



# Background introduction and aims

Co-production in mental health is about progression towards 'the transformation of power and control'. There is no single, universal model of co-production and the way in which it is done is specific to the task, context and the people involved. It requires thinking about people (service users, carers, groups and staff), power, partnerships, resources and risk in ways that are very different to what has gone before in mental health services.

To ensure full collaboration, the co-production process should seek to achieve equality and parity by bringing together people who can work as equals, to develop a shared understanding of what needs to change and a commitment to bringing that about. Change will happen during the process of co-production as well as being a consequence of it.

The purpose of this framework is to support strategic leads, commissioners and managers responsible for mental health, to consider and bring about the cultural and behavioural changes that are required, in order for co-production to become the 'norm', in the design, commissioning and delivery of mental health services and supports.

This framework forms part of a set of resources aimed at different audiences, including

- [A position paper](#) aimed at anyone with an interest in understanding the challenges for progressing co-production in mental health. It is particularly designed for those involved in mental health policy and development as well as service users and practitioners who want to engage with and understand transformative co-production.
- [A guide](#) 'Progressing transformative co-production in mental health: some practical advice aimed at those with an interest in making co-production work in mental health services, especially mental health service users, their organisations and practitioners who want to engage with and understand transformative co-production
- [A checklist of key questions](#) to consider and actions to take before, during and following any co-produced activity aimed at everyone involved

The National Development Team for Inclusion (NDTi) received funding from the Esmée Fairbairn Foundation for a collaborative project to demonstrably increase understanding of co-production in mental health. This project builds on the New Economics Foundation and Mind report 'Co-production in mental health: A literature review.' (Slay & Stephens, 2013).

## Step 1. Understanding the context and environment in which co-production is going to take place

- Power, hierarchy and authority
- Institutional systems and resistance
- Leadership commitment and senior support

## Step 2. Coming together to create the right conditions for co-production to work

- Time, preparation, planning and clarity of purpose
- Common and shared values, aims and language
- Ground rules for group working
- Navigating roles and boundaries
- Process and participant facilitation and brokering
- Payment and welfare benefits
- Sharing the defining and decision-making

## Step 3. Working together to achieve parity and genuine collaboration

- Trust, honesty, communication and transparency
- Learning, reflection and making mistakes
- Equality, assets and experience
- Practical, flexible frameworks
- Emotional and psychological support and facilitation
- Staff support and perspectives
- Service user and/or carer support and perspectives
- Addressing challenge and tensions

The rest of this framework describes the wider strategic, cultural and attitudinal changes required, so that co-production becomes embedded in the way in which mental health services are designed, commissioned and delivered. This means everyone involved feeling enthused and motivated to working together, and about achieving better outcomes for service users, carers and their organisations, staff and the wider system.

In order for co-production to work effectively and lead to lasting change, a number of changes are required. Addressing each of these will ensure that the steps and lessons described above are achieved.

Change required

How to achieve it

**Co-produce a clear shared vision and strategy for mental health**

- **Bring people together to develop a local vision for mental health, and a related strategy, within and across agencies and organisations.** This should be co-produced with service users, carers and their organisations and staff.
- **The vision and related plans must be informed by front line staff, service user and carer realities and lived experiences,** and address some of the persistent challenges in mental health services including:
  - Power dynamics
  - Organisational culture(s), systems and processes which may prevent co-production from taking place
  - People's experiences of using services which may mean that they are sceptical or afraid about coming together with professionals
  - What gets in the way of people becoming involved and working together as equal partners
  - Staff attitudes and experiences
  - Looking at the history of service user involvement and empowerment to see what has worked and not worked and what will be done differently.

**Lead by example by setting the tone and developing a culture in which co-production can work and flourish**

- Ensure there is a consistent message about co-production being the core way of working across organisations, systems and communities
- 'Lead by example' by engaging in coproduced activities or initiatives, sharing any experiences and learning points, including any challenges faced and how they were overcome
- Be honest and open about what is possible and also what is not possible to co-produce and why
- Obtain wider organisational, system and community support for co-production as a way of working, by providing evidence of its impact on attitudes, behaviours, quality and other relevant outcomes for the system as a whole
- Invest in people spending time to build trust, confidence and mutual respect, especially at the outset of any co-produced work – these are essential pre-requisites of any co-produced activity

Change required

How to achieve it

**Support staff so they feel enthused and motivated to work with people with lived experience and those who support them**

- Listen to staff experiences of engaging with and involving service users and in particular what worked and did not work. Ask them about any fears, or concerns they may have about moving towards co-production as the preferred way of working including perceived loss of role, status or authority
- Encourage staff to be confident and want to engage in co-production, not because they are told to
- Encourage staff to share good and bad practice and experience of delivering care and treatment
- Seek out co-production 'champions' within organisations and wider system and provide them with support, so that they can promote co-production across teams, services, systems and more widely
- Make use of practical frameworks such as the engagement ladder to assess where organisations are currently, where they want to get to and how that will happen
- Ensure people understand that co-production is the core way of working, not a 'one-off' or tokenistic exercise.

**Support and invest in service users, carer, their organisations and communities so that they become equal partners in shaping mental health services and supports**

- Invest in, support and encourage service users, carers, their organisations and independent peer support groups to engage and participate, as equals. Bear in mind that previous experience of services or involvement initiatives may mean that they feel powerless and unable to feel their influence on making changes
- Ensure that systems and processes do not get in the way of people becoming 'co-producers'
- Allow for people's fluctuating mental health by building flexibility into any timetable
- Make sure that people have access to emotional and psychological support during the process

## Change required

## How to achieve it

**Support staff, service users, carers and communities to develop the knowledge, skills and expertise in coproduction and identify other areas of support needed**

- Ensure that everyone from senior and middle managers, right through to front line staff and service users, carers and their organisations come together to develop a shared understanding about the context in which co-production is taking place. This should include the vision and strategy for mental health, what co-production is and what it is not, and the underpinning values and principles
- Whilst training in co-production helps to understand some key aspects, it cannot replace learning from actual experience of people coming together to coproduce around a shared aim and goal – key is to get started!
- Consider other areas of development support including facilitation skills which can be used to create safe, open spaces in which people can be honest and work together creatively, rather than formal meetings and agendas which can stifle creativity and create barriers for service users and staff alike.

**Reflection**

- Encourage all those involved in co-produced activity to reflect on their experiences, looking at what is working and not working, what is changing, or has changed during the process as well as the final outcome.

## Conclusion

If co-production in mental health is to lead to meaningful and sustainable change, it has to be embedded within and across systems and reflected in how professionals and service users, their carers and groups come together, as equals, valuing each others' skills, strengths and expertise.

Leaders have a critical role to play in setting the right culture and conditions in which co-production take root and become the 'way in which things are done around here'. Paying close attention to the cultural and behavioural changes required, will help to create lasting change and should lead to better outcomes for people who use mental health services, their families, friends, organisations, communities and the wider system, as well as confident staff who are empowered to work co-productively.



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