during its first year of operation. The aim of the focus groups was to provide insights into the development of the co-production process, the principles and values informing co-production, and the type of methods used to facilitate decision-making processes.

In this study, older participants are referred to as ‘co-researchers’. At the time of the interviews they were conducting asset mapping of their local area to assess the extent their localities could be described as ‘age-friendly’. They were also involved in developing projects which had the aim of reducing social isolation within their local areas.

The interview framework captured baseline data from older people around:

- Participants’ experience of the co-production process
• Participants’ perceptions of the age-friendliness of their local area and how this could be developed through AfA

• Participants’ understanding of social isolation, what this might mean for different populations, and strategies to engage those who are socially-isolated.

Table 1: Focus Group Characteristics

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The interviews with LDL staff were conducted approximately six months later than the interviews with older people. The aim was to provide an opportunity for staff to provide their own perspective on the co-production process. The interview frameworks for LDL staff captured data around the:

• development of the co-production process

• development of knowledge and understanding around the reduction of social isolation

• different groups being targeted (for example, BAME, LGBT, those from lower socio-economic classes, those with a limiting disability, those experiencing cognitive and physical decline, those in mid-life who may be at risk of social isolation as they age)

• assessment of using an ABCD method

• different roles of older people within the programme

• shared learning across the different LDLs

Digital audio recordings of interviews were professionally transcribed.
Data analysis

The research team utilised thematic analysis, repeatedly reading the transcripts and coding according to both a priori and emergent themes. The findings and discussion sections syntheses data from both co-researchers and LDL staff. LDL areas have been anonymised. The paper is arranged according to the following themes:

- Methods - Asset Based Community Development mapping tool
- Perceptions of Social isolation
- Black, Asian and Minority Ethnic group engagement

It should be noted that at the time of the interviews, LDLs were at different stages in the delivery of their project and the implementation of small investments.

FINDINGS

Methods - Asset Based Community Development Mapping tool

Asset Based Community Development is a methodology that seeks to mobilise both existing community assets as well as to build and/or re-build relationships between residents, local associations and local institutions (Kretzmann and Mcknight, 1993). It is widely used in community development work and presented as an alternative to needs-based approaches (Mathie and Cunningham, 2003). The method adopted in the AfA programme followed different approaches, for example, participants could plot assets on a physical map or make a list of attributes characteristic of their neighbourhood. LDL staff were asked about the advantages and disadvantages of using the ABCD method. One LDL staff member described how the asset-based approach allowed participants to focus on issues relating to their local neighbourhoods:
We are being given that opportunity to really push place. We can spend a lot of time in one place. But people on the outside ask me… what’s the advantage of doing it in such a small number of places?

The tool is seen as effective as it can inform the development of projects specific to local contexts. However, the member of staff quoted feels as though they must justify using such an approach to people outside the programme, as the results do not in themselves lead to the development of generalizable service-delivery models which can be extended to other areas. At the same time, another LDL staff member felt the flexible funding arrangements within the programme allowed projects to be tailored to specific needs:

Normally you’re restricted by having to do four events in this quarter and you’ve got to speak to 250 people. So all your focus goes on that, instead of maybe what people wanted was a water boiler for a church hall. But with this, we get the luxury to actually listen to people.

The following examples reveal two contrasting findings from the mapping exercises. First, use of a spatial approach to mapping assets led to recognition by one group of the problems created by the distance between neighbourhood health centres. The solution was to fix a toilet in a community centre building, creating the potential for a GP to hold a surgery or for other health professionals to visit. In another example, staff discussed how the recognition of recreational grounds as an asset revealed problems of exclusion. They noted that park wardens were unable to do outreach work and that groups within the older population - especially those with a disability of some kind - were often excluded. Given cuts to local authority budgets and the loss of park wardens, LDL staff had a role in helping co-researchers utilise assets such as local parks. One possible solution discussed was the idea of Walking for
Health (2018), a national network of health walks led by volunteers with over 400 active schemes which include wheelchair accessible tours around parks.

One staff member felt that conducting asset mapping provided a ‘holistic’ understanding of older people’s experiences of ageing and enabled her to see things from the perspective of individuals from different backgrounds. However, she cautioned that staff had to identify which needs were more appropriate for statutory bodies. Similarly, another LDL described how the health sector saw ABCD as a panacea, as if the identification and attribution of ‘assets’ had the potential to negate or remove the need for health services or interventions. In contrast, one LDL described asset mapping as “community development at its best” in drawing from experiential learning. Another LDL staff member supported this, noting how she felt as though the asset-mapping gave them an ‘authentic’ and ‘real’ understanding of what is happening in their areas.

In terms of weaknesses of the tool, one LDL felt the risk of ABCD was that it could encourage or present a ‘relentlessly positive’ rhetoric or narrative about an area. At the same time, another staff member was made aware that whilst working in a socially-deprived neighbourhood, they gained a strong sense from co-researchers that the area was “not in crisis”.

As projects developed, LDL staff drew upon their learning from co-researchers, improving their own understanding of the causes of social isolation which then fed back into the development of activities. One LDL staff member described overhearing conversations on a local bus amongst older people which she felt helped clarify some of the issues she was facing in her work. She started to realise the importance of a particular bus route for enabling
people to share information and keep in touch with each other. However, she noted the challenge of having the time to analyse the data which asset mapping provided:

*We come back with bags of data and it goes in a ‘plastic bag’. We don’t get time to reflect.*

Staff felt that developing co-research required a considerable time commitment from all of those involved. At a local level, LDLs are producing data which does not necessarily get analysed, but which may provide valuable insights into issues facing older people experiencing social isolation. This may require greater innovation in respect of disseminating information through and beyond local communities.

*Perceptions of social isolation*

Co-researchers frequently bought their personal experience of social isolation to bear which in many cases was their initial reason for involvement in the programme. Although their experiential knowledge was invaluable, given that co-researchers were already socially engaged they were not necessarily representative of more socially-isolated older people living in communities. Through working with the LDL and attending workshops, co-researchers had been asked to think about the different conditions under which social isolation can occur and the varied forms which it could take. Three LDL staff attributed shifts in understandings to formal training and conversations facilitated by staff as part of the programme:

*From a professional point of view people might perceive somebody with certain characteristics as likely to be isolated...But...from an older person’s point of view, it might just be the person next door who is afraid of going out because of the social situation in the neighbourhood...It’s not thumping them on the head with theory and learning...it’s jointly going through a process together to open minds of what social isolation could be, the barriers and how they can be overcome.*
The staff member commented on treading a fine line between overburdening older people with professional knowledge on the one hand and developing their understanding on the other. Another LDL revealed how scientific research had its limitations, as older people tended to emphasise practical solutions to reducing social isolation. One LDL felt co-researchers brought valuable skills in respect of finding people in their community and approaching them to invite them to take part in projects:

*Individuals are more important than agencies in identifying [socially] isolated [people].*

Data from the research revealed that LDL staff felt the co-researchers were often more effective than themselves in terms of identifying, approaching and involving socially-isolated neighbours. However, the knowledge provided by the University partner and the LDL staff presented a broader picture of the different experiences of social isolation, and how these intersected with other forms of cumulative disadvantage associated with social class, ethnicity or a limiting disability.

At the start of the project, there were a variety of perceptions amongst co-researchers about the causes of social isolation. Opinions differed on the degree to which the onus of responsibility is upon the individual, or that of society. Participants were open about their lack of knowledge of contrasting experiences of social isolation amongst different populations in their area.

The focus group discussion with co-researchers appeared to assist in refining thinking on some of the key issues contributing to social isolation. On the one hand, the experience of isolation was viewed as an individual responsibility:

*It’s taking that first step...they get very set in their ways. They’ve retired from work with their husband or wife, and then one has passed away but they’ve got a routine,*
...and then you throw something in like “come down to us, we’re doing this”. “No, that’s not for me. I’ve got a doctor’s appointment on Tuesday”...a lot of the times you find it’s an excuse.

Similarly, in another LDL, one co-researcher from a sheltered accommodation unit saw social isolation as “self-inflicted”. She described her experience of trying to motivate people to come on outings or to take part in activities:

> Social isolation is self-inflicted...I mean...just trying to get them interested. A lot of it is depression and to motivate somebody who is suffering from depression – it’s hard to get them out of bed.

As a result of focus group discussions, one participant became more sympathetic towards the psychological barriers to social participation:

> It’s really interesting what you’re all saying about the intimidation and the fear of going out...because now I’m sat here and I’m trying to put myself in the mind set of somebody who has got a routine, who is set in their ways. The thought of going out, even if you see a poster, it’s a huge thing, isn’t it?

Co-researchers went on to describe the issue of getting the balance right between providing supports for people and creating dependency:

> Sometimes...you shouldn’t have to go and pick them up. They should maybe once pick them up to take them to the place but then perhaps some of them don’t go again because they think you should have to pick them up every time you go...

Co-researchers collectively began to question strategies to engage people such as delivering leaflets or advertising via social media platforms such as Facebook. They recognised instead the importance of personal contact in encouraging initial engagement.
Black, Asian and Minority Ethnic group engagement

In one LDL area, co-researchers highlighted contrasting experiences of social isolation amongst different communities. For example, participants in one of the focus groups questioned a stereotype of older people from British South Asian communities having more support from children. They also highlighted the role of language barriers in preventing social inclusion. However, such comments were rarely drawn from first-hand experience, indicating the need for greater engagement with BAME communities as a way of developing knowledge and understanding of culturally-specific experiences of growing older:

You...might think Asian culture... there is no experience of isolation, but no, it’s changing...They don’t see family, day out, day in. And sometimes they can’t speak. It’s a language barrier...Even the neighbour who’s living next door and they can’t communicate. That’s why they like to live in a close network, so...

In another LDL area, participants from White British and British Asian backgrounds discussed the importance of learning from different ethnic groups. They expressed a desire to share knowledge and understanding across cultures through engagement with the programme. According to one participant involved with a church group:

Our members are all white members. So... it’s good for me to come here and listen to other people and be involved in other cultures. You tend to think down a straight, narrow path and it’s nice to diversify and listen to other...and find out what you’re doing as well. And I wish we could integrate more.

A volunteer from a Hindu Temple expressed a similar view to the above concerning to engage more with different communities:

There’s a need in the community...Because there is a community that we don’t see...It’s like a hiding place... And we know there are other people...
different disabilities or needs as well...And that’s why I’m coming along...it brings us together.

Participants expressed a wish for more diverse community groups and to learn from other ethnic or faith groups. They shared information with other members of the focus group:

*I think there is a platform called [...] Hindu Forum and they have a Facebook and their own media as well. And if you just join them then you will find out there’s lots of stuff going on around in [the local area]...And it’s open to the public.*

The discussion also brought out experiences which had contributed to feelings of discrimination. An interesting observation came from a participant who felt as though her faith was given insufficient consideration when people debated integration and exclusion:

*I’m a strong Christian and that seems to be almost looked down on now as though...we’re somehow not acceptable because...Whenever anybody’s trying to talk about integration...and have all the people from the different faiths including, you know, Muslim, Christian, Hindu, together, as though somehow they don’t... People don’t accept that we who’d have a Christian faith, that affects our culture as well. It’s not just a separate thing.*

Participants noted the extensive range of people’s interests represented by AfA’s Equalities Board, for example, those at risk of isolation in older age such as asylum seekers or those from BAME groups. The diverse composition of project participants was viewed as providing an inclusive and representative forum:
They have got a wide group of people on the Equalities Board... people with hearing loss, you've got the Chinese community, Asian community, so it is good to meet people from different communities as well.

In one LDL, there was a debate between participants about integration between different ethnicities. The first participant, who is White British, emphasised cultural differences which made it difficult to integrate different ethnic populations. She notes unspecified council-led initiatives to try and facilitate social cohesion:

A lot of people talk about the need to get more communities back. But, it's tricky of course, you know, [different] cultural [groups], and the council have tried quite hard to get people to integrate where they live, rather than have a Pakistani area, or whatever it is area there, and it’s almost impossible to engineer.

The following participant picks up on this comment and argues against the perspective presented:

...There’s an education definitely needed in all communities. If you read the [local newspaper] people are so ignorant about the stuff that's going on in [the area], they think that Pakistani group or the Asian group is one group, it's not, Bangladeshi, Pakistani, Kashmiri... They don't know about all the stuff that the council does and why a lot of the estates are single cultures.

Going back to interview LDL leads six months after these initial interviews, staff noted that the first participant cited above was now involved in developing projects involving BAME populations, as a member of the older people’s network, and had joined in with a Pakistani group at a recent event. She has also challenged those groups who perceive ethnic minorities to be getting an unfair proportion of investments. Staff felt that through engagement with the
programme, this participant had shifted her knowledge and understanding and had become more culturally aware. She was also actively working to develop projects which would be more inclusive of different ethnicities.

**DISCUSSION**

This paper has examined the potential of the co-production approach, demonstrating how different types of knowledge and experiences are brought together within community-based projects designed to tackle social isolation. It provides information on how older people as co-researchers and community organisers learn to develop work around co-production and co-research. The study identifies important lessons for both practitioners and academics aiming to facilitate and develop projects using such methods. The data presented strongly supports the argument that for co-production methodologies to be effective, an epistemology of ‘unknowing’ (Vasudevan 2011) and ‘listening’ (Back 2007) is required on behalf of all stakeholders.

Asset-based community mapping was felt to be an effective tool in the co-production process, providing valuable information about local neighbourhoods. The evidence presented supports Durose and Richardson’s (2016) argument that for co-production to be effective, the process must be asset-based, built around people and drawing upon existing strengths. However, this paper also cautions against neglect of the problems experienced within neighbourhoods. In terms of advantages, in one case, marking assets on a geographic map enabled co-researchers to identify a community centre as a place where health professionals could work with older people. In another example, mapping raised an interesting challenge regarding how to widen access to place-based assets, given cuts to staffing and the absence of outreach services.

Because the asset-mapping was specific to local communities, staff faced potential criticism as to whether proposed solutions could be generalizable to other areas. However, using a co-
produced approach was not intended to lead to generalisable forms or models which would be applicable to all areas and contexts. Due to the heterogeneous nature of older populations, and the range of different local contextual issues experienced across different neighbourhoods, what works in one area will not necessarily translate to another.

Whilst the focus group discussions functioned to bring critical perspectives to asset-mapping approaches, only three LDLs were able to articulate the risks of using this type of approach. Perceived disadvantages included articulating assets which could negate the need for statutory services, particularly those which should fall within health and social care responsibilities. Also, the method tended to result in co-researchers often highlighting positive assets as opposed to problems or issues faced by communities.

Focus group data revealed that the professional staff created spaces where tensions could be understood, shared and managed, supporting Gammon and Lawson’s (2008) argument about the importance of achieving more equal partnerships. LDL leads saw their role as providing knowledge about contrasting experiences of social isolation and drawing from participants’ own lived experience as a way of moving thinking forward. Focus group discussions functioned to provide a formalised opportunity for different types of knowledge about social isolation to be co-constructed.

Focus group conversations provided evidence that co-researchers were able to increase their understanding of and empathy for those experiencing intense forms of social isolation. Participants ranged from expressing sympathy for those who had become set in their routines and lacked confidence to try new activities, to attributing social isolation as being ‘self-inflicted’. Co-researchers brought into the projects their direct experience of the difficulties associated with encouraging participation of ‘hard-to-reach’ groups. The discussion led participants from attributing blame, to recognising the need for personal contact in
encouraging involvement. On the one hand, co-researchers had their own experiences to draw upon which, despite their significance, may themselves be unrepresentative of groups within the community. On the other hand, research on the conditions leading to social isolation had its own limitations in developing strategies for outreach work with marginalised groups.

This study supports the call made by Bindels (2014) for different types of knowledge to be valued, both experiential and scientific. Staff stressed that they felt the most effective way of developing knowledge and understanding of different experiences of social isolation was through “conversations across the community” (LDL staff member). Findings presented in this paper suggest co-researchers can engage in analytical thinking on a topic which goes beyond their own direct experience. Co-researchers and LDLs could be viewed as both agents and subject in constructing ways of understanding the causes and consequences of social isolation.

Central to the AfA programme is addressing lifelong inequalities associated with class, gender, ethnicity, and sexual orientation, and the impact of these on quality of life in old age. The programme aims to ensure the development and delivery of an inclusive programme. It is essential to the strategic aims of the programme that multiply disadvantaged citizens (in this context social isolation related to cumulative disadvantage experienced over the life course) can fully engage in and benefit from co-production processes.

At the time of the first set of interviews, the co-researchers were insufficiently aware of the different populations living in their wards and the extent to which the experience of social isolation varied across different groups. Participants from two areas explicitly expressed wanting more engagement with BAME communities and were eager to develop work across cultures, ethnicities and faiths.
In terms of formalising the process of making sure those most at risk of social isolation were reached and actively involved in decision-making processes, the AfA programme implemented several approaches. LDL staff ensured projects which were developed by co-researchers were as inclusive as possible by providing, for example, dementia awareness training. They made sure projects were as physically accessible as possible with co-researchers hiring wheelchair accessible minibuses or fitting hearing loops. In addition, staff made sure those less verbally-confident could voice their opinions by having one-to-one sessions after meetings.

Another project-level strategy was the University partner providing seminars around key issues around social isolation. University staff also met regularly with LDLs to probe their recruitment approaches and ensure they were not just working with older people who were already socially-engaged. The University responded to the particular issue of BAME engagement by delivering a workshop around the theme of BAME social isolation, which provided empirical knowledge. The workshop also facilitated contact between gatekeepers from charities which had a focus around BAME engagement, LDL staff and co-researchers. Therefore, the programme was working towards ensuring that knowledge and other resources to fully engage in and benefit from co-production processes were being distributed and developed to ensure disadvantaged participants were able to participate (Jakobsen and Anderson, 2013).

A limitation of this paper is that interviews were held at a relatively early stage of the implementation of the project. Therefore, it is beyond the scope of this study to report on project outcomes, for example, whether shifts in cultural awareness resulted in the development of projects which reduced the social isolation of BAME populations. Evidence presented here is supportive of Minkler’s (2005; 11) argument that co-produced approaches ensure that the topic under investigation matters locally, as demonstrated by the use of ABCD.
mapping tools. However, we do not yet know whether such methods will improve the relevance and cultural sensitivity of survey questions and other data collection tools developed by co-researchers; or add nuance to the interpretation of findings. However, reporting on the early stages of discussions nevertheless reveals important data around the processes of co-production. For example, there is clear evidence that participants are already developing cultural sensitivity around different experiences of social isolation according to race, ethnicity and faith, which it is intended will feed into developing inclusive and accessible projects.

Conclusion

This study supports an increasing body of work which views co-production as an effective method to help better understand and act upon the social, health and environmental challenges experienced by older people (Buffel 2018). This paper responds to the lack of research examining the role of learning in co-production (Pestoff 2006). Through focus group data from older people co-researchers and staff developing projects, the paper provides a comprehensive overview of the practices, skills and approaches involved in co-producing age-friendly places. The study demonstrates how the ABCD mapping tool can be used to help to inform project development. The identified strengths of the tool is that it enables co-researchers to focus on their locality and identify where resources need to be targeted. However, although the tool is meant to provide as alternative to needs-led development, the danger is that it can focus on the assets of an area and ignore potential problems.

The study examines the challenge of bringing situated and experiential knowledge from older people together with scientific knowledge from professionals to co-create new knowledge. The paper argues that co-produced methods lead to shifts in understandings of social isolation and helps move co-researchers towards engaging with those most at risk of social isolation.
The paper has implications for academics and practitioners aiming to use co-produced methods. It argues for creating spaces where different perceptions can be articulated, negotiated and developed. This study reports findings from the first year of implementation of a large-scale community-based programme, which reflects early stages in the co-production process. It is anticipated that on the strength of evidence presented here, as the project continues, multiply disadvantaged citizens will be able to fully engage in and benefit from co-production processes.

Footnote

1. For further information on the Ambition for Ageing Programme see https://www.gmcvo.org.uk/ambition-ageing

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Table 1: Focus Group Characteristics
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<th>Numbers</th>
<th>Ages</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>9 (8f, 1m)</td>
<td>61-78</td>
<td>2 from Black, Asian and Minority Ethnic (BAME) groups</td>
</tr>
<tr>
<td>Tameside</td>
<td>6 female</td>
<td>Mixed – included paid staff working age</td>
<td></td>
</tr>
<tr>
<td>Oldham</td>
<td>4 (2m, 2f)</td>
<td>65-73</td>
<td></td>
</tr>
<tr>
<td>Wigan</td>
<td>10 (7f, 3m)</td>
<td>66-85</td>
<td></td>
</tr>
<tr>
<td>Rochdale</td>
<td>4 (2f,2m)</td>
<td>51-76</td>
<td>2 BAME, 1 with hearing impairment; 1 visually impaired</td>
</tr>
<tr>
<td>Manchester</td>
<td>8 (6f, 2m)</td>
<td>50-68</td>
<td>2 BAME</td>
</tr>
<tr>
<td>Salford</td>
<td>7 (6f, 1m)</td>
<td>67-80</td>
<td></td>
</tr>
<tr>
<td>Bury</td>
<td>6 (3f, 3m)</td>
<td>51-76</td>
<td>Included couple, one of whom was non-verbal after suffering from a stroke and the other of whom was her carer.</td>
</tr>
</tbody>
</table>