

## Co-production Framework

### Introduction

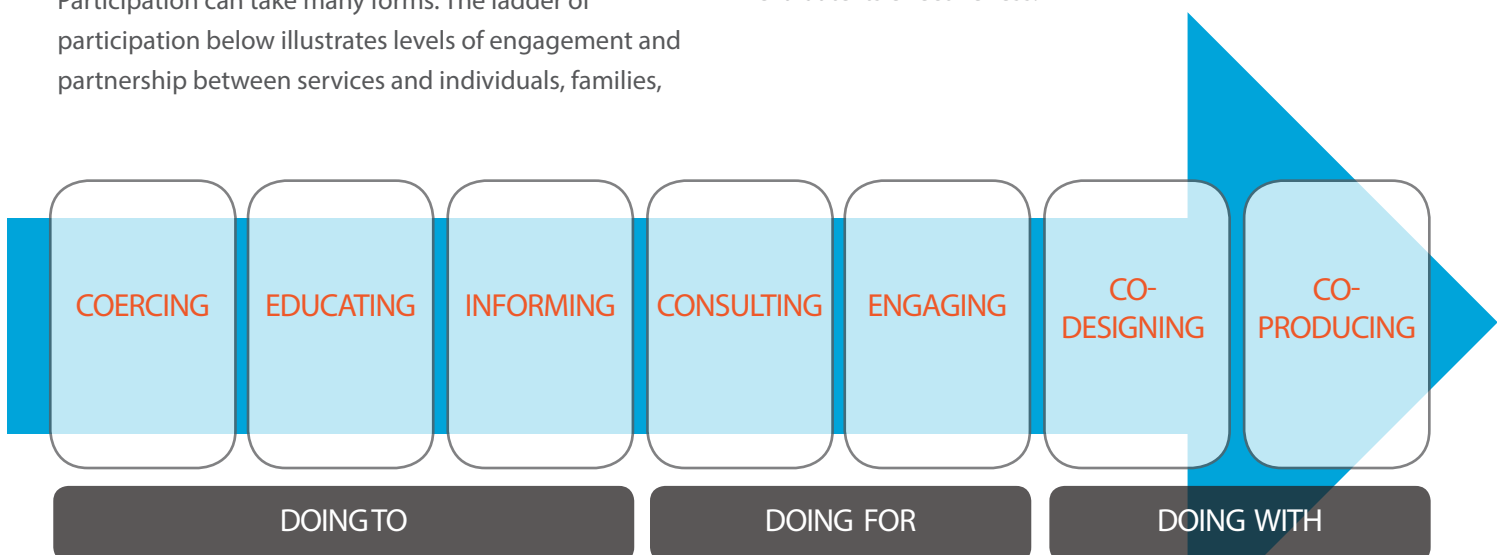
Wellways recognises the unique knowledge, skills and understanding that individuals, families, friends and carers have gained through their lived experience of mental health issues or disability. In our commitment to valuing this lived experience expertise, Wellways aims to embed the principles and practice of co-production across the organisation in everything we do.

The Wellways Co-production Framework guides the organisation on how to build an ongoing partnership with participants, families, friends, carers, staff and the wider community to work together as equals in planning, developing, delivering, evaluating and improving our services.

### The ladder of participation: towards co-production

Participation can take many forms. The ladder of participation below illustrates levels of engagement and partnership between services and individuals, families,

friends and carers. At the lower end of the ladder is coercing, educating or informing, which can be seen as service providers delivering solutions 'to' people without their consent or with no input or involvement. For example, information may be given to people about the service with little opportunity for any discussion about what the information means or negotiation around individual needs. In the middle of the ladder is consulting or engaging, which can be seen as services delivering solutions 'for' people. For example, service providers draft materials, policies, programs and then seek feedback. At the top of the ladder is co-design and co-production. This involves service providers developing solutions 'with' individuals, families, friends and carers. Co-production involves everyone working together as equals to identify issues, develop and design solutions, and then evaluate their effectiveness. For example, individuals, families, friends and carers identify the need for a particular resource or program, they are involved in development of that resource and they jointly evaluate its effectiveness.



## Co-production

Co-production provides a framework for genuine and meaningful participation for participants, families, friends and carers. It is defined as: *'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'* (Slay and Stephens, 2013, p.3).

Government and service providers are increasingly recognising the importance of embedding co-production as a means to ensure people's voices are not only heard but acted upon by services. Consumers and carers have been advocating strongly for more power, choice and control in relation to services. The World Health Organization identifies co-production as an essential component for achieving empowering and engaging communities in people-centred health services. The Fifth National Mental Health Plan (2017) has made a commitment to co-production and acknowledges the change this requires to participation practices: *"The Fifth Plan recognises that people need to be at the centre of the way in which services are planned delivered, evaluated and reformed. It acknowledges that the mental health service system must be reoriented away from the needs of providers and towards the needs of consumers and carers; the people who the system serves. It reflects that services need to work in a coordinated way to collaborate with people with lived experience to co-produce services and outcomes that meet their individual needs. It recognises the transformative value of bringing together the expertise of people with lived experience alongside service expertise to enable meaningful and active collaboration for people to shape their recovery, leading to better outcomes."* (p. 16). (p.19).

Co-production is achieved by sharing power at all stages. This includes:

1. **Co-planning** – individuals, families, friends, carers and staff work together to identify an issue that needs to be addressed
2. **Co-designing** – agreeing together what changes we need to make

3. **Co-delivering** – pooling everyone's resources and energy to deliver this change
4. **Co-evaluating** – working together to identify what impacts were achieved and how we can improve in the future.

## Benefits of co-production

There are significant benefits of adopting coproduction for individuals, families, friends, carers, the community and Wellways. These include:

- For participants, families, friends and carers benefits may include:
- Increased level of satisfaction with services
- Better engagement and outcomes, working towards shared goals and tailoring to service users' needs and wishes
- Improved service quality and safety, particularly in regard to access and responsiveness
- Increased choice and control
- Provides an effective and efficient means of understanding local needs and issues rather than relying on indirect information and secondary sources
- Recognises barriers to engagement and demonstrates how people can contribute to better health outcomes
- Improved health and quality of life
- Staff roles become less transactional and instead focus on building and sustaining relationships between people and services
- More responsive to the needs of people from diverse communities
- Leads to more efficient and effective use of services

# Principles of co-production

Below is a set of guiding principles for co-production. They act as a blueprint for the values and approach required from all levels of the organisation to practice co-production.

<p><b>Assets:</b> Transforming the perception of people from passive recipients to equal partners.</p> <p><b>Capabilities:</b> Building on what people can do and supporting them to put this to work.</p> <p><b>Mutuality:</b> Reciprocal relationships with mutual responsibilities and expectations.</p> <p><b>Networks:</b> Engaging a range of networks, inside and outside 'services' including peer support, to transfer knowledge.</p> <p><b>Blur roles:</b> Removing tightly defined boundaries between professionals and recipients to enable shared responsibility and control.</p> <p><b>Catalysts:</b> Shifting from 'delivering' services to supporting things to happen and catalysing other action.</p>	
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People Power Health Co-production Catalogue. Nesta, April 2012

## 1. Assets:

Valuing and recognising the skills and knowledge gained through lived experience.

- We acknowledge everyone has skills, strengths and experience to contribute
- We find ways to use and develop these assets and value everyone's contribution
- We build people's confidence and capacity, making sure that everyone's voice is heard.

## 2. Networks:

Developing peer-support networks and social connections

- We take an active role in helping people become or stay part of their communities, able to build their social connections in two ways:

- > Bonding capital: we help people to set-up or become part of supportive peer networks
- > Bridging capital: we help people to make connections with other communities or groups
- We work to increase the influence and impact of these networks and their members – as advocates, colleagues, teachers and 'experts through experience'

## 3. Outcomes (capacity building)

Focusing on personal outcomes and what matters to individuals

- Our assessment process is based on a conversation about what matters to individuals - what does a good life mean to them – rather than on an assessment of need or eligibility
- We focus on outcomes (what was the impact of what

we did / did we make a positive difference) rather than outputs (what did we do / how often did we do it).

- Our evaluation and measurement systems reflect these person-centred priorities.

#### 4. Relationships (mutuality and blur lines)

Building mutually beneficial relationships

- We value each other as equals – we all have something to contribute and something to learn
- We build in opportunities for everyone to ‘give’ and ‘gain’ with everyone supported to contribute and everyone is able to benefit
- Shared responsibilities requires shared power. Our systems, structures and approach encourage/require decisions about governance, strategy, budgets and delivery to be shared between staff and the people we support

#### 5. Catalysts

Work in partnership with consumers, carers, family members and friends to motivate change

- We see ourselves as catalysts for change not simply as providers of services. We help people to have the confidence and opportunity to live their lives in the way they want to and take control of their own futures.
- We work in partnership with those who use our services, helping each other to design and deliver the outcomes that matter to the individual.
- We involve our service users fully in our evaluation processes and use their input to improve both what we do and how we do it.

## Evaluating co-production at Wellways

Evaluation of Wellways co-production practices is integral to ongoing quality improvement. This involves co-evaluating practice and outcomes with staff, participants, families, friends and carers.

Evaluation of co-production should measure whether practice is in line with the guiding principles of co-production. Measurement of practice against the above principles provides the organisation with key indicators of progress. Other measurement and reporting mechanisms include:

- > Consumers and carer experience of service surveys
- > Feedback register information
- > Self-reported measures of personal development and learning
- > Outcome data

Public Health Wales/Co-Production Wales (2015) has developed a co-production audit tool based on Nesta’s (2012) principles to support services to self-reflect on their depth of co-production with participants, families, friends and carers by assessing performance against action statements.

Co-production can be divided into three different levels of depth depending on how ambitious and transformative services have been when adopting the model (Needham and Carr, 2009). These are:

### 1. Descriptive

Co-production is used simply to describe how services rely on participants, families, friends and carers to comply with legal or social norms, such as taking medication. Whilst people achieve individual outcome, services fail to engage or support them to have an active role in transforming services.

### 2. Intermediate

Co-production is used as a tool to acknowledge participants, families, friends and carers contributions but

doesn't impact on the delivery of services. The organisation culture is not transformed as co-production is led by individual staff members and not embraced equally by all staff.

### 3. Transformative

Co-production is entrenched at all levels and new relationships between participants, families, friends, carers and staff are created. Services recognise the skills and knowledge gained through lived experience. Staff, participants, families, friends and carers collaborate to co-plan, co-design, and co-deliver and co-evaluate services.

Evaluation of depth is essential to managing the risk of adopting practices which are tokenistic or disempowering. For example, there is a temptation to label individual co-production principles such as peer support as co-production and for organisations to take no further action to embed co-production practices. However it is only when all the principles are applied together by services, participants, families, friends and carers working as equals to take action and produce outcomes that a service is truly co-produced.

*"Some of the ways in which the term is being used detract from the full potential that co-production can achieve as an approach which can transform the capacity, equity and impact of public services. The **depth** of co-production can fall along a scale from fairly tokenistic user-involvement all the way through to a complete transformation of power relationships within services" (Nesta, 2012, p. 6).*

Wellways acknowledges Aboriginal and Torres Strait Islander People as the traditional owners and custodians of the land on which we live, work and play and pays respect to their Elders past, present and future.

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## References

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