

Scoping paper on research evidence and practice relating to Co-production.

This paper is an updated version of a document commissioned from Children in Northern Ireland (CiNI), by the Health and Social Care Board in 2016. It takes account of a recent Co-production initiative undertaken within the Southern Health and Social Services Trust. CiNI has supported the Intellectual Disability Child and Adolescent Mental Health Service (IDCAMHS) to develop a co-production approach to progressing and delivering the relatively new service.

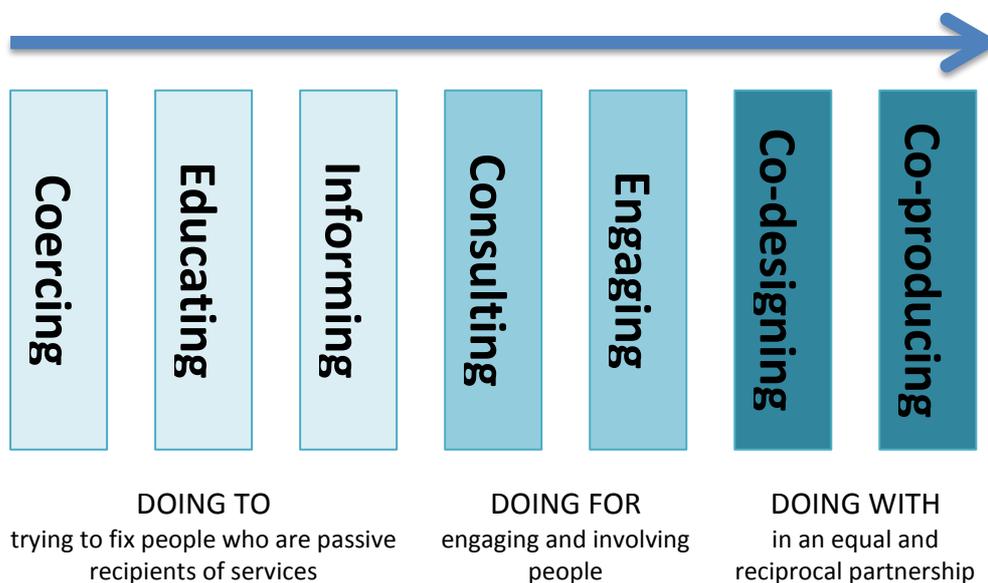
The paper explores the theory and practice of co-production and how it might support children with disabilities and/or emotional / behavioural difficulties, their parents/carers and service providers to improve outcomes.

It addresses 3 key questions – What is co-production? What does it look like in practice? and How might a model for co-producing services for children with disability and/or emotional / behavioural difficulties be developed here.

WHAT IS CO-PRODUCTION?

Those interested in the area of user involvement will have noticed that the terminology has been evolving in recent years. We increasingly hear less of the terms consultation, participation and engagement and more about co-production.

The following model¹ is useful in exploring the differences in approach.



DEFINITIONS

A great deal of the literature on co-production begins with a caveat about the wide variety of definitions and the importance of being clear about the term.

¹ Slay and Penny (2014) Commissioning for outcomes and co-production – a practical guide for local authorities. new economics foundation

Boyle and Harris² have pointed out that:

“Co-production is often used loosely to cover a range of related concepts. There is no agreed definition, nor are many people yet clear about where the idea came from or its full implications. We are in the early stages of understanding how co-production can transform mainstream public services – and yet there is an understandable urgency amongst policymakers to find new approaches that work. This is then a potentially creative moment for public services, as well as a dangerous one.”

Tony Bovaird, a leading theorist, defines co-production as:

“the provision of services through regular, long-term relationships between professionalised service providers (in any sector) and service users or other members of the community, where all parties make substantial resource contributions³.”

The Think Local Act Personal⁴ initiative has defined co-production as follows:

“Co-production is not just a word, it’s not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them.”

Slay and Penny⁵ are clear that it is about improving outcomes:

“Co-production is a relationship where professionals and citizens share power to design, 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. We believe that co-production is the most effective way of achieving outcomes with people”

If we cannot establish a single agreed definition, the literature allows us to identify a number of elements that definitions hold in common.

- Power is shared between professionals and service users / carers – an equal relationship
- Professionals and service users / carers work in partnership toward agreed goals that will benefit all concerned
- It is about more than participation – services users / carers have a significant role to play
- There is value placed on what service users / carers bring to the table

² Michael Boyle and David Harris (2009) The Challenge of Co-production. How equal partnerships between professionals and the public are crucial to improving public services. New Economics Foundation (nef) / NESTA (National Endowment for Science Technology and the Arts)

³ Tony Bovaird (2007) Beyond engagement and participation: user and community co-production of public services. Public Administration Review September – October pp 846-860

⁴ Think local Act Personal (2011) Making it real: Marking progress towards personalised, community based support. London TLAP

⁵ Slay and Penny (2014) Commissioning for outcomes and co-production – a practical guide for local authorities. new economics foundation

- Service users / carers are partners in the design, development, review and delivery of services
- All parties in the partnership gain something for their contribution

PRINCIPLES OF CO-PRODUCTION

The New Economic Foundation (nef), working with a network of more than 160 co-production practitioners, has produced a set of six principles that are consistent features of co-production, as applied to public service design and delivery⁶. These offer a particularly clear way of understanding what co-production is.

1. Recognising people as assets
This is about seeing service users and carers as equal partners in the design and delivery of services – not passive recipients. Each can bring a valuable skill or perspective
2. Building on people’s existing capabilities
The starting point is not people’s needs – what they can’t do – but rather what they can do – and looking for opportunities to grow these capabilities and support people to put them to use with individuals and communities.
3. Mutuality and reciprocity
This is the idea that you get something back for what you put in – it’s about offering a range of incentives to encourage people to get involved and enabling them to have reciprocal relationships with professionals ensuring mutual responsibilities and expectations
4. Peer support networks
This is about connecting peer and personal networks alongside professionals as the best way of sharing and building knowledge and supporting change
5. Breaking down barriers
This is about dissolving the distinctions between professionals and recipients, and producers and consumers of services – by reconfiguring the way services are developed and delivered
6. Facilitating rather than delivering services
This is about enabling public service agencies to become catalysts and facilitators of change – rather than sole providers of services themselves.

LEVELS OF CO-PRODUCTION

The recent flurry of writing and seminars about co-production might lead one to conclude that it is a relatively novel phenomenon. Usefully, two of its leading proponents⁷ acknowledge that it is not new.

“User and community co-production has been a well-kept secret over the past few decades – always important but rarely noticed, never mind discussed or explicitly managed. One of its great strengths is that it is already happening – this means that the greatest challenge is not triggering it but rather managing it and making it more systematic.”

⁶ Julia Slay and Ben Robinson (2011) In this together: Building knowledge about co-production. Nef

⁷ Tony Bovaird, and E Loeffler (2013) We’re all in this together: harnessing user and community co-production of public outcomes. University of Birmingham, INLOGOV

Aspects of co-production, for example user involvement and participation, have been a feature of social care for some years. There is concern in the literature that co-production can be confused with participation, consultation, involvement and empowering practice. The argument is that co-production, as an evolving concept, incorporates these elements and techniques, but encompasses a great deal more.

“It goes further than seeking people’s advice or asking their opinion and then reverting back to the state to deliver. Co-production views people as active agents in the design, development and delivery of public services.”⁸

It is useful to think of co-production as having different levels⁹ or degrees - from merely describing individual co-operation to transforming public service culture. The levels are summarised in the following table (adapted from Needham and Carr (2009); Slay and Penny (2014) and Office of the Chief Policy Advisor, Scottish Government January 2015)

Level of co-production	Characterised by
Descriptive co-production	<ul style="list-style-type: none"> • Reinstates existing approaches to public services as co-productive • Already takes place at the stage of service delivery, as people who use services and carers collaborate to achieve <u>individual</u> outcomes (e.g. taking their medicine) • People are not involved in defining the problem • Offers little substantive change by or for people who use services
Intermediate co-production	<ul style="list-style-type: none"> • Offers a way to acknowledge, support and value the contributions service users and carers make to care outcomes –without necessarily changing delivery systems • May include a role for groups of users e.g. recruitment / training of professionals • May improve feedback systems • Little potential to improve service provision as culture is unchanged
Transformative co-production	<ul style="list-style-type: none"> • Relocates power and control – sees service users as experts contributing assets • Service delivery is restructured to

⁸ Analytical Paper on Co-Production, working paper: Office of the Chief Policy Advisor, Scottish Government January 2015

⁹ Catherine Needham and Sarah Carr (2009). Co-production: An emerging evidence base for adult social care transformation. London: Social Care Institute for Excellence

	<p>entrench the approach</p> <ul style="list-style-type: none"> • Service users help shape the ethos of care and empower frontline staff as well as themselves • The culture changes – embedding mutual trust and reciprocity between professionals and communities.
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TYPES OF CO-PRODUCTION ACTIVITIES

Bovaird and Loeffler¹⁰ have identified four areas within which co-production can take place. These are set out in the table below, with illustrations of what the activity might involve.

We will return to these in considering some practice examples.

Type of co-production	Example of activity
Co-commissioning of services embracing:	
Co-planning of policy	Jointly drafting service specifications
Co-prioritisation of services	Participatory budgeting
Co-financing of services	Fundraising
Co-design of services	User consultation
Co-delivery of services embracing:	
Co-management of services	School governors
Co-performing of services	Peer support groups
Co-assessment of services	Peer evaluators

BENEFITS OF CO-PRODUCTION

Some academic observers¹¹ conclude that co-production cannot be considered to be beneficial due to limited evidence on outcomes. While it is true that more rigorous attention to outcomes would be very helpful there is, nonetheless, an increasingly substantial body of evidence citing the benefits of the approach.

Slay and Stephens¹² undertook a review of services which were using a co-production approach to mental health. They found that outcomes improved e.g. 90% reduction in isolation; 25% increase in paid employment; 30% reduction in use of emergency services after 6 months and 56% reduction in rehospitalisation after one year. They also reported that interventions shaped by co-production had a

¹⁰ Tony Bovaird, and E Loeffler (2013) We're all in this together: harnessing user and community co-production of public outcomes. University of Birmingham, INLOGOV

¹¹ W. H. Voorberg, V. J. J. M. Bekkers & L. G. Tummers (2015) A Systematic Review of Co-Creation and Co-Production: Embarking on the social innovation journey. Public Management Review Vol.17, Issue 9: pages 1333-1357

¹² Slay, J. & Stephens, L. (2013). Co-production in mental health: A literature review. London: new economics foundation

powerful impact on people's sense of competence, autonomy, ability to relate, and on their personal, social and emotional capabilities.

There were also benefits for the public services in terms of increased capacity and impact. As new resources (services users' lived experience, time and skills) are brought to the design and delivery of services – capacity and effectiveness increased.

Another review¹³ focused internationally on co-production in young peoples services. The review of evidence highlighted five common benefits to co-production:

1. **Conventional indicators improve** e.g. under 18 conception reduced by almost half following a peer education programme
2. **Acceptance of, respect for and participation in services increased** – young people's attitudes towards services changed and “unlikely” young people were drawn in
3. **Well-being outcomes improve** – young people's self esteem, sense of belonging, social relationships and confidence in learning improve
4. **The skills and practical knowledge of young people improve** – involving young people in delivering services creates opportunities for new kinds of learning and often improves life skills
5. **Professionals and the wider community benefit** – young people take on more active roles in their communities and professionals benefit from the increased motivation for their services and the improvements brought about by young people

A survey¹⁴ of co-production practitioners asked them to identify the benefits of co-production for themselves, their organisations and participants.

The practitioners felt **PARTICIPANTS** benefitted from:

Influence and ownership – e.g. provides an opportunity to be properly heard and play a significant role in service design and development; the opportunity to develop skills and knowledge and to become more independent of statutory services

Acknowledgement and well-being – e.g. recognition of their expertise and their ability to address the real issues, offering more control over their lives; encourages self efficacy, self confidence and a sense of purpose

Relevance and effectiveness – offers a fuller, richer and more creative way of getting the best from yourself, your peers and the relevant services; ownership of the process and outcome maximises sustainability and creative flexibility

They felt **PRACTITIONERS** benefitted from:

Learning – e.g. more creativity, flexibility and customisation for everyone; seeing things afresh, challenging our assumptions and understanding

Values – e.g. fits perfectly with my role of empowering people and ensuring that they both have a voice and can achieve active involvement; demonstrates our understanding of human rights – fairness, equality, respect, dignity, autonomy and interdependence

¹³ Sarah Lyall August 20th 2012 blog new economic foundation

¹⁴ <https://allinthisogetherwales.wordpress.com/tag/co-production-benefits/> Co-production Wales March 14th 2013

Effectiveness and job satisfaction – e.g. it allows me to take on a larger workload as groups develop and gain independence; greater job satisfaction, knowing that projects and services developed are truly meeting the needs of beneficiaries

They felt **ORGANISATIONS** benefitted from:

Relevance and effectiveness – e.g. more responsive and relevant services, avoiding mismatch between perceived and actual needs or issues; extra capacity and better outcomes, the services that people actually want

Creativity, flexibility and shared learning – e.g. accesses a wide range of previously 'hidden' skills, knowledge, experience and networks; allows for best practice to be shared and implemented on an organisational basis

Partnerships and collaboration – e.g. greater openness, transparency and democracy, better targeting of resources, and an improved public profile; provides a lever to scale up, and a bridge to mobilise the regional civic, social and cultural infrastructure network

In relation to the benefits of co-production, one author has sounded a note of caution. There is a concern that middle-class communities may be better placed to negotiate and contribute to co-productive ventures. This could result in an unintentional widening of inequalities.

“For any community to participate in co-production they need to have the motivation, the capacity and the opportunity to do so – factors that are often less evident in the more deprived communities that struggle to cope with life’s hard realities.”¹⁵

COSTS OF CO-PRODUCTION

Of course, co-production is not all plain sailing. There are a number of considerations to be made before wholeheartedly adopting the approach.

In particular, the idea of service users and carers becoming involved in delivering services while innovative is not without controversy.

It is clear that one of the drivers of co-production has been the need for 'efficiencies' in public services. In a series of seminars one participant observed:

“(Co-production) is becoming a by word for passing responsibilities onto communities and that’s leading to cynicism and anxiety.”¹⁶

While we have seen that co-production can have significant impact on outcomes there is little compelling evidence that co-production necessarily leads to savings, certainly in the short term.

“Initiating such approaches is fundamentally an investment, often involving substantial set-up and support costs. Co-production may harness resources

¹⁵ Fiona Garven (2013). Co-production of Health and Well-being in Scotland. Elke Loeffler, Gerry Power, Tony Bovaird and Frankie Hine-Hughes (eds.) Scottish Co-production Network

¹⁶ Durose, C. Mangan, C. Needham, C. and Rees, J. (2012) Transforming local public services through co-production. University of Birmingham

from outside the public sector but it always requires some public inputs as well – it is not ‘free’.”¹⁷

However, the Social Care Institute for Excellence has recently argued that because co-production within social care has an emphasis on prevention and early intervention, savings in service costs will potentially accrue.

“So if there is investment in community services, this means that people are less likely to need more expensive services (such as crisis and emergency services) later on. This will reduce the cost of acute services.”¹⁸

IMPLEMENTING CO-PRODUCTION

Reviewing co-production case studies highlights a number of **practical barriers** to implementing co-production in organisations and projects. These can include:

- Professional jargon and language
- Unclear or unshared agendas
- Lack of understanding of co-production - among all potential participants
- Underdeveloped relationships between service providers and consumers
- Inadequate allocation of resources, including staff time
- Professional reluctance to lose status

Suggestions for addressing these issues can be drawn from a series of **recommendations** The Social Care Institute for Excellence¹⁹ has made to support the establishment of co-production initiatives.

- Ensure that everything in the co-production process is accessible to everyone taking part and nobody is excluded.
- Ensure that everyone involved has enough information to take part in co-production and decision-making.
- Ensure that everyone involved is trained in the principles and philosophy of co-production and any skills they will need for the work they do.
- Think about whether an independent facilitator would be useful to support the process of co-production.
- Ensure that frontline staff are given the opportunity to work using co-production approaches, with time, resources and flexibility.
- Provide any support that is necessary to make sure that the community involved has the capacity to be part of the co-production process.
- Ensure that policies and procedures promote the commissioning of services that use co-production approaches.

¹⁷ Tony Bovaird, and E Loeffler (2013) We’re all in this together: harnessing user and community co-production of public outcomes. University of Birmingham, INLOGOV

¹⁸ SCIE (2015) Co-production in social care: what it is and how to do it SCIE Guide 51

¹⁹ SCIE (2015) Co-production in social care: what it is and how to do it SCIE Guide 51

In relation to the latter point on the commissioning of services, this is seen throughout the literature as a key ingredient for embedding co-production in the organisational culture.

The London Borough of Camden has started a process of commissioning on the basis of outcomes rather than outputs, which is a more familiar practice. The borough has stated in service specifications that all services should be co-designed and co-produced.

“The commissioners included questions in the tendering process so that they could understand how future providers would co-produce services. These included:

- What role would you envisage for service users in the development and delivery of your service?
- How does your service identify and mobilise service users’ strengths?
- How would the contribution of service users, carers, family, peer group, neighbours and the wider community be measured or rewarded?

They then judged bidders on their responses to these questions rather than just looking for the least expensive service provider.”²⁰

Further guidance, on implementing co-production in children’s services is given by Anna Wright.²¹ She proposes three distinct approaches.

Co-Production development approach	Application in Northern Ireland
Adopt co-production as an overall organisational strategy with a view to ensuring that all services are co-produced	It is not clear that an overall Co-production strategy at HSCB level is necessary. Rather, embedding a culture of co-production across services for children is most likely to be achieved by building on and promoting existing service user involvement initiatives across the CYPSP. Particularly those most closely aligned to the, Public Health Agency led, Personal and Public Involvement (PPI) framework.
Setting co-production as a direction to be worked towards but accepting that services will develop differentially along a continuum of service user involvement – with co-production being regarded as the gold standard.	To some extent this approach is already reflected in PPI. “PPI completed well, will lead to co-production as the pinnacle of the engagement and involvement.” ²²
Pilot co-production in a specific area of service delivery and carry out on-going evaluation of its progress and	This approach is currently being developed in the Southern Health and Social Care Trust (SHSCT). Co-production

²⁰ Boyle, D., Julia Slay, J and Stephens, L. (2010) Public Services Inside Out: Putting co-production into practice. Nef NESTA

²¹ Anna Wright (2014) Co-production in children’s services – a think piece. Virtual staff college

²² “Involving for Improvement” Framework for Personal and Public Involvement (PPI) in the Southern Health and Social Care Trust. November 2017

development.

work with parents involved in IDCAMHS is being piloted and funding is being sought to evaluate and support the development.

The IDCAMHS Co-production initiative in the SHSCT is built upon a solid foundation of PPI activity. Recent PHA/PPI monitoring reports have identified the SHSCT as the most advanced Trust in relation to PPI and have commended the leadership of the senior management team and the allocation of significant resources to embedding PPI within governance and decision making processes.

Having explored the theory and practice of co-production we need to determine what works. To do this we will consider some practice examples, in relation to services for children with disabilities and/or emotional / behavioural difficulties, from Northern Ireland and further afield.

EXAMPLES OF CO-PRODUCTION – WHAT WORKS

Northern Ireland

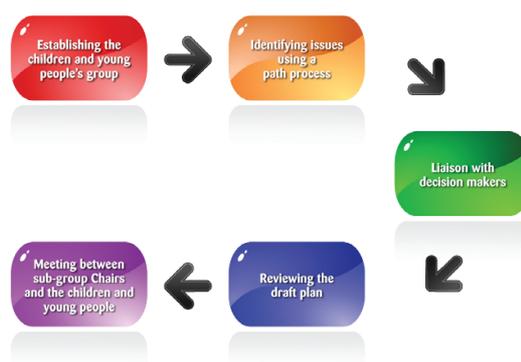
Co-production has not enjoyed such widespread attention in Northern Ireland as in other parts of the UK. Consequently there are not many examples of fully-fledged co-production, incorporating its many aspects, to be found here.

What we do have, within the CYPSP, is a rich seam of participative practice which reflects many aspects of co-production. However, one particularly effective example of co-production is seen in the work of two sub groups of the partnership, focussed on disability.

The Children and Young People with Disabilities group (CYPD) and the Transitions of Children and Young People with Disabilities to Adulthood group (TCYPDA) are two among a range of Regional Sub-groups of the CYPSP. Multi-agency sub-groups, often thematically based, are charged with taking forward integrated planning on a Northern Ireland wide (rather than an area defined) basis.

The plans of both groups were co-produced by adult sub-group members and a group of children and young people from the Barnardo's Disabled Children and Young People's Participation Project (DCYPPP). The project facilitates the involvement of children and young people with a wide range of learning, physical, sensory impairments, medical conditions and autism to be involved in high level strategic planning enabling them to have their say in service developments that impact on their lives.

The model of work is summarised in the diagram below and involved a process of young people working together, a number of liaison meetings with the sub-group to discuss their ideas, and a final meeting with the sub-group chairs to agree the final plan.



An analysis of this piece of work²³ highlighted the impact of the children's and young people's input in the final regional plans, detailing how the self-identified needs, views and ideas of the young co-planners are directly reflected in action commitments of both plans.

²³Keenan P. (2013) Asking First: The involvement of Children and Young People with disabilities in regional planning with the CYPSP. CiNI Participation Network / CYPSP

Key, features, identified as underpinning the success of this tried and tested model of co-production, include:

- The willingness of the children and young people to engage in the process and their enthusiasm for doing so
- The support afforded to the young people by the expertise of DCYPPP staff
- Commitment of the chairs of the sub groups - their leadership ensured that the messages from young people were taken on board and acted upon. They were willing to take risks, embrace challenge, and invest time
- Senior organisational commitment through the CYPSP strategy for engaging children and young people

The work matches the co-production principles as follows:

Principle	How reflected in the work
Recognising people as assets	The young people in receipt of disability services were recognised as experts on living with disability – their contribution was highly valued
Building on people’s existing capabilities	The DCYPPP supported the young people to develop and enhance their capabilities and put them to use in the service of other young people who would use future services
Mutuality and reciprocity	Aspects of the work undertaken had a fun element with built in treats as incentives for the young people. The sub-group chairs met directly with the young people and were willing to be held to account by them in a process of mutual respect
Peer support networks	The young people’s group functioned as a peer support network that professionals could work alongside in sharing knowledge and supporting change
Breaking down barriers	The mutual exchanges between the young people and sub-group chairs helped dissolve some of the barriers between providers and recipients of services
Facilitating rather than delivering services	The young people delivered some of the actions in the regional plan relating to training professionals

In terms of the type of co-production we can say that this example incorporates aspects of co-planning, co-design and co-delivery of services.

In reflecting upon the process the Chairs of the sub-groups were very clear about both the impact the young people had made and the benefits of the engagement.

“They brought perspective - they undertook a lot of activity - they identified passports as an issue and were the leaders and drivers behind the concept of integrated planning”

“We couldn’t have written these plans without them - the weakest parts of the plans are the professional bits - outcome indicators need to be redesigned to match what young people tell us about real life issues.”

The success of this work is illustrated in an article by the project manager who sets out the impact co-production activity has had on the young people concerned:

“To date the young people’s involvement has helped to set action plans that are based on identified need, which it is hoped will help to target resources and improve quality of services for children with disabilities. Through their involvement, the young people have made friends, developed new skills and benefited from peer support. Through their commitment to the CYPSP, they have engaged in a process they feel they have a partnership in, and through their tenacious efforts they have taken ownership of how they are involved and the priority issues on which they wish to influence change”²⁴.

While co-production with children and young people with disabilities has been an innovative feature of user participation within CYPSP, the challenge now is to develop a model which allows parents and carers (as well as children and young people) to work alongside the health and social care professionals more fully, in designing, developing and delivering services.

Great Britain

There are many examples of co-production in Great Britain where the concept has been explored in theory and practice for more than ten years. Of most interest for the purposes of this paper are those pertaining to children and young people with disabilities and/or emotional / behavioural difficulties, and their parents/carers.

The following project focuses on young people in receipt of CAMHS services.

Project summary	What it does/ achieves	Learning
<p>A project involving a group of CAMHS Youth Advisors (CYA) has been developed in Surrey. The CYA is composed of young people who have accessed CAMHS. It works to ensure that children and young people who use CAMHS have a voice, through being involved in various aspects of the service</p>	<ul style="list-style-type: none"> • They are trained to take part in interview panels for all mental health posts in the region, their presence is mandatory and their views are given the same weight as those of professional staff • They have directed “make overs” of all CAMHS clinics • They deliver mandatory 1.5 days training to all mental health professionals aimed at changing perspectives, practice and culture, and promoting a positive awareness of the emotional journey experienced by young people who access mental health services 	<p>A key element in the success of this project is the support offered by a CAMHS Rights and Participation team consisting of an adult professional and 4 apprentices (young people who have accessed CAMHS)</p>

²⁴ Rosemary Murray (2015) “Yes They are Listening but Do They Hear Us?” Reflections on the Journey of the Barnardo’s Participation Project, *Child Care in Practice*, 21:1, 78-90, DOI: 10.1080/13575279.2014.973370

	<ul style="list-style-type: none"> • They produce a quarterly magazine for young people who access mental health services • They host an annual awards ceremony celebrating the achievements of young people and professionals – each nominated by the other 	
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In relation to co-production involving parents and carers of children with disabilities the richest source of learning is, perhaps, to be found in the some of the practice undertaken as part of the English “Aiming high for Disabled Children” agenda. This led to the commitment of funding to support parent carer participation and parent carer forums in every local authority area in England.

While some of the initiatives could not be said to be fully compliant with all aspects of co-production, many provide useful insights to inform our practice development here.

Three main models of parent participation emerged:

Model	Advantages	Disadvantages
<p>PARENT CONFERENCES AND TASK GROUPS (10% of initiatives)</p> <p>A steering group of professionals and parents is established. They organise a large parents conference – usually once or twice a year - to discuss and agree issues for prioritisation. Subsequently small task groups of professionals and parents form around each issue and work together for a time limited period – to achieve a deeper understanding and generate solutions which are fed back to the next conference and passed to strategic decision makers.</p>	<ul style="list-style-type: none"> • Inclusive - large numbers can be involved in the conference • Parents can choose to work on what interests them • Time limited commitment for parents • Smaller groups may be less daunting for parents • Built in accountability • Parents and professionals work together to generate solutions • Opportunity to forge strong co-working relationships • Potential to lead to co-planning, co-design, co-commissioning and co-delivery of services • Can be organised at service, local and/or regional level 	<ul style="list-style-type: none"> • Task group members may not necessarily represent a wide range of parental views • There needs to be a mechanism for information flow / communication between parents on task groups and those who attend conference • No training opportunities for parents to develop capacity
<p>MEETINGS BETWEEN PARENTS and CHILDREN’S SERVICE MANAGERS (25% of initiatives)</p> <p>A parents group is established – it may be run by parents, a paid worker or a voluntary organisation. Parents are invited to meet on a regular</p>	<ul style="list-style-type: none"> • Flexible - parents don’t have to attend every meeting • Managers and commissioners get first hand information on how parents view services 	<ul style="list-style-type: none"> • Not much more than consultation • Unless service managers / commissioners have the opportunity to build relationships with parents, they may feel ‘put on the spot’ and become

<p>basis to discuss their experiences of services. These can be large public forums or smaller meetings with representative parents. Commissioners and service managers may also attend regularly or by invitation.</p>		<p>defensive</p> <ul style="list-style-type: none"> • No specific accountability mechanism – parents may not see change result from their input • Not necessarily an agreed agenda
<p>PARENT CARER FORUMS (65% of initiatives) A steering committee of parents (and sometimes voluntary sector staff and supportive professionals) establishes a parents' membership organisation to consult with. Parent representatives then raise issues at strategic level. Parent representatives are provided for strategic decision-making committees or task groups</p>	<ul style="list-style-type: none"> • Providers can easily access a range of parents' views and parents can raise concerns • Potential to lead to co-planning, co-design, and co-commissioning through parent representative input on strategic forums • Providers can commission the forum to consult on their behalf and generate income 	<ul style="list-style-type: none"> • Time and resource intensive • Structure can be unwieldy • Regular member's meetings can become unfocused if no agenda • Allows for indirect rather than direct engagement • Can become onerous if few parents involved • Simply consultation if parents not involved on strategic committees • No training opportunities for parents to develop capacity

It would seem that the first model, while the least typical of those developed in England, has most to offer in relation to embedding a culture of truly co-productive practice. In developing this model particular attention would have to be paid to issues of representation, communication and training for parents.

It is useful at this point to review different examples of parent/carer participation allowing the identification of a number of co-production initiatives that have led to positive outcomes. All these examples are drawn from practice in English Local Authorities. They illustrate the range and depth of co-production and what is possible in relation to the types of co-production and the six underpinning principles discussed earlier.

Co-production feature	Outcomes
<p>Co-commissioning Parents took part in the commissioning process for short breaks</p>	<ul style="list-style-type: none"> • Providers amended their service tenders in line with parents' suggestions • A fit for purpose service, accessed by lots of children – better value because it is actually used • Parent's happy that they had real influence • All services more inclusive of a range of disabilities and impairments • Parent's making decisions in partnership improved their perceptions of local authorities
<p>Co-delivery of services A parents group applied for a grant to establish a young people's forum</p>	<ul style="list-style-type: none"> • The youth forum is now funded by the local authority • Young people are actively involved in local authority planning

	<ul style="list-style-type: none"> • Young people take part in the short break panel
<p>Co-designing services</p> <p>As a result of feedback from parents, professionals and parents in a local authority worked together to redesign the short-break service</p>	<ul style="list-style-type: none"> • The cost of the average short break has dropped from £10,000 per family per year to £1,600 • No family is refused a short break • Parental satisfaction is based on meeting the specific need they have identified • Service fits around the family instead of the family fitting around the service
<p>Co-review of services</p> <p>A group of mental health nurses were concerned that clinics for children with ADHD were inefficient. They approached parents who helped them review the current arrangements and plan a revised service</p>	<ul style="list-style-type: none"> • The clinic has been reduced to one day a week and is more responsive to families' needs • Psychiatrists time has been freed up to see other patients • The service is more cost effective
<p>Recognising people as assets</p> <p>A group of local authorities have introduced a contract and payment system for parent carers who work alongside them in consultations, working groups and delivering training</p>	<ul style="list-style-type: none"> • Increased numbers engaging and access to wider experience and skills • Parents felt their contribution was valued
<p>Building on people's existing capabilities</p> <p>A parents' forum delivered skills building courses for parents in various children's centres</p>	<ul style="list-style-type: none"> • Parents attending have developed their own support group • Parents have run further training events – sometimes in conjunction with the local authority • The forum has set up its own web-site and feeds information on "hot topics" to the local authority
<p>Mutuality and reciprocity</p> <p>One local authority is paying a parent to work with the Family Information Service to produce an information booklet for families</p>	<ul style="list-style-type: none"> • Additional income – NB: families caring for a disabled child are more likely to live in poverty • Booklet informed by someone with lived experience
<p>Peer support networks</p> <p>A group of local authorities working alongside peer support networks of parents to support change have summarised the outcomes</p>	<ul style="list-style-type: none"> • Building trust and constructive relationships – moving away from adversarial relationships • A mutual learning process – helped with mutual understanding so that we learnt to do things differently • Improvement in processes, documents, information or services which become more family focused • Personal development: of parent carers as representatives, and of practitioners, managers and commissioners
<p>Breaking down barriers</p> <p>A group of parents, commissioners and other professionals worked together to produce a dvd about good and poor practice in involving parents</p>	<ul style="list-style-type: none"> • A training tool • The identification of barriers to co-production • Improved partnership and practice between all involved
<p>Facilitating rather than delivering services</p> <p>A parents forum have been commissioned by the local authority to manage short break provision</p>	<ul style="list-style-type: none"> • A parent carer was recruited to manage the service • A close working relationship with the joint commissioning manager was established

	<ul style="list-style-type: none">• Parents were given training and support to develop their role and the provision
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Having looked at what co-production is and reviewed some practice examples to determine what works, it is possible to draw the learning together to consider how a model of co-production might be developed in the Children and Young People's Strategic Partnership in Northern Ireland.

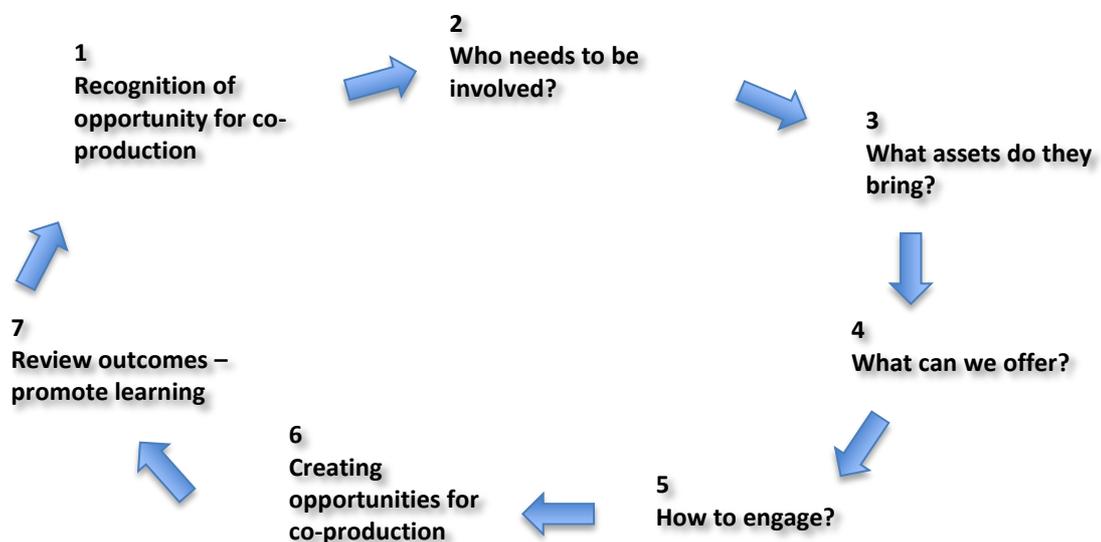
POTENTIAL MODELS OF CO-PRODUCTION IN THE CHILDREN AND YOUNG PEOPLE’S STRATEGIC PARTNERSHIP

There is unlikely to be a “one size fits all” model of co-production that will meet every need of commissioners, planners and service managers. Equally children and young people with disability or Emotional and Behavioural Difficulties, their parents and carers are not an homogenous group – they have a variety of needs and interests.

What will be needed is a flexible approach, rooted in co-production principles and, capable of being adapted to regional, local and individual service levels. The key imperatives in bringing this work forward will be to:

- Build upon existing participative practice – developing closer alignment to co-production principles and practice
- Develop opportunities to move from Intermediate to Transformative co-production
- Promote an understanding of the theory, benefits and practice of co-production throughout the CYPSP
- Engage in dialogue with parents to gauge their enthusiasm for progressing to a deeper level of partnership and listen to their ideas on how this might be achieved

An overarching model for the development of co-production can be illustrated in the following diagram:



Each element represents a stage in the co-production process as set out in the table below:

Stage	Examples	Considerations
Recognition of opportunity for co-production	Need to commission / design / deliver / assess service	Should think about the range of co-production types
Who needs to be involved?	Professionals	Think about who will be

	Parent / carers Children / young people Wider community	involved in / impacted upon by the service e.g. siblings
What assets do they bring?	Lived experience Community knowledge Skills Perspective	Recognising people as equal partners with something valuable to offer
What can we offer?	Training Payment Expenses Recognition	Incentives to establishing reciprocal relationships with mutual responsibilities
How to engage?	Bring together existing peer networks or create a network? Large conference type event or smaller meetings	About connecting professionals and networks
Creating opportunities for co-production	Children/young people, parents/carers: <ul style="list-style-type: none"> • as service reviewers • on commissioning panels • presenting ideas on services • on planning groups • running peer support • as fundraisers etc.	Can build on existing opportunities – with greater alignment to co-production principles. Need to think about how health and social care processes might need to change to accommodate parents/carers, children and young people
Review outcomes – promote learning	Were barriers between professionals and recipients broken down? Are services co-delivered? Difficulties encountered and how overcome Benefits to all concerned Improvements needed	A body of case studies can be built up over time to promote good practice

Finally, as mentioned earlier, the implementation of co-production can begin with undertaking a specific project and piloting the approach within a clear monitoring and evaluation framework. Such a pilot is being undertaken with the IDCAMHS team, led by Dr Heather Hanna (Consultant Child & Adolescent Psychiatrist in Intellectual Disability) and Siobhan Rogan (ID CAMHS Team Manager) in the SHSCT.

IDCAMHS Co-production pilot in Southern Health and Social Care Trust

The **rationale** for piloting co-production in IDCAMHS is as follows:

1. The ID CAMHS service is innovative and will become a blueprint for the future development of services, as such, specific attention is devoted to defining and monitoring a range of service outcomes. Developing a model of co-production in this context can ensure that the impact of the model is effectively measured and that the learning captured can be widely disseminated.

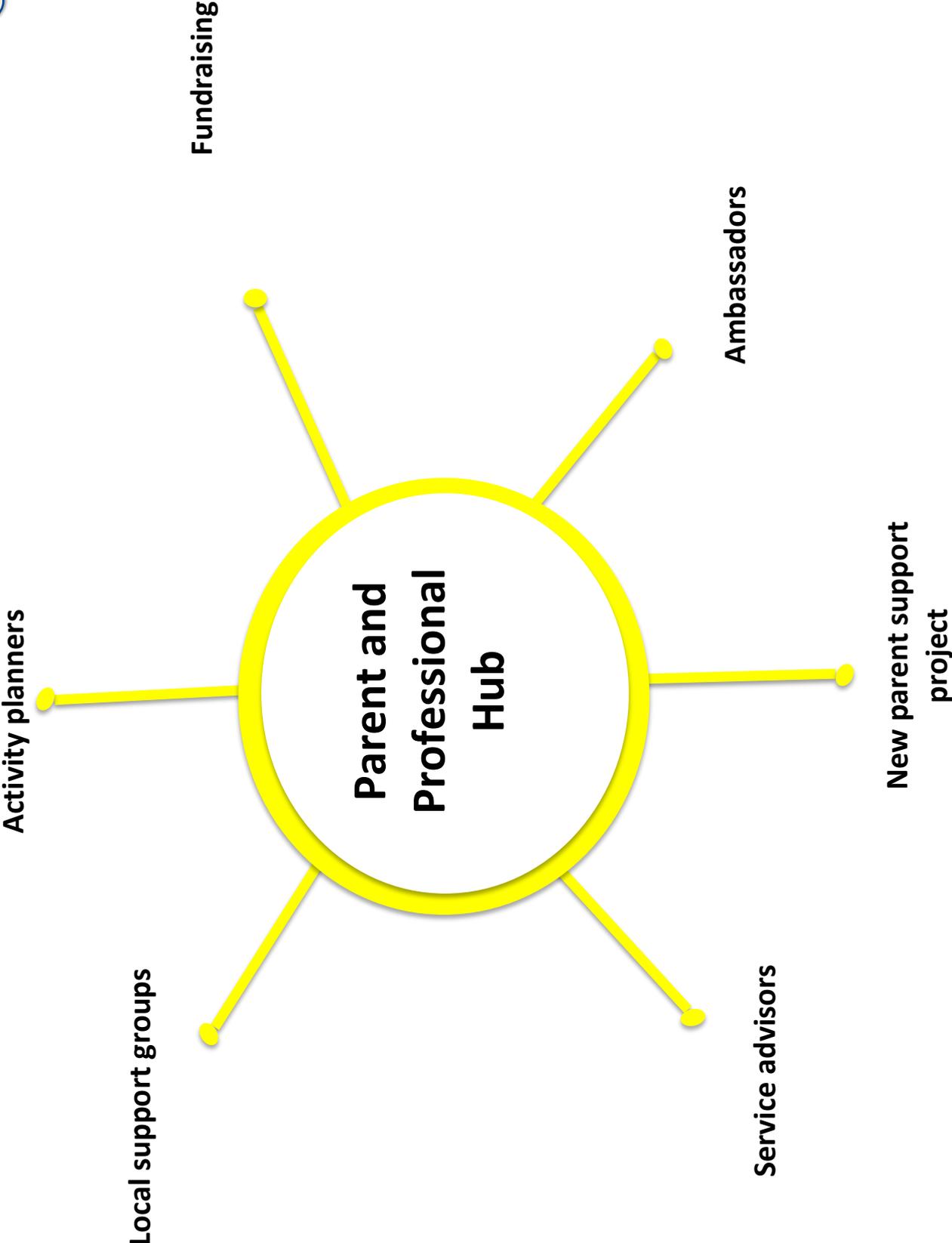
2. Public and patient involvement is central to clinical governance i.e. ensuring services are safe and effective. The ID CAMHS Team is aware of the need to find ways of “hardwiring” patient experience, to inform continual improvement and that this is highly time-intensive and skills-dependant when working children and young people with intellectual and communication impairments. They have clearly articulated a commitment to making this happen.
3. In line with recent HSCB investment, the ID CAMHS Team are developing a targeted, earlier intervention aspect to the service, aimed at reducing the likelihood of children with disabilities developing behaviour difficulties. The service will provide parent training and capacity building, partly through developing discussion forums and using a community development approach. This partnership approach would significantly increase the return on investment / scope & success of this new service development.
4. Children and young people with Intellectual Disability experience high levels of health inequality and this is best addressed by promoting fuller engagement in relation to their own health and wellbeing, using a community development approach.

Progress to date:

- Parents and carers of children and young people accessing IDCAMHS completed surveys and attended focus groups to a) establish base-line satisfaction with the current service and b) gauge parental/carer interest in becoming involved in co-production initiatives. The work was undertaken by CiNI and a report of the findings and engagements was produced.
- A senior practitioner was appointed and given lead responsibility for co-production within IDCAMHS
- Parents / carers, children and siblings attended a highly successful residential at Corrymeela – they formed the basis of a committed pool of parents who are keen to be involved in co-production within the service
- Parents have been meeting regularly and are currently working with the Senior Practitioner and CiNI consultant to design a model for co-production – the current draft is illustrated overleaf.

IDCAMHS CO-PRODUCTION MODEL

Draft



Draft

IDCAMHS CO-PRODUCTION MODEL

Key notes

- The proposed model is based on discussions with parents and takes account of ideas suggested by them - including a fundraising group they are considering.
- It is ambitious and comprehensive and will need to be developed over a period of time.
- The number of groups operational at any one time will vary, depending on the commitment of parents and the capacity of the IDCAMHS team
- The model sets out a number of possible roles for parents to allow flexibility of input / variation in commitment

Elements

The Parent and Professional Hub will be responsible for strategy, operational developments and overall decision making in relation to IDCAMHS Co-production. It could potentially be comprised of:

SHSCTrust management

HSCB Commissioners (for discussions involving wider strategy)

IDCAMHS step 2 manager and other staff as needed

Parents – one representing each of the parents groups / projects

The group will meet on an ad-hoc basis as needed, but at least 3 times a year.

Fundraising

This group is in development – they are considering undertaking fundraising to meet the costs of a range of social activities.

Local support groups

Depending on demand, support groups may be established as follows

- Armagh or Dungannon
- Newry
- Portadown (or Lurgan, or Craigavon)
- Siblings group
- Dads group

Ideally each group would be co-facilitated / organised by an IDCAMHS staff member and a parent.

Activity planners

This would be an ad hoc group – established to organise one-off events e.g. siblings outing, or events like the Corrymeela residential.

Service advisors

This is another ad hoc group. It will involve organised focus groups to review service provision. Individuals may also become advisors to give one-to-one feedback via survey or interview.

Critically, the work of garnering the views of children and young people, begun during the initial focus groups, needs to be built upon. Given that many of the children and young people do not express themselves verbally, a clear methodology needs to be developed. Ensuring that all children and young people using the service can have a say in service development will draw heavily on expertise within the team. This work will also underpin the development of further opportunities for involving the young service users in co-production.

Ambassadors

Individuals parents would sign up, and be supported with training, to become IDCAMHS ambassadors i.e. speaking about the service at e.g. conferences, parent recruitment and similar events.

New parent support project

Parents came up with a number of ideas for how they could be involved in supporting the parents of children who have been newly diagnosed or referred to IDCAMHS. These include designing an information leaflet from the parents perspective and setting up a buddying scheme.

End note

The work being piloted by IDCAMHS can demonstrate the efficacy and impact of a co-production approach with service delivery. This is of potential benefit across Trust services and further afield.

The next steps for the pilot involve securing resources for research / evaluation; implementation and engaging children in co-production.

Paula Keenan
Children in Northern Ireland
April 2018