

Principles of Co-Production and How to Use Them

There is no one universal definition of co-production. As a result, there are differences in vision regarding what the principles should be. We do not use this term in a generic way to mean all forms of engagement. We have used the following definition in the guidance.

Co-production is an asset-based approach to public services that enables people providing and people receiving services to share power and responsibility, and to work together in equal, reciprocal and caring relationships. It creates opportunities for people to access support when they need it, and to contribute to social change.

- **Co-production Network for Wales**

There are challenges to ensure that the process is not tokenistic and on-going issues with the sharing of power in a system based on a hierarchical model. The latter needs constant conscious consideration, where service users can point out power issues where they are interfering with the process.

Co-production starts at the beginning of a project or process to ensure that service users and carers voices are included. It does not begin when decisions have already been made, this is a consultation.

Existing principles include the co-production network for Wales based on the five values. The Citizen Centred Governance principles are also a useful point of reference. Involvement Cymru, also have a set of citizen involvement principles.

As a result of consultation in development of the National Guidance, the following principles were collected. This is a very comprehensive range and is given in no particular order of importance.

Culture

- Openness and transparency
- Safety
- No pre-assumptions
- Confidentiality
- Feel listened to

Ongoing

- Co-production is an on-going process, not an occasional flurry of activity with long gaps.
- People are part of the process in deciding whether or not to do a project – before the blank sheet stage – and once the decision has been made together, they are involved all the way through.

Equality

The key element is parity with all other participants in the decision-making process.

This should include the following:

- **Resources** – These include basic tools for the work e.g. IT resources including software and broadband access, training, access to a desk, access to relevant information/data, support where needed e.g. with the role, with admin, with IT, telephone, printer, e-mail address and any other resources that are necessary in the future to be able to participate effectively and equally
- **Power** – Equity in decision-making processes such as consensus decision making, majority decision making where service users and carers have sufficient numbers in the group to have a real influence. Where service user and carer voices are in a minority, they nevertheless carry equal weight compared to other voices.

Equal power requires that service users and carers have an equal voice when it comes to setting topics for the agenda.

Early access to information is equal for all. Information should be made understandable to all. Service users and carers have time for preparation.

- **Language** – Language use reflects power relationships. This is especially true at the level of an individual's care, where true co-production is incompatible with language that privileges the power of professionals.

The use of jargon, technical language and acronyms also excludes service users and carers from full participation in decisions.

Professionals need training and support to reflect on their use of language in their day-to-day work with service users and carers.

- **Accountability** – Service users and carers are responsible to those they represent.
- **Esteem/Value & Respect** – Service users and carers are equally appreciated and respected compared to other voices in the room.

Influence

Voices of services users and carers are listened to, understood and taken on board. What matters to service users and carers can be shown to make a difference to decisions made.

The service user and carer voice makes a difference. The outcomes of service user and carer voice are reported and promoted.

There should be opportunities for influence from service users and carers **from the very beginning**.

Reach

Service users and carers should be involved in the whole range of activities which will contribute to service delivery. These include the following:

- Co-production of their own care and treatment plan
- Co-productive decisions about options for their own care
- Codesign and delivery of professional training before and after qualification e.g. nursing, medical, psychiatry, social care etc.

It is particularly important to embed co-production in core training and throughout a professional's working life. Involvement enriches training and develops compassion for, and better understanding of service users and carers.

- Recruitment of staff
- Professional regulation – Consideration of engaging service users and carers involved in developing standards and procedures

Research

This very much determines the direction of travel for mental health services. It is therefore critical that service users and carers are involved in determining priorities for research funding and in designing research questions. Critical issues such as questions about effective therapeutic relationships, why therapy fails and co-production in therapy are unlikely to be prioritised unless service users and carers have a say.

Service users and carers also have priorities such as Open Dialogue, Peer support, Peer training/self-management, and the place of valued or meaningful activities.

- Evaluation of services
- Improvement projects
- Identifying priorities for funding and development
- Commissioning and tender processes for private and third sector services e.g. Service specifications Involved in ongoing monitoring of Contracts for services
- Codesign of strategies, policies and delivery plans
- Scrutiny and governance

Reward

Fair reward is offered, with service users and carers having an individual choice about whether that is through payment, or through other methods.

Recognition of the involvement and work of service users and carers in the coproduction process. Recognising their ideas, input and engagement.

Please see Reward and Recognition Strategy.

Diversity and Inclusiveness

Every effort will be made to ensure that the voices of people from minority or excluded communities and people with different diagnoses have a way of feeding in their views and opinions to decision making groups.

It is also important to ensure that all views are heard, including the range of views that exist amongst majorities.

Perspectives and/or Representativeness

As long as service users and carers have real lived and living experience of mental health issues and or use of services, they can give a perspective in any co-productive process.

To be representative they also need to have access to other service users and carers and methods of getting information about their opinions and views.

There will be times when a representative will need to speak from their own experience and perspective.

Representatives offered training to develop their confidence to support and mentor other members to express their views.

Dealing with conflicts of interest

It is recognised that some representatives may have a conflict of interest where they have a close relationship with other service groups and with respect to agenda items. This might include being a volunteer, paid member of staff, trustee or simply using a service. Conflicts of interest need to be declared and managed.

Accessibility of representatives to local members

Representatives need to be accessible to local members, preferably via local and special interest groups.

Effectiveness of representatives

This would be a mixture of experience of mental health services and/or problems with their mental wellbeing together with experience and ability working as a representative in decision making groups.

Representatives need to have the knowledge and skills to make a difference.

Research into service user and carer views

Representatives need the resources to find out about people's views and lived experiences relating to mental health services.

Communication with service user and carer communities is essential.

It is important to keep service users and carers informed of discussions and progress.

Independence of voice

- Autonomous communication with partners
- Access to partners without going through a third party
- Protection from organisational retaliation
- Having freedom of voice and safety from negative consequences of speaking honestly and respectfully
- Freedom from pressure by people or organisations with a vested interest
- Constructive approach to disagreements and conflict

Co-production of Care and Treatment

The most important context for co-production is in decisions made with individuals about their own care. The Mental Health Measure (Wales) (2010), lays the foundations for care and treatment plans to be co-produced and the Matrics Cymru introduces the ambition to provide a choice of evidence-based therapy models to each service user referred for psychotherapies.

The Social Services and Wellbeing (Wales) Act (2014) promotes voice, choice and control in care.

Outcome measures work is recognising the need to measure service outcomes relative to the service user's own goals (other documents and legislation relevant to co-production are listed in appendix 4).

Work in England is increasingly progressing to the co-production of clinical notes as well. Implementing this in Wales would be a welcome step forward, as a mechanism to promote a more co-productive culture through which to progress people's recovery.

Choices about treatment and care, and about the risks you choose to take, or not take, are a matter of dignity. It is imperative to move away from models of care based on coercion of various kinds, ranging from manipulation to threats of service withdrawal or section, and even to physical restraint for forced treatments.

A culture of co-production is not consistent with coercion, and hence is consistent with the dignity and rights of service users. Co-production is consistent with the prevention of learned helplessness and dependency on services, through maximising the service users' feelings of control over their life choices. It supports and lays the foundations for service users to take personal responsibility for the decisions they take which impact on their own mental health.

A critical step in co-production of care and clinical note taking, is changing the language used away from language that supports the power imbalance between professionals and service users or carers. For instance, it is not consistent with co-production to talk about a person being 'under' a professional or service.

Ultimately co-production recognises the expertise of service users regarding what works for them, as a result of their own life experience and self-knowledge. Co-production implies that lived and living experience is equally valuable and as relevant as professional expertise.