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Reconceptualising coproduction as activism together

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Abstract

The COVID-19 pandemic disrupted life across the world in multiple ways and those already minoritised and disenfranchised, like care-experienced young people, bore the brunt of losses and mental health difficulties. This article reports on the findings of 'Feeling Well, Feeling Cared For' an innovative knowledge exchange project on care experience and mental health in Scotland that was seriously disrupted by the pandemic. The article explores how these disruptions created new opportunities for deepening and slowing down coproductive practices, allowing relationships between collaborators to become stronger. Three finding areas are presented and discussed through the lenses of coproduction and quiet activism. These include lessons developed through the process of carrying out this project during a pandemic, the findings from our discussions with young people about mental health, and our reflections on the meanings of activism in the context of a coproductive knowledge exchange process. The discussion highlights how learning from this project might benefit coproductive practices in the future, especially as global interest in coproduction continues to grow across a range of disciplines.

INTRODUCTION

Coproduction in social research is increasingly seen as a marker of value, in recognition of the importance of 'lived experience' for capturing the realities of people's day-to-day existence and using this to effect meaningful change (Thomson et al., 2022). However, this approach is rarely used at every stage of the research project, from inception to knowledge exchange and impact. 'Feeling Well, Feeling Cared For' is a small-scale university-funded knowledge exchange project. Its aim was to take the coproduction approach deeper by working with care-experienced young people at every stage of the project to ensure that the knowledge generated about mental health for care-experienced young people was translated into outputs in a process that mirrored the relationship-based approach we were seeking to promote. While we were interested in young people's experiences around mental health and mental health support, we wanted the research to go beyond replicating the well-established finding that care-experienced young people face multiple challenges to their mental health (Seker et al., 2021). The project sought to work with care-experienced young people to co-produce findings and outputs to inform a training work-shop to connect with social care professionals in new and more compelling ways, in order to improve practice.

The research team, which included care-experienced young people, aged 16–25, working as partners alongside academics, utilised initial findings to develop an innovative immersive training method aimed at transforming professionals' understanding of and empathy for care-experienced young people's mental health. The professionals we were most interested in influencing were residential workers and social workers. However, we have gone on to share the training with other professionals too, including social work managers, advocacy workers and support workers. From the outset, the project was cognisant of the barriers to achieving a form of coproduction that is equitable and meaningful for everyone involved, as opposed to one that maintains typical research power imbalances in all but name (Flinders et al., 2016; Sims-Schouten et al., 2022). As such, the project also sought to explore on an ongoing basis the experience of coproduction and the opportunities and hindrances that were met along the way. In this process, the potential of combining ideas about coproduction with the notion of 'quiet' or 'everyday activism' emerged. Definitions of quiet or everyday activism vary (Horton & Kraftl, 2009), and we will explore these in more detail as the article progresses, however, all of these draws on the idea of everyday relational actions we can take to transform our worlds.

As the team has moved through the project, we have come to understand that the combination of emotional attachment to the topic, a focus on relational aspects of the process and our focus on affecting change align our approach with one of 'quiet activism'. This paper sets out to convey what the Feeling Well, Feeling Cared For project achieved by working in this way. It reports on the wider issues facing care-experienced young people's mental health and focuses on what the young people in the project identified as the key problems and what needed to change. Young people's experiences and views were collected through participatory research workshops and also through two young people's ongoing participation in the research team alongside one practitioner and three academics. This paper reflects on the impact that the research process has had on both the outputs from the project and the research team members.

LITERATURE REVIEW

Care-experienced young people in the UK experience mental health challenges and mental ill-health diagnoses at a much higher rate than young people without care experience and are significantly more likely to attempt suicide (Ford et al., 2007; Seker et al., 2021). These mental health difficulties are also more likely to persist into adulthood (Seker et al., 2021). A research evidence summary commissioned for this project by the Institute for Research and Innovation in Social Services (IRISS) (Sanders, 2020) makes it clear that this link is not deterministic and that care-experienced young people do not constitute a homogenous group. There are, however, some common themes related to young people's early and ongoing difficult life experiences, particularly childhood trauma, that increase the risk of mental ill health (Furnivall & Grant, 2014). Other contributory factors include the experience of stigma and shame related to their care experience and ongoing instability, often related to changes in placements and inappropriate placements, being separated from siblings and other family and community networks, which can exacerbate existing trauma (Life Changes Trust, 2018; Who Cares? Scotland, 2016).

These problems are compounded by inadequate mental health resources for care-experienced young people, including a dearth of early intervention and preventative services and services for depression, self-esteem and anxiety (Care Review, 2020; Coram Voice, 2015). Unprecedented pressure on Child and Adolescent Mental Health Services (CAMHS), as a result of increased referrals and underfunding, has resulted in long waiting lists and increased refused referrals where symptoms do not reach the required severity (Creena-Jennings & Hutchison, 2019; Children's Commissioner for England, 2018; House of Commons, 2021; Scottish Government, 2018). Waiting lists are a way that underfunded services manage demand, they put the name of a child or young person on a list to be seen when space in the service becomes available. Time on mental health waiting lists has lengthened throughout the UK, however, some areas have much longer waiting lists than others (Tidman, 2022). Long waiting times are particularly challenging for care-experienced young people who may move between placements and local authorities meaning that waiting list places may be forfeited, and who may find it difficult to engage with services for multiple reasons (Barnardo's, 2019; House of Commons Education Committee, 2016). Moreover, care-experienced young people are also faced with disjointed responses from health, education and social care services which limits the effectiveness of the support they receive (Hiller, 2020; NSPCC Wales, 2019). These challenges existed pre-2020 but were exacerbated by the Covid-19 pandemic and resulting lockdown (MacLachlan et al., 2022).

In this challenging systemic context, it is vital that services work together in a joined-up manner to provide appropriate support for care-experienced young people (Golding, 2010). Additionally, however, the research evidence increasingly highlights a need for care-experienced young people to be directly involved in informing change (NSPCC, 2015). Many young people say that one of the most important influences on their emotional well-being is the degree to which they feel listened to by the adults around them (NSPCC, 2015) and this premise extends to having their views about how mental health is understood and responded to at the centre of the change process (NSPCC Wales, 2019). Sanders (2020) found that, in order to best support the mental health of care-experienced young people, services need to be co-produced with them in order to reflect their experiences, honour their right to contribute to their own mental health care and design the type of responses that will be effective.

This shift in approach is necessary to counteract the relative powerlessness care-experienced children and young people can feel, with many young people describing care 'as something that is done to them, not with them, feeling they have no control over their lives' (Sanders, 2020: 20).

We, the research team, strongly believe that both research and care should be done with the people whose life it pertains to and affects.

Our project team is made up of care-experienced young people, practitioners working with care-experienced young people and academics to co-produce both knowledge about the support necessary for care-experienced young people's mental health and a training session to share that knowledge with adults who work with care-experienced young people. Historically, the term co-production referred to professionals and community members working together to improve public services (Ostrom, 1996). More recently, there is increasing literature related to research teams including academic and non-academic stakeholders co-producing research (see, e.g. Knowles et al., 2021; NIHR, 2022; Redman et al., 2021) The collaborative nature of coproduction places relationships at the centre of research and emphasises the process of building trusting relationships as a vital element of a rich process of knowledge production (Durose et al., 2012).

Coproduction offers the potential to transform traditional research power dynamics and open the academy to alternative sources of knowledge production and knowledge exchange (Bell & Pahl, 2018). By challenging epistemic injustice (see Fricker, 2007) and consciously opening spaces to welcome new ways of knowing into academic knowledge, coproduction allows 'new insights to emerge' (Bell & Pahl, 2018). Coproduction, done well, is challenging to the academy simply because it is essentially destabilising and disruptive. It has, however, been argued (Turnhout et al., 2020) that coproduction can be subsumed into the academy that it seeks to challenge. This results in 'tick-box coproduction' that shouts about bringing non-academic stakeholders into research processes while recreating traditional power dynamics and research approaches with only minor tinkering around the edges. At worst, it can reinforce epistemic injustice while performing inclusivity. Groot et al. (2022) argue that there is an ethical imperative to include spaces for collaborative reflection when coproducing research in order to minimise the likelihood that traditional ways of knowing and doing creep, unbid, back into the process.

As with coproduction, there is no clear agreed definition of activism. Taylor (2022) describes the dominant definition of activism as 'representative participation in the public sphere' (p. 7). Pottinger (2017) similarly states that 'traditional accounts [of activism] champion and romanticise antagonistic, vocal and demonstrative forms of protest' (p. 215). In this paper, however, while looking at co-producing a training workshop that addresses the issues of care-experienced young people's mental health, we are inspired by academic writing that seeks to widen this definition. As described by Horton and Kraftl (2009: 14), we seek to

> ... extend and unsettle many social-scientific accounts of 'activism' in three key senses. First: in evoking the specific kinds of everyday, personal, affective bonds which lead people to care. Second: in evoking the kinds of small acts, words and gestures which can instigate and reciprocate/reproduce such care. And third: in suggesting how such everyday, affective bonds and acts can ultimately constitute political activism and commitment, albeit of a kind which seeks to proceed with 'not too much fuss'.

Activism that disrupts the traditional definition has been variously conceptualised as 'small' (Winter et al., 2020) 'modest' (Taylor, 2022), 'quiet' (Wetherell et al., 2020), 'implicit' (Horton & Kraftl, 2009) and 'everyday political practices' (Winter et al., 2020). We note that these descriptors are to distinguish these types of activism from grandiose public displays of resistance but are not intended to mark their activism as 'less than'. In line with Horton and Kraftl (2009: 21), we argue that 'these are activisms which are politicised, affirmative and potentially transformative,

but which are modest, quotidian, and proceed with little fanfare'. We use the phrase quiet activism in this paper to reflect that we did not set out to be activists but rather realised this conceptualisation as we reflected on our experiences in the project.

In making the links between coproduction and activism, we draw on the importance of emotional connection and the relational aspect of activism. While more traditional definitions of activism focus on large-scale actions that are fuelled by the collective swelling of big emotions, often anger (Turner, 2007), quiet activism emphasises the importance of a more nuanced, on-going emotional experience. Wetherell et al. (2020) describe how activism can be fuelled by the collision between what a person, or group of people, feel and what society tells them they should feel. Horton and Kraftl (2009) argue that activism does not always occur as a rational and well-thought-out response to injustice but instead 'constellations of feeling may, sometimes, spill over into activist tendencies that are quite unanticipated and un-planned' (p. 15).

Where quiet activism bubbles through into people's lives it grows and becomes stronger in relationships. Taylor (2022) conceptualises the feminist mentoring that she undertook with an academic colleague as 'a minor act of subversion from within [the neoliberal academy]' and describes the exploration of this approach to mentoring as 'disrupting the normal flow [of academia]' saying 'we smiled when we met to talk and think and write' (p. 6). While Taylor describes building strong relationships as disruptive, Martin et al. (2007) argue that activism needs to be creative in addition to disruptive and that relationships provide opportunities for collective generative action.

Martin et al. (2007: 15) write that activism 'always involves creating change, but creating change can mean simply intervening when and where one happens to be'. As will be demonstrated throughout this paper, we—the authors—happen to be in different places and sometimes in the same place. In making the connections between coproduction and activism, one strand is the determination to practice coproduction as a challenge and disruption rather than as subsuming new voices into often monolithic academic discourse and practice. We believe that representing this multiplicity of roles, experiences, skills and voices, negotiated through reflective relational practices, is a strength of the project and the training workshop. Another activist practice is making and taking time to reflect in a field that is dominated by a lack of capacity, fire-fighting and exhaustion (Taylor, 2022). A third is using our own experiences, both positive and negative, for change and our fourth activist practice is in illuminating the small everyday changes that others can take, within a system that often feels overwhelming and immoveable, that can make a positive difference to the mental health and well-being of young people they work with.

This paper, therefore, positions both the research team as activists together and the aim of the workshop we developed during this project was to enable participants to see themselves as everyday activists who can make a difference in care-experienced young people's mental health and well-being. In the section that follows we explore our methods of generating knowledge together and using this to inform our workshop.

METHODOLOGY

The idea for the Feeling Well, Feeling Cared For project arose from a series of conversations between staff from Who Cares? Scotland (the national advocacy group for care-experienced young people, two of whom were also care experienced), care-experienced young people from two 'Champion's Boards' in central Scotland and three academics working at the University of Edinburgh. Who Cares? Scotland's ethos of employing people with care experience and foregrounding

their voice in advocating for change aligned with and supported the project's approach to co-production. The aims of the project emerged directly from a need identified by care-experienced young people and the advocacy staff supporting them: to improve professional knowledge, understanding and skills in supporting care-experienced young people's mental health.

A research team made up of care-experienced young people, third-sector staff and academic researchers worked together for 18 months to develop a training workshop about mental health for adults working with care-experienced young people. As discussed in the "Findings" section below, this team initially involved four young people who participated in the initial workshops but, as activities moved online several young people disengaged and we sought out different routes to involve young people in the project. As the project progressed we also developed relationships with other organisations and individuals who were instrumental in helping with this work. These included IRISS, who, as indicated, developed a research evidence summary to support the work of our project and knowledge exchange, and a sound engineer who recorded the voiceovers and edited together a soundscape used in the workshop to capture young people's experiences. Other young people and staff from Who Cares? also provided voice recordings in support of our soundscape. In addition, we benefited from the views of Voices of Young People in Care (VOYPIC), a separate group of young people that a member of the research team worked with. First, they provided feedback on two case studies we developed about care-experienced young people's mental health. The case studies formed a central part of the workshop and the feedback we received was invaluable in informing changes to language and content that helped them to appear more 'natural' and 'realistic'. Second, members of the group agreed to be participants at one of two Economic and Social Research Festival of Social Science events held in winter 2020, which we used to pilot the workshops. Participants at the other event were social work professionals and academics who were invited via the British Association of Social Work. The combined feedback from both events shaped the final revisions to the workshops.

The 2-hour training session that emerged from the project drew on the research evidence summary of existing academic literature about care-experienced young people's mental health (Sanders, 2020) and more than 20 coproduction workshops with care-experienced young people aimed at ensuring their ownership of the content and format of the workshop. Care-experienced young people then co-delivered the training workshops to five groups in April–May 2021, including, residential child-care workers, social workers, social care students and corporate parents.

The ethical approval process necessitated paying close attention to mitigating possible negative experiences for the young people from talking about their mental health, including potentially being triggered and retraumatised through reliving experiences. This applied to the young people in the research team and the young people who were members of VOYPIC who gave feedback on the case studies and the pilot workshop, as indicated above. A number of preventative steps were considered and agreed within the research team and with Who Cares? Scotland. These included encouraging the young people to talk only about issues and experiences they felt comfortable with and ensuring that Who Cares? Scotland staff were available before and after meetings to talk through and support the young people with any feelings of discomfort or upset they might have had. Time was taken to go through these issues with the young people at the start of the project, alongside the content of the participant information and consent forms and to respond to their questions. Members of VOYPIC were supported in a similar way, for example, by discussing the case studies as a group and providing support before and after the pilot workshop. In this way, the project sought to balance the potential risks of discussing subject matter that could be triggering, with the importance of providing safe environments for care-experienced young people so that their views directly shaped the content and key messages of the workshops,

thereby achieving a form of epistemic justice wherein their experiences were heralded as important forms of knowledge and used to achieve meaningful change (Groot et al., 2022).

This approach was underpinned throughout the project by mutual support, relational care and reflecting together as a research team. It included the academic members of the team being open about their mental health and other life challenges to further mitigate traditional academic/lived experience and researcher/researched power differentials (ibid). In this way, reflexivity was enhanced by developing a warm, welcoming and trusting environment, characterised by taking time to check in consistently with the young people on their views of how the project was progressing, responding to any ideas and agreeing on changes. This aligns with what Groot et al. (2022: 238) refer to as 'tend and befriend', in which co-production is characterised as 'coming together for solidarity, support, and advice … a respectful connection with positive energy, in which people share a common understanding of the incidents that happened, and share a horizon and future perspective for change and action'. It is perhaps unsurprising that the use of humour was particularly important for establishing this type of open, caring and reflexive space and for dealing with the challenges the project encountered. Ethical approval was granted by the University of Edinburgh's ethics board.

In the next section of the article, we will explore the project's findings, including in more detail, how our relationships and our approach to the project developed in the context of the COVID-19 pandemic.

FINDINGS

As the methodology section has established, the Feeling Well, Feeling Cared For project was primarily about knowledge exchange, therefore, the findings are not just substantive, they are also reflective, identifying our shared learning across the project. The findings section explores three key areas. The first of these is a process; which discusses the ways in which the project needed to be responsive to young people and the changing context. The second area is content, which explores the final content of the workshops and how this reflects young people's views of the interplay between mental health and the care system. The third area is the research team's reflections on emerging thinking about the connections between coproduction, the project and activism.

Finding 1: Process

The first three coproduction workshops for the project took place between December 2019 and February 2020. Initially, four care-experienced young people contributed by exploring the main experiences related to their mental health and the key messages they wanted to relay to professionals in the training workshops.

However, in March 2020, the UK locked down and we had to rethink the project. While we could have paused it, the topic seemed increasingly important and close to home. One young person known to young people and staff involved in the project had taken their own life before the lockdown. In the early stages of lockdown Who Cares? Scotland set up a helpline for care-experienced young people that experienced a high number of calls. Mental health issues increased across the whole population, but there were particular considerations for care-experienced young people that we believed needed to be discussed. Our determination and commitment to continuing the process in such extreme and uncertain circumstances, when we could easily have

decided that the continuation of the project was impossible, can be viewed as a collective act of quiet activism.

At the same time, the capacity to be involved in the project decreased. In particular, practitioners needed to focus on the priority of supporting young people. Along with the rest of the country, our options for meeting up were limited to virtual spaces, and these spaces did not work for everyone. Particularly, in the first lockdown Zoom was an unfamiliar technology for many people and there were issues with digital exclusion, with many young people lacking a suitable device to join our meetings. People were also negotiating complicated and unfamiliar personal and emotional situations that took time and energy. Most of the young people who had engaged with the face-to-face workshops did not engage online and, although we followed up these connections and offered multiple opportunities and ongoing support for young people to take part, we recognised the many reasons that people might disengage and, instead, looked for different opportunities to involve a wider range of young people, as explained below. We acknowledge that this speaks to wider challenges of ensuring that coproduction processes are accessible to young people with inequitable access to resources, knowledge and confidence and reflect that offering multiple routes into the research went some way towards addressing these differing needs and priorities. These challenges were discussed with the young people still involved and we note the unavoidably uncertain and stressful environment in which we were all operating.

From the larger group of people who had been involved in the coproduction workshops, a core research team emerged, initially made up of three academics, three practitioners and one young person who was keen to take the project forward. We acknowledge that the core group was limited to those who had access to technology and a safe environment from which to access the meetings—and that young people will be disproportionately impacted by these limitations. Over the course of the first lockdown, two of the practitioners moved on to new jobs and another young person joined the group. For those of us able to continue our involvement, the shared experience of the pandemic strengthened our relationships and, with awareness of our own mental health needs, significant portions of all meetings were devoted to much-needed social contact and mutual support. Meeting, on Zoom, from our own homes gave us all an insight into each other's lives beyond the project and we met each other's children and pets. These changing dynamics minimised the differences in our roles and naturally rearranged the power dynamics that coproduction seeks to challenge—we moved beyond our predetermined roles in the group to become a group of people who really cared about each other and the joint project we were working on. In effect, this approach strengthened the ethical basis of the project as the relational dynamic enabled the young people to feel comfortable expressing their views, including at times when they disagreed with ideas put forward by the academic members of the team. The research team had recognised the potential for ethical issues to arise due to changing boundaries and while no such issues arose they would have been carefully discussed and responded to, for example, via the above-mentioned support provided by Who Cares? Scotland.

The time taken to strengthen our bonds of friendship and mutual care proved to strengthen our resolve and enabled us to recommit to the project. It provided a foundation for 'collaborative reflection' from which we set about problem-solving. The pandemic was the ultimate disruption to work as normal; slowing things down was frustrating but also created new possibilities. It opened up the virtual world in ways that might not otherwise have felt possible. We had anticipated that the training workshop we were planning would take place in-person but quickly decided that we would change it to an online workshop, which opened the possibility for engaging a larger audience and enabled us to build on our rapid learning about virtual engagement in order to develop a programme that would work online.

One of the key aims of the project was to ensure that care-experienced young people's experiences were central to the training workshop and, although we had two care-experienced young people in the team, we wanted to ensure that we included a wider range of care-experienced voices. We extended content from the pre-pandemic workshops by seeking feedback and piloting our emerging activities with other care-experienced young people members of the research team were working with. We also contacted two care-experienced advocates who co-facilitated a podcast discussing their mental health experiences while in care. We discovered that utilising multiple ways to involve young people and addressing these challenges together made both the team, the process and the outcome stronger. This 'organic' way of working, drawing on all member's connections and resources, combined with responding to problems creatively, characterised our approach to coproduction and made the research experience feel vibrant and productive.

Finding 2: Workshop content

Over the course of three face-to-face coproduction workshops, young people talked about the factors that negatively affect care-experienced young people's mental health and the things that they perceived could improve their mental health. While the number of young people that we worked with in the project is relatively small, their willingness to speak frankly and openly about very personal and often difficult experiences with a view to improving the care system for other young people is, in itself, a form of activism. Our discussions in these workshops closely mirror the findings from the research evidence summary that we commissioned from IRISS. We value the views, experiences and insights that young people shared, particularly in light of the significant impact that hearing young people's direct words had upon workshop participants. As indicated, we will report on professional reactions and the impact of the training in a second paper. In terms of what the young people said, a thematic analysis revealed three key categories of factors that they felt were the most important.

Changing the care system

All of the young people were able to identify structural issues with the care system that had a negative impact on their mental health. Predominantly these were related to challenges with accessing mental health support. Young people also felt that adults who worked with them often used these structural difficulties as excuses as to why they could not meet young people's needs. While understanding that staff feel frustrated by the systemic challenges they face, the research team was worried that the training workshop we developed could become a place for staff to complain about things that they believe they cannot change. Instead, we wanted the workshop to be a place to challenge staff to think about where they can take action to make a difference as individuals, and where they might choose to challenge their colleagues and the system. In other words, we wanted to challenge workshop participants to become everyday activists in their role as corporate parents.[1]

Therefore, although changing the care system is a key finding from young people involved in the project, and we do raise it in the training workshop, after discussing this with young people at the workshops and subsequently, in the core team, we made a decision to focus primarily on our second two themes related to the factors that impact on care-experienced young people's mental health and well-being; those that care staff can respond directly to, which we now discuss.

Relationships

Relationships run through almost all of the issues that young people raised. Care-experienced young people identified things that have happened to them that have made relationships challenging including experiences of neglect, abuse and loss. They were very insightful about the ways in which those challenges continue to have an impact and are reflected in multiple ongoing relationships in terms of problems trusting others, feelings of low self-esteem, and difficult and invasive memories. On top of this, they identified the many ways in which their experiences in the care system exacerbate these challenges including multiple placements, unplanned transitions, lost contact with family and friends and uncaring 'care' settings.

Young people talked about being abandoned and feeling a lack of love and nurture. This led them to experience challenges in trusting adults and these challenges were reinforced by unstable placements and multiple moves. They talked about how scary it can be to move into a system that they do not understand, especially when people around them also do not understand and sometimes stigmatise them as a result of their circumstances. The messages that they hear from others around them can be internalised so that they start to feel that they are not as good as other people or that they are somehow to blame for their situation. They crave emotional connection but their experiences make it difficult for them to communicate this—especially when relationships with staff can be inconsistent, both because the staff members change and the behaviour of different staff members is not always consistent.

When young people talked about what needed to change they felt that the most important thing was to have carers with certain qualities. We turn to this now.

Staff and carer qualities

Young people felt very strongly that it was the qualities of the adults caring for them that would support or negatively impact their mental health. This discussion brought home the difference that individual workers can make in the lives of care-experienced young people they work with.

They first discussed the qualities and behaviours that negatively impacted on their mental health. Young people described feeling that staff had 'given up on them' and that staff were only interested in referring them to other services, which often do not have capacity to offer support, rather than providing support themselves. They told how staff gave the impression that they did not care about the young people they worked with and sometimes said that they were 'just doing their job'. Young people described how these behaviours reinforce the challenges that they have with relationships, as described above.

Commitment, honesty and consistency were the key characteristics in adults that young people identified as supporting their mental health. Commitment includes paying attention to a young person's individual situation, recognising the trauma they have been through and taking time to really get to know them and build a positive relationship. Building a positive relationship involves listening to a young person and valuing them as a whole person. Honesty includes being upfront about challenges and not making promises that cannot be kept. Honesty also includes adults being willing to share some of their own life experiences and struggles and coping strategies with young people—which humanises the relationship and can go some way to challenging the power dynamic where care-experienced young people are often required to tell professionals personal details of their lives without getting anything in return. Consistency includes both consistent behaviour from adults and supporting young people to have consistency in their lives by

supporting them to maintain relationships and connections. Where consistency is not possible—for example when a young person has to move placements—adults should think about what can be done to minimise the impact on the young person's mental health. One example given was sitting down with the young person and adults from the old and new placements to share information about the young person's needs. Young people ask that adults take their mental health seriously and not minimise their problems or talk dismissively about mental health problems.

Beyond these reflections, however, was the process of translating learning into a training workshop that would have the power to be transformative for the practitioners taking part. We will now turn to our reflections on this next stage of the process, which was the longest stage of the process, and explore how we worked together, drawing on ideas of quiet activism.

Finding 3: Research team's reflections on activism

In exploring and recording the research team's experiences and reflections on coproduction as a form of everyday activism, we drew upon a number of activities. The first, involved creating a video in which each member of the team discussed the project from their perspective. An edited version of this video is available on the Triumph website. This was then supplemented by each writing a reflective piece, honing-in on what activism constituted and how it felt. We have chosen to identify which author shared which experience in order to acknowledge the multiplicity of voices present.[2] From these reflections, the themes of change; the legitimacy of care-experienced young people's role; care, support and friendship and achievement, characterised the collective sense of activism that participation in the project engendered.

The process of coproduction as described above felt new to the six members of the research team and they all expressed feeling changed by it. For the two care-experienced young authors of this paper, their involvement was accompanied by a distinct growth in confidence regarding their 'place' in and contribution to the project, as articulated by Thomas:

> This project has changed me in a number of different ways. I remember when I first met with everyone, I was shy, scared of professionals, felt I didn't have a voice or a place. How that has changed! ... I am more than happy to challenge professionals when I feel the need, I am more than happy to speak in front of numerous people if I feel at least one person will benefit. My confidence has grown immensely and my attitude towards academia has become more prominent and positive.

Similarly, Rachel commented about her experience of growth and change, specifically through the facilitation of the training workshops:

> I was quite nervous doing it when I started off but once I got into the drift of it...I think it was just me being nervous talking to new people ... it feels like you've become a lot more confident.

In contrast, for the academics involved, change was characterised by having to work in a very different way in order to respond to the pandemic's impact on the project and everyone involved. Christina's comments capture the shift between her preconceptions of what the project would involve and how she was compelled to adapt; in this way, highlighting the relationship between activism in research and an openness to disrupt complacency:

> Meaningfully including young people in research is something that I care passionately about and, yet, maybe doing it every day makes me occasionally complacent. When we started this project, I had a fairly clear idea of how it would go, and it was a small grant so the timescale would be tight. But coproduction is about destabilising our pre-existing ideas of what academic research is and how it should be done. Throw that into the context of a global pandemic that both stopped us from meeting face-to-face and threw the mental health of care experienced young people into stark relief. We were in uncharted territory.

Despite these challenges, and as we worked through the many twists, turns and resource and time frustrations involved, the sense of the project's legitimacy only grew. This rested on an increasing belief about the importance of highlighting the mental health issues facing care-experienced young people and positioning their experiences and voice front and centre. Thomas reflected on his growing conviction regarding this:

> I feel that voices of young people that are currently experiencing the issues that we would like to fix are the most important voices of them all ... The young people know the most about this subject, not academically but it's their living, it's their normal. Young people say what they see, do, hear, think whereas, I feel, professionals only say what they are meant to.

Reflecting on her past experience as a residential childcare worker, Autumn conveyed the sense of distress and helplessness that workers can feel, how this can become embedded in the culture of childcare homes, and, consequently, the relief of hearing from young people about how to do things differently:

> Some of my most difficult memories had to do with working with young people in acute distress, whose mental health was in crisis. At the time I often felt out of my depth and unsure about the best way to help. Many of my colleagues seemed to feel the same. They also seemed to be carrying their own wounds from years of trying to support young people in acute distress. Fast forward thirteen years it was, therefore, a joy to work with a group of care experienced young people to share openly and honestly about the challenges of good mental health support for those in the care system.

The research team's reflections also capture vividly how care, support and friendship kept the project afloat and made it an 'affirmative' experience, underpinned by 'connection' and 'nurture'. This holds important messages about the role of relationships in everyday activism, which Christina speaks to

> We also laughed a lot. We were all in it [the pandemic and the project] together. We became a tight team and we looked out for each other.

Moreover, Lauren highlighted the significance of care and support given the potential vulnerability of young people, both because of the project's focus and the impact of the pandemic:

> I was thinking 'is it safe to have YP involved when we're discussing mental health crisis when you know they're going through the study in a pandemic'? But then

there was the other part of me thinking, 'this is really real and these are the sorts of things that we need to show; YP are really suffering through this and this is the support they need'...

The combined effect of everyone's efforts in the project are summed up in a strong sense of achievement both at a personal level but also how the training workshop impacted the professionals who participated, which Pearse described as illustrating the

... potential of coproduction as activism, as a potent means of change both for the researchers and their target audience.

There was strong sense that we had uncovered some very basic but important 'truths' about care-experienced young people's mental health and what the people supporting them need to know. In Rachel's words, this was as simple as:

... if the staff are struggling, if they need help with something, they can ask someone for help.

A core finding here was to highlight the power of apparently small relational acts:

... even when things are really difficult and complicated and it feels like everything is out of your control, there are some small everyday relational actions that can make a big difference to the mental health of people around you. (Christina).

Ultimately, our reflections signal that the project's achievements rested on committing to openness in the research journey. Activism in this sense meant allowing it to shape us, taking time on an ongoing basis to check where everyone was in the process, sharing ownership and changing direction and emphasis to ensure it expressed our collective will. This approach can be personally challenging and also challenges normative ways of doing academic research but our experience attests to the significant benefits that it can lead to. Lauren and Autumn conveyed this as follows:

Maintaining a true coproduction space also had its challenges, it can be tempting to want to 'get it done', however, maintaining authentic coproduction meant that we ended up with a much richer end result. (Lauren).

Doing genuinely co-produced participatory research is time intensive, the need to build relationships and trust and to develop a rapport. You can't rush that it's a process and unfortunately a lot of research is driven by quick outputs and designed to measure impact at the end in a very specific set of ways, instead of appreciating the process as being something, as having an impact in itself and if that process is good for the person involved then well then that's an outcome itself. (Autumn).

DISCUSSION

In bringing together our four finding areas, we found it useful to return to the ideas of quiet activism discussed by Horton and Kraftl (2009). As we highlighted earlier in our discussion,

they seek to 'extend and unsettle' the ways that we think about activism in social science. We have structured our discussion around the three 'key senses' they discuss. The first relates to the 'everyday, personal, affective bonds which lead people to care' (Horton & Kraftl, 2009: 14). This first aspect relates to time and space in relationships and we found Taylor's (2022) descriptions of her feminist mentoring project had parallels with our own experience. Taylor explains how her project offered opportunities to create space for a different learning relationship away from the never-ending everyday to-do lists or 'performative busy-ness' of the academic, not least because it took place outside the office.

> We revelled in the slower time of 'time out' and 'time away'
>
> (Taylor, 2022: 11).

While Taylor and her colleague created and protected this disruption of their daily routine, we were forced out of our offices and into a slower way of life by the Covid-19 pandemic. The pandemic simultaneously ensured that we slowed down and brought into sharp focus the importance of our task and the importance of building relationships to enable this. We had to step away from our offices and away from familiar patterns of working. We created spaces to reflect on our continued course of action, taking account of our personal circumstances. We did not revel in the slowness, but negotiating the unfamiliar terrain together made us, as a team and as a project, stronger.

The second sense that Horton and Kraftl (2009: 14) discuss relates to 'the kinds of small acts, words and gestures which can instigate and reciprocate/reproduce such care'. Due to our strong relationships, which were developed and sustained through slowing down and engaging in collaborative reflection, we managed to maintain and extend *how* we cared for each other and our care and commitment to this project. In this regard, the typology of 'anonymous care' versus 'revolutionary care' (Nelson, 2020; Stevenson, 2014) is an illuminating lens through which to view our approach. Nelson (2020: 92) sums up Stevenson's (ibid) concept of anonymous care as care 'reduced to a matter of bureaucratic practice', that is, in this context, following the norms of research in which hierarchies, practices and language are left unquestioned. In contrast, she characterises revolutionary care as:

> ... care that is integral to the revolutionary process, in that it aims to mobilize the transformational potential of lived experts, while helping to dismantle systems of oppression. This type of intentional, reciprocal, and honest 'love' has the capacity to become transformative, as it simultaneously acknowledges power and privilege, and unsettles it through the act of extending–and accepting–care and compassion to (and from) an Other
>
> (Nelson, 2020: 92).

While acknowledging that these different types of care can co-exist, Nelson cites the mutual and reciprocal nature of care as revolutionary and situates it as a practice of activism. On reflection, it is interesting to note that the changing context of the pandemic may have supported our commitment to engaging in and developing our understanding of how integral this type of revolutionary care is to co-production and quiet activism. As with many colleagues, we met collectively via Zoom, entering each other's private spaces virtually. We met each other's children and we saw each other's homes and we witnessed new pets come and old pets—sadly—go. This conflation of work life and home life, in our individual lives and during a global pandemic fostered a greater

sharing of experiences, acknowledgement of the challenges we all faced and further supported the giving of care in response. It is also reminiscent of Winter et al.'s discussion of p/Politics as building on the idea that the personal is political (2020: 394), with the suggestion that between the binary there is a 'blended space', where small 'p' political actions have been utilised to effect capital P Political change—and vice versa.

This conflation of home (or at least living space) and work is also an issue for young people living in the care system. When care-experienced young people ask adults who work with them to 'make this place a home', they are clearly expressing the impact that living in an institution or workplace has on their mental health. When thinking about the soundscape for the training workshop case studies, young people talked negatively about the sound of formal alarm systems, heavy locks on doors, office sounds and work conversations in their homes. Winter et al. describe schools as a blended or liminal space where 'young people engage in everyday political and social action as a 'tactic' or response to adults' (2020: 394). We recognise the care system, similarly to Winter et al's descriptions of schools as such a liminal space, recognise young people's p/Political agency in this space and ask that the *adults who work with them* also 'engage in everyday political and social action as a 'tactic' or response to' the care system (Winter et al., 2020: 394).

Wetherell et al. (2020: 30) describe how resistance does not always require 'big singular driving emotions such as rage and hope', rather sometimes, it is sustained by nuanced and multiplicitous emotional experiences that can be difficult and can also result in 'creative new becomings'. In the training session that we developed, young people ask adults to acknowledge their frustrations with the systems they work within and also to listen to what young people have to say and look the opportunities to build deeper connections and support their mental health. We invited the participants in our workshops to think about everyday, achievable actions, that 'without fuss' can make a huge difference to the mental health of care-experienced young people. This relates to the third, and final, sense discussed by Horton and Kraftl (2009: 14) which focuses on the 'everyday, affective bonds and acts' that 'can ultimately constitute political activism and commitment, albeit of a kind which seeks to proceed with "not too much fuss"'.

This is not to say that challenging the system that supports—or does not support—care-experienced young people's mental health is not important. Small p political acts and minor acts of refusal might lead to big P Political rage and hope and action—but they also might not and that is okay. Martin et al. (2007) describe that 'activism entails an individual making particular kinds of new connections between people that alter power relations within existing social networks' (p. 80). Young people in this project describe how new connections (of the type described by young people as supporting their mental health) and altered power dynamics (by virtue, e.g. of feeling listened to) can have day-to-day positive impact on their mental health. New connections and altered power dynamics can also create training opportunities, podcasts shared across multiple platforms, ongoing research collaborations and—who knows—big P Political activism and change.

Our aim is simply through the training to encourage and empower adults working with care-experienced young people to make small changes in their everyday practice that will support the mental health of the young people they work with. This requires that these adults see that they have the power and control to make such small changes, even when the context and the system feel overwhelming and restrictive. In exploring this project through the lens of quiet activism, we have come to see the power in the statement that 'activism always involves creating change, but creating change can mean simply intervening when and where one happens to be' (Martin et al., 2007: 15).

CONCLUSION

It is true that these days 'coproduction is everywhere' (Durose & Richardson, 2022: 1). Despite this, definitions and practices remain extremely diverse (Masterson et al., 2022). In mapping and reflecting upon our own mode of coproduction in the Feeling Well, Feeling Cared For project, we have found the concept of quiet activism helpful in crystallising the kind of work coproduction can do and the outcomes it supports. While we created together as equal collaborators with different experiences, skills and feelings to share, we were also sustained by our relationships with each other. Through these relationships we were able to deepen our understandings and enact practices that helped us to make a small project on mental health so much more than just a vehicle for developing some new training. The focus on 'production' and 'research impact' in so much writing on coproduction is understandable and necessary and we hope that our project will go on to have many larger ripple effects, not least upon all members of the research team who have experienced new ways of working together However, our reflections on quiet activism have convinced us of the incredible value, outwith traditional understandings of research impact, of the caring, reciprocal relationships which should be at the heart of the coproduction journey. We believe naming this quiet activism helps to underline the power and possibility of this work and reminds us of the value of process, which can be forgotten in the drive for products and impact. We hope our reflections might help others to see the value of slowing down, huddling up and listening a little bit more deeply to each other and the sounds of life going on around our research endeavours, there is so much goodness and power there.

CONFLICT OF INTEREST STATEMENT
No authors have conflicts of interest to declare.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available from the corresponding author upon reasonable request.

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ENDNOTES

[1] Corporate parents are listed within Schedule 4 of the Children and Young People (Scotland) Act 2014 as all 'agencies and organisations of the state' who have statutory duties to collaborate with each other to uphold the rights and secure the well-being of looked after children (children in the care of the state).

[2] An important aspect of the project is challenging traditional power dynamics within research and recognising everyone's contribution to the project. All team members, including young people, are named authors of this paper and have chosen to identify which reflections were made by which team members. It is important to note that both young authors are over 18.

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