



Jersey Recovery College
Hope · Empowerment · Opportunity

Introduction to Co-production

Workbook



Introduction to Co-production

What do you understand/think that Co-production means?

(This is only for you we will look back at it at the end)



Principles

Five key principles of co-production

Collaboration

Respect. Working together. Trust. Broadening and deepening.

- Participants trusting and respecting each other.
- Participants working together towards a shared goal to achieve the best outcomes.

Strengths-based

Discover. Human skills. Diverse representation.

- Playing towards participant's strengths and minimising barriers in order to move towards solutions as a group.
- Recognising limitations and when additional experience and skills need to be brought in.

Solution focused

Actively producing. Benefit. Delivering services.

- Creating steps to reach an end goal.
- Concentrating on results whilst working through a winding path.

Power sharing

Shared responsibility. Shared power.

- All contributions to be valued and considered.
- Information to be presented clearly so all can understand and take part in the power sharing exercise.

Equal and reciprocal relationships

Experience. Safe. Equal. Valued.

- Everyone involved from the beginning before the idea.
- Reciprocity (everyone gets something from the work).

A co-production framework for Jersey's mental health services

Definitions of co-production

Read these and decide which is your favourite and why:

“Co-production is a relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities.”

New Economics Foundation's National Co-production Critical Friends

“Participants take an active part in producing services; they are not just a passive, consuming population.”

Brudney and England, 1983

“Co-production creates a community in which ‘people are valued for their contributions and discover they can rely on one another’ (Rowe 1997). In this way the outcome of co-production is of benefit to more people than those directly involved.”

ImRoc

“Co-production is about everyone coming together, pulling resources and abilities, building on each other’s potential, to identify problems and then to solve them. The problems could be in health, environment, housing, wellbeing, it doesn’t matter what it is but it’s all of us working together.”

Co-production Wales

“Co-production is broadening and deepening public services so that they are no longer the preserve of professionals or commissioners, but a shared responsibility.”

Community Service Volunteers

“The key feature of co-production is that we work together in equal and reciprocal relationships, it’s not the professionals coming in as experts and talking to citizens and maybe consulting them about what’s the best way of going forwards. It’s about citizens and professionals working together, understanding that both share power and both share responsibility.”

Co-production Wales

“This is not about consultation or participation – except in the broadest sense. The point is not to consult more, or involve people more in decisions; it is to encourage them to use the human skills and experience they have to help deliver public or voluntary services.”

New Economics Foundation

“People Powered Health... transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.”

Nesta

Notes on definitions:

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A co-production framework for Jersey – Definition

“Co-production is where a diverse and representative group of people come together to work as equals. It’s a strengths-based approach combining everyone’s skills and experience in a safe environment. This involves working together, trust, respect, and sharing power.

Co-production broadens and deepens understanding; that means, we can guide the delivery of the right solutions and services for all.”

A co-production framework for Jersey’s mental health services



An ethical approach in co-production – Statements of accountability

From *A co-production framework for Jersey's mental health services*

In order for it to be effective, it is important that anyone following the framework is accountable to its Statements of accountability, so that:

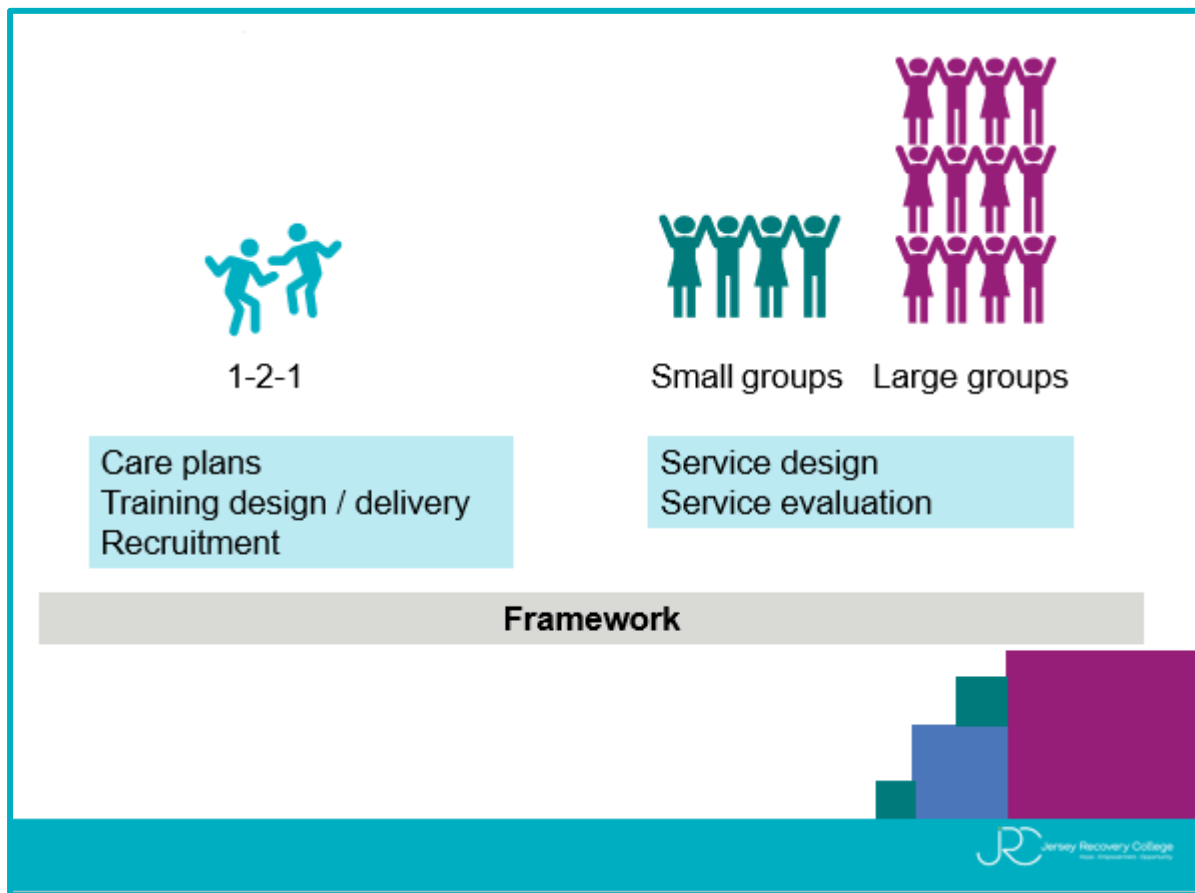
- Everyone knows what they are doing.
- Everyone is clear on expectations.
- Everyone takes responsibility to achieve the best outcome.
- There is commitment to the process and following it through to the end.

Our statements of accountability are:

- We will create a group culture and adhere to it.
- We will accept the work completed.
- We will trust and respect each other as equals.
- We will ensure equal representation amongst participants, e.g., carers, lived experience, professionals and third sector.
- We will ensure all views are heard, valued and respected.
- We will build on each other's strengths.
- We will commit to see the process through to the end.
- We will work as a team productively and support each other.
- We will focus on finding solutions.
- We will communicate clearly and effectively.
- We will create a safe space to share knowledge and experience.
- We will commit to shared power, shared decision making and shared responsibility.
- We commit to measuring the outcomes of our work.
- We will provide evidence that we have followed the process.

The Co-production Network thanks you for your commitment to the Statements of accountability.

How co-production can be used



The Co-production Network – A case study

The Scope:

- Establish a network of stakeholders with a shared understanding of the co-production model, the practicalities of adopting it, a commitment to best practice and a passion for embedding it within our mental health system.
- Train a group of practitioners skilled in designing and facilitating co-production.
- Create a Co-production Framework, by way of co-production, which will support the advancement of the mental health system. The framework is to support system, service and process design and re-design.
- Create a Co-production Network model that can be rolled out to wider health and community/public services.

Co-production at every level – who was involved (and their strengths)



Framework and what's included

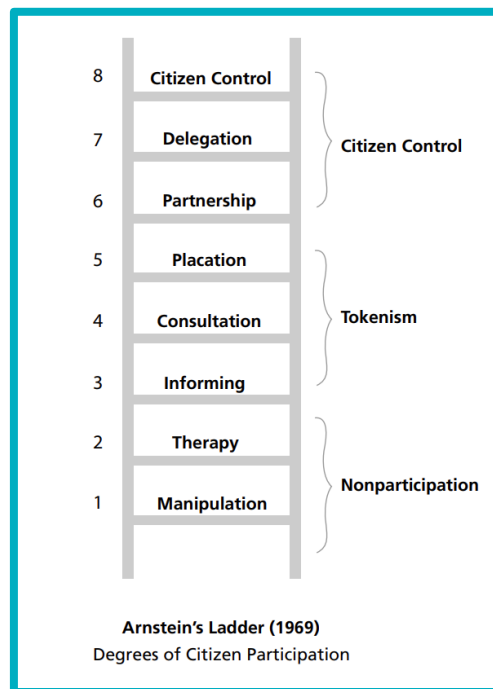


Notes on Framework

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Arnstein's Ladder of Citizen Participation

A number of citizen engagement models are based on Sherry Arnstein's 1969 Ladder of Citizen Participation.



1 Manipulation and 2 Therapy. Both are non-participative. The aim is to cure or educate the participants. The proposed plan is best and the job of participation is to achieve public support through public relations.

3 Informing. A most important first step to legitimate participation. But too frequently the emphasis is on a one way flow of information. No channel for feedback.

4 Consultation. Again a legitimate step attitude surveys, neighbourhood meetings and public enquiries. But Arnstein still feels this is just a window dressing ritual.

5 Placation. For example, co-option of hand-picked 'worthies' onto committees. It allows citizens to advise or plan ad infinitum but retains for power holders the right to judge the legitimacy or feasibility of the advice.

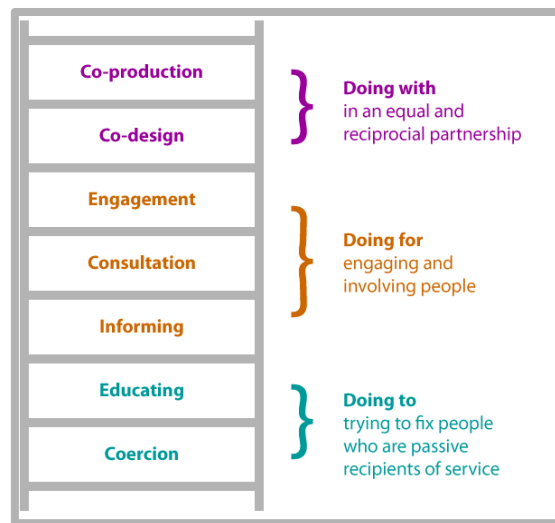
6 Partnership. Power is in fact redistributed through negotiation between citizens and power holders. Planning and decision-making responsibilities are shared e.g. through joint committees.

7 Delegation. Citizens holding a clear majority of seats on committees with delegated powers to make decisions. Public now has the power to assure accountability of the programme to them.

8 Citizen Control. Have-nots handle the entire job of planning, policy making and managing a programme e.g. neighbourhood corporation with no intermediaries between it and the source of funds.

Co-production Ladder

The National Co-production Advisory Group at Think Local Act Personal (TLAP) developed a co-production ladder based on Arnstein's model.



Coercion: This is the bottom rung of the ladder. People who access services are made to attend an event about services as passive recipients. Their views are not considered important and are not taken into account.

Educating: The people who use services are helped to understand the service design and delivery so that they gain relevant knowledge about it. That is all that is done at this stage.

Informing: The people responsible for services inform people about the services and explain how they work. This may include telling people what decisions have been made and why.

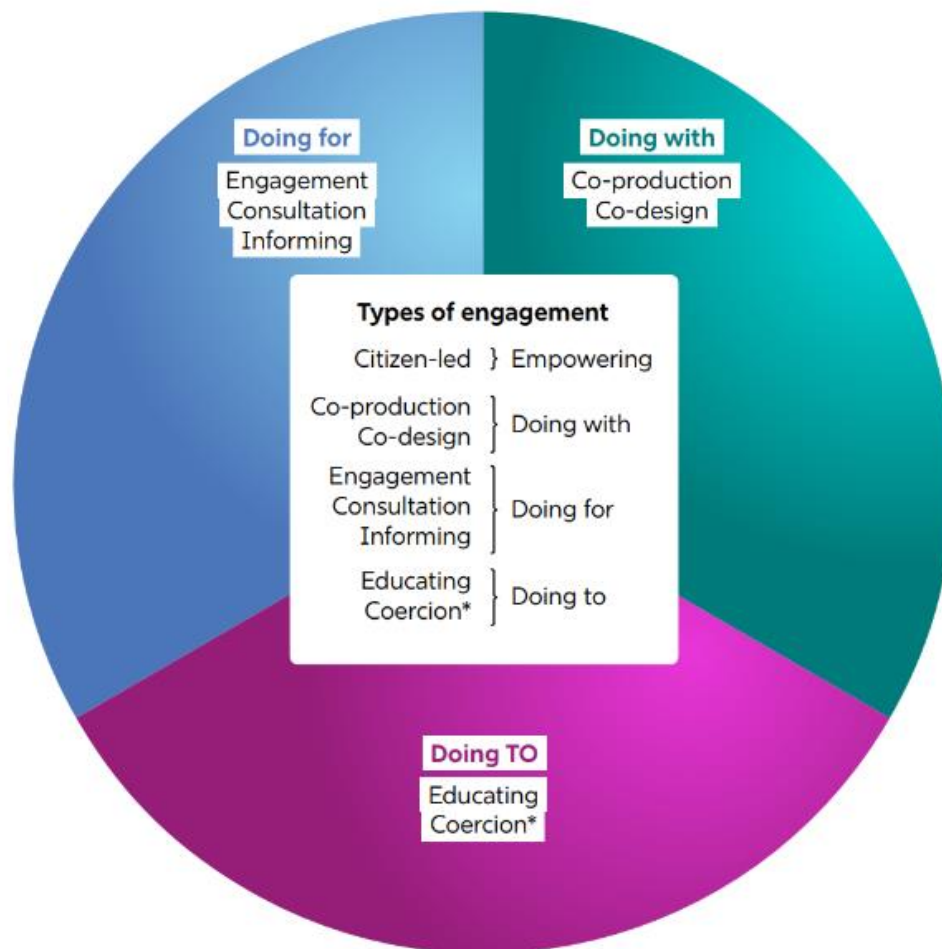
Consultation: People who use services may be asked to fill in surveys or attend meetings, however this step may be considered tokenistic if they do not have the power to influence or affect change.

Engagement: Compared to the consultation step below, people who use services are given more opportunities to express their views and may be able to influence some decisions about how services are designed or delivered, but this depends on what the people responsible for services will allow.

Co-design: People who use services are involved in designing services, based on their experiences and ideas. They have genuine influence but have not been involved in strategic decision-making.

Co-production: Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.

Jersey model - From *A co-production framework for Jersey's mental health services*



Empowering:

- Citizen-led

Doing with:

- Co-production and co-design

Doing for:

- Engagement
- Consultation
- Informing

Doing to:

- Educating
- Coercion*

All types of engagement can be positive or negative experiences depending on the context, with the exception of coercion. Under no circumstances is coercion ever an appropriate method of public engagement.

From consultation to co-production

From consultation to co-production

“Consultation is technically any activity that gives local people a voice and an opportunity to influence important decisions. It involves listening to and learning from local people before decisions are made or priorities are set.”

Local Government Association

Types of consultation:

- Focus groups
- Surveys
- Written consultation
- Forums
- Seminars / workshops
- Website
- Public meetings
- Roadshows

Dover District Council

The exercise: Consultation to co-production

Your brief:

- You have been asked to curate a cultural programme to acknowledge and celebrate the black lives matters movement in Jersey.
- You have been asked to create a plan to improve the connection of St Helier’s parishioners with nature.
- You have been asked to develop a social prescribing pilot for older adults.
- Choose your own example.

Answer these questions:

- How would you use a consultation model to fulfil this brief?
- How would you use co-production to fulfil this brief?
- How might you use a blend of consultation and co-production?

Notes on consultation exercise:

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Working together – Advantages and disadvantages of co-production

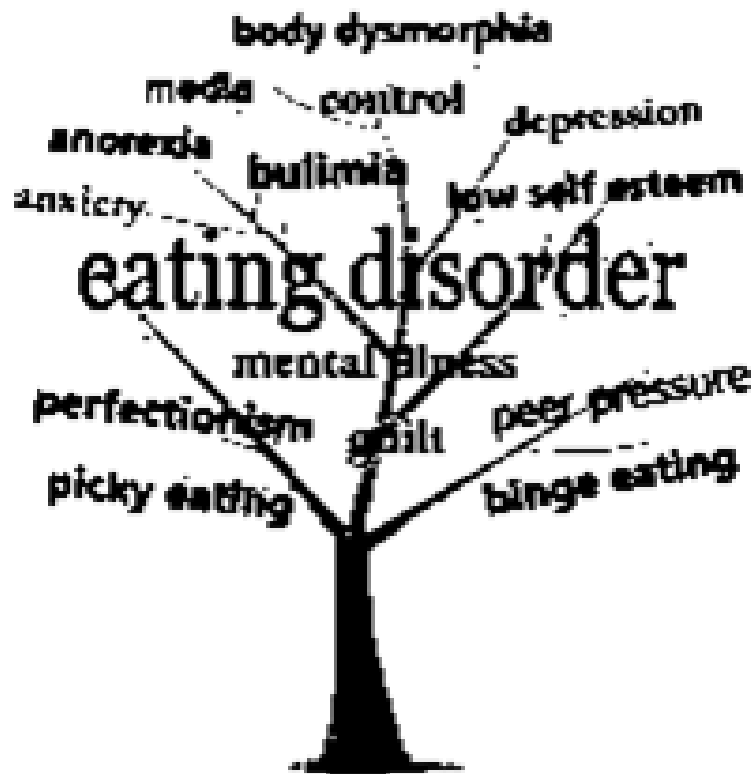
Advantages of co-production

Disadvantages of co-production

Co-production in practice - How to Facilitate co-production

	Notes
Aims, scope, constraints	
People	
Recruitment, communication and engagement	
Planning / Structure	
Facilitators	
Listen / capture outputs	
Record and evidence decisions	
Trust the process	

Co-Production in practice



Your brief:

Design a support programme for those affected by eating disorders.

You have a small budget and it needs to be up and running in three months.

You will be responding to the brief as either a service user, family member, commissioner or staff member. You will be pushing the priorities of the role you are playing.

There is some background on eating disorders over the page.

Let's Talk About Eating Disorders

The way we talk about eating disorders matters. Here are some facts you can use to help shape the conversation around eating disorders.



“Eating disorders are medical illnesses.”

Genetic and environmental factors can influence eating disorders. An eating disorder is not a trend or a choice.



“Eating disorders are serious and can be fatal.”

Eating disorders often involve serious medical complications that can cause permanent damage or death. People with eating disorders also have an increased risk of dying by suicide.



“Eating disorders can affect anyone.”

Eating disorders do not discriminate. They affect people of all ages, races and ethnicities, and genders.



“You can't tell if someone has an eating disorder by looking at them.”

People with eating disorders can be underweight, normal weight, or overweight.



“Family members can be a patient's best ally in treatment.”

Eating disorders are caused by a combination of genetic, biological, behavioral, psychological, and social factors. Family members do not cause eating disorders and can be great sources of support.



“It is possible to recover from an eating disorder.”

Complete recovery is possible with treatment and time.



www.nimh.nih.gov/eatingdisorders

Roles and priorities

<p>1. You are a Service user. Your priorities are:</p> <ul style="list-style-type: none"> • Access to a multi-disciplinary team • Quality food and dietician • Non-clinical environment 	<p>2. You are a Family member. Your priorities are:</p> <ul style="list-style-type: none"> • Family based therapy • Respite • Counselling
<p>3. You are a Commissioner / Funder. Your priorities are:</p> <ul style="list-style-type: none"> • Keeping costs low • Needs to be up and running in three month's time • Correct governance 	<p>4. You are a Staff member. Your priorities are:</p> <ul style="list-style-type: none"> • Sufficient staff members • Supervision • Access to training

Final Thought

Is your definition of Co-production different from what you first thought?

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