

Type of participation	What happens at each level	Implications and views	Power
User owned	<p>People with lived experience:</p> <ul style="list-style-type: none"> • Define the problem or need • Design and provide the solution, delivery and evaluation. <p>Researchers support this with funding. Work is within user-run organisations.</p>	<p>People doing it themselves. Enabling, empowering. Researchers trust that people are best placed</p> <p>to lead and own the development and delivery of what they need - if resources are provided.</p>	<p>People have power over the research they need and will affect them.</p> <p>People have expertise that researchers don't – and this expertise matters most.</p>
User-led	<p>People with lived experience lead the process, with others, to:</p> <ul style="list-style-type: none"> • Design and provide the solution, delivery and evaluation. • Define the problem or need <p>Researchers support this with a range of resources. Work is within existing services and systems.</p>		
Co-Production	<p>Researchers work in partnership with people with lived experience to:</p> <ul style="list-style-type: none"> • Co-plan and define the problem or need and • Co-design the solution, co-deliver the research and co-evaluate it <p>People with lived experience form a majority of committee and project group memberships. Researchers ensure they privilege, hear, value, debate and act upon consumer views. Decisions are not made unless the majority of users agree. Power imbalances are proactively redressed. People with lived experience are part of delivering and evaluating the research</p>	<p>Doing with people. Collaborative partnering.</p> <p>Researchers share power and potential equally with the people who will be affected by the research.</p> <p>Recognition that each party has something valuable to bring to the process.</p> <p>Decision making is shared, as is design and delivery to some degree – or even completely.</p>	<p>Researchers share the power with the people who the research is for and about</p> <p>The expertise of people with lived experience is just as critical as other expertise.</p>
Co-Design	<p>Researchers work in partnership with people with lived experience to plan, design, deliver or evaluate the research. For whichever part of the process that is co-developed, patients and the public form a majority of committee or project group memberships. Their views are privileged, heard, valued, discussed and acted upon. Power imbalances are proactively redressed. People with lived experience may or may not be part of delivering the end result.</p>		
Engage	<p>Researchers involve people with lived experience in thinking through some, many or all aspects of decisions. This is most commonly seen by having a minority of team members as people with lived experience (good practice should be a minimum of 2). People with lived experience are a minority, often with less power and resources than others, and just one of many stakeholders.</p>	<p>Doing for people</p> <p>People with lived experience without power Researchers take account of peoples' lived experience perspectives and opinions in some way</p> <p>They create limited opportunities for people to 'have their say' or get involved - but researchers make the final decisions</p>	<p>Researchers hold the power and value their own expertise most of all.</p>
Consult	<p>Researchers ask people with lived experience what they think, and this becomes one of many considerations. This is most commonly done by holding dedicated consultation sessions or surveys with people.</p>		
Inform	<p>Researchers tell patients and members of the public about their decisions. They may provide an opportunity for feedback. What is done with feedback varies.</p>		
Educate	<p>Researchers teach patients and the public about what they've decided so people know why it is good for them.</p>	<p>Doing to people. Passive recipients. People with lived experience</p> <p>are not part of research design or delivery.</p> <p>Researchers make the decisions based on their own expertise.</p>	
Coerce	<p>Researchers expect patients and the public to accept the decisions made on their behalf.</p>		
Exclude	<p>Patients and members of the public are unable to access services or systems or decision making.</p>	<p>Excluding people. No involvement in any way.</p>	