

A Co-production Framework: A reflective case study

Capturing the learning
for future co-production practice

Produced by the Co-production Network Project Team
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Executive Summary Co-production in action

Key learnings from the production of Jersey's first Co- Production Framework for Mental Health

The Co-Production Network



Our suggestions...

“ We need to acknowledge that co-production is challenging to navigate”

- Realistic budget and timeline that reflects the value of the process, outcome and expertise required to deliver (professional and lived experience)
- Recruitment of a core project team with the required skills and attributes to include:
 - Co-ordinator (lead)
 - Administration
 - Practitioners (facilitators)
- Supportive oversight from commissioning group and partner agencies but streamline the layers of project management as much as possible
- Research and find out what's been done before - what can you learn to help you plan?
- It's all about TIME to:
 - prepare and support core project team and participants
 - ensure all voices are heard
 - work in the intervals between co-production - complex work happens inbetween sessions so it is important to create the space for that to happen
 - create 'soft landings' at the end of the project: debrief, celebrate, reflect and tell the story...

Aims

- To create an accessible and clear co-production framework for use by the whole mental health system including those who commission, provide and use the services including families and carers.
- To create a co-production network with the ability to design and deliver identified co-production projects across mental health services with the potential transferability to wider health and community services.

It takes a lot of this...
to get to this...



1. Introduction

This reflective case study presents the collective themed learnings from all partners involved in producing the Co-production Framework for Jersey's Mental Health Services. It is intended to bring the completed Framework to life and to acknowledge the complexities whilst celebrating the transformation that can result from being involved in co-production. It can be used as an informational resource in conjunction with the Jersey Recovery College (JRC) Co-production Toolkit by anyone who wishes to commission or lead a piece of co-production in the future.

This document is structured using the following sections:

- Aims and scope.
- Methodology.
- Underpinning assumptions.
- Capturing the learning.
- Summary of key learning and considerations for co-production.

2. Aims and Scope

The project was commissioned by and was accountable to the Mental Health Strategic Partnership Board in response to the mental health system's collective commitment to embedding co-production as a working model. The aim was to create an accessible and clear Co-production Framework for use by the whole mental health system including those who commission, provide and use the services including families and carers.

The completed Framework has resulted in the following:

- A universal and shared understanding of what co-production is and is not;
- A network of people skilled in planning, facilitating and participating in co-production;
- A co-ordinated, consistent and inclusive approach to supporting system, service and process design and redesign by offering guiding principles and considerations rather than a strict guide, outlining the expectations of those involved;
- An increased understanding of the practicalities of co-production by budget holders;
- A bank to capture local work and learnings.

Included in the Framework is:

- A statement of commitment and accountability for those who use it;

- A summary and visual representation of the continuum of engagement and participation and where co-production fits;
- A shared definition of co-production and what this looks like in a project;
- A suggestion for defining partners and stakeholders to be included in co-production and articulation of the value of each;
- Guidance on involving 'hard to reach' groups;
- Considerations on elements essential to co-production such as recruitment, engagement, remuneration scales and ethics;
- Success criteria;
- Glossary of terms.

The Framework is intended to be a pragmatic and dynamic document that will be reviewed at six-monthly intervals drawing learning from pieces of co-production completed in the system.

Also within scope was the aim of creating a Co-production Network with the ability to design and deliver identified co-produced projects across the mental health service with the potential transferability to wider health and community services.

3. Methodology

3.1. Building the infrastructure for the Co-production Network

The project was hosted and led by JRC who have a credible, evidence-based approach, skillset and knowledge base using co-production as the core of their work. The budget was set for the project to run over 10 months commencing in November 2022 with equal remuneration set for the following roles:

- Coproduction Co-ordinator (project management, oversight and co-ordination)
- Co-production Practitioners (facilitation of the co-production sessions)
- Co-production Participants (identified stakeholder partners creating the Framework)
- Steering group membership (operational oversight)
- Oversight Group membership: (strategic oversight)

The plan was that JRC would be responsible for identifying a Co-production Coordinator who would take the lead on establishing the network; mapping key stakeholders, recruiting, training and mentoring the Practitioners and raising awareness of the co-production model through training stakeholders. The Co-ordinator would then report into an Oversight Group.

Four practitioners were recruited with a mixture of equal by experience and professional experience. However, one individual withdrew following initial training.

3.2. Understanding and learning from the evidence

“Power is... an uneven and invisible resource, like oxygen. Often people only notice power when they don’t have it. They are like people exiled to the mountain tops who gasp because they don’t have enough oxygen, while the privileged people at sea level breathe so comfortably, they never think about the supply of oxygen.” (O’Hagan, 2014)

To ensure we were taking a growing evidence base on co-production into consideration, we reviewed key pieces of work (NDTI 2016a, NDTI 2016b, NDTI 2016c, NEF 2013, Skills for Care 2018, Voorberg et al 2015, WHO 2023) to inform our processes and plans. In particular, we were aiming to ensure inclusivity for all stakeholders and to address potential power imbalances. This required us to think about people, power, partnerships, resources and risk in ways that didn’t just provide us with diversity of representation but allowed that diversity to translate into voice, suggestions, ideas, creativity and feedback.

This was particularly important within the context of mental health services whose organic history as being founded on containment and compulsion with an associated legal framework brings a legacy of power imbalances, some of which linger today. The experiences of those who use services and their families is not homogenous and the impact is multi-faceted. A mental health diagnosis does not just impact on health but potentially on every aspect of life (e.g. housing, finances, employment) and so the feeling of disempowerment and experience of stigma can impact on motivation and perceived ability to be heard and make a difference.

Much of the literature focuses on the value added by those who have or are using services but there is an acknowledged gap in the research on how to maximise the value brought by those who work in the services, our clinicians. This project took place within a local and indeed global context of under resourced and pressured healthcare delivery, albeit predominantly staffed by a highly committed staff group wanting to do their best and who are committed to the best experience for those they provide services for. The literature suggests that for staff who do not engage in co-production this was unlikely to be a reflection on the value they put on the project but due to an expectation that they would participate on top of their regular hours and workload. Their ‘buckets’ are already full. Some may have been involved in projects before and not seen any change so may be reluctant to repeat that experience as identified in the research referenced above.

In this project, clinical engagement was essential so there needed to be excitement, energy and commitment around recruitment supported by an infrastructure with streamlined processes that encouraged participation. Professionals involved in the project needed to be supported to participate without adding extra burden.

We understood that we needed to create safe spaces for all to respectfully challenge, managing concepts such as ‘righteous anger’, ‘professional courtesy’ or ‘defensiveness’.

Transformation is about disrupting power distribution and encompassing all voices. Therefore, we knew that training and time spent together as a participant group to come to know each as other human beings outside their 'co-production' stakeholder role would be essential.

3.3. Implementation

The first seven months (steps 1-6 on Figure 1) focused on building the infrastructure and project planning. This involved formation of the Oversight Group, recruitment of the core project team and the Practitioners, stakeholder mapping, agreeing evaluation metrics, risk assessment and mitigation, training and development for all involved, awareness raising of the project and the recruitment of Participants.

The actual co-production then took place over a focused eight-week period incorporating five workshops of two-hour duration. The final month was spent producing the draft Framework for review by the group and producing this learning document before a final engagement event to launch the Framework at the end of the project.



Figure 1: Project Process



JRC invited members of the Mental Health Strategic Partnership Board to join the OSG. These members then helped source those with lived experience.

Practitioners were recruited by the OSG and trained by JRC.

The Steering Group comprised members of the OSG along with the Co-production Practitioners.

The Steering Group identified the stakeholders to be involved in the Framework design, and determined the Framework scope and structure, along with measurement and risk plans.

The OSG was responsible for publicising the project and recruiting Participants. The Participants were trained in the concepts of co-production using material developed by JRC. Consideration was given to ensuring that the Participants were representative of key stakeholder groups as much as possible.

The sessions were planned and facilitated by the Co-production Practitioners, supported by JRC. Participant feedback was influential in how the sessions unfolded in practice.

The draft was collated by JRC from the workshop output, and submitted to the Participants for review, amendment and approval; neither the Steering Group nor OSG had influence over content of the Framework.

Launch and publication were planned and overseen by the OSG.

4. Underpinning assumptions: beginning with our eyes open

In addition to taking account of the evidence, we had to roll with the tacit and explicit local contextual knowledge of potential barriers that could impact the process and outcomes of the project, namely:

Complexity of the 'system': all healthcare systems are made up of intersecting elements, parts and relationships. Locally, there has been restructuring of the service provision. Although the value of lived experience is well recognised with some mechanisms in place to support this, an early system mapping exercise with local stakeholders told us that the actual inclusion of the voice of lived experience and particularly the voice of the family/carers has not yet gained full traction across the system.

Time and capacity for those in key roles: those in identified roles such as Co-ordinator and Practitioners were mostly self-employed (one volunteer) and were having to manage other work requirements outside of the project. The fluid and flexible nature of co-production meant that initial plans for how the structure and process *could* work needed to flex to allow all to participate as they were able. For example, what had been envisaged as one lead role (Co-ordinator) needed to be split across three individuals to fulfil the requirements.

A 'last chance saloon': we were aware that for many who use the services and who were passionate about and committed to change, this felt like a 'last chance saloon' (a phrase that was used by one of the Steering Group). Many changes had been proposed before but not necessarily come to fruition so we needed to not only get this process as right as we could but also to ensure that there was a commitment to action once the Framework had been produced.

Co-production in mental health without clinicians or those with lived experience is not co-production: we wanted the clinicians to be excited and engaged with the project and to understand the value they bring but also the value they were likely to gain from involvement. This needed to be something worth shifting clinical work around for without adding more pressure. We also wanted to involve the voices of those who are living with existing mental health difficulties and illness so needed to find creative ways to manage this outside of the participation sessions.

Keeping the 'well' in wellbeing: we were very aware from the outset of the importance of taking care of those involved in the project and the very real possibility that instances of poor mental health could impact the project deliverables.

5. Capturing the learning

The project was evaluated by how well it met the aims and objectives (outcome) but also through the process (planning, engagement, facilitation and delivery) we followed to reach the outcome. Each group completed an evaluation form that asked for their thoughts on what had gone well and what could have been done differently in addition to their personal experiences of being involved in the project and how they were feeling at the end. The sections below capture the main themes from this feedback, some of which are a double-sided coin.

What went well?

5:1: Outcome

The Framework has been produced and will launch in October 2023. It has been endorsed by the Mental Health Systems Partnership Board and an initial project has been identified to use the Framework following its launch. The outcome has been achieved with a commitment to taking it forward.

As a result of this project, we now have a network of Practitioners and people with lived experience, families and carers who have skills and experience in designing and facilitating co-production work across the mental health system. This network developed a shared connection, passion and understanding of the co-production model and process, have worked within the practicalities of adopting it and are committed to best practice and embedding it within the mental health system.

The next step is the creation of a Co-production Co-ordination post that will capitalise on the current drive and momentum to embed the model within Mental Health Services. This model has the potential to be rolled out to wider health and community services.

5:2 Process

“The process was inclusive and respectful, everyone’s view was listened to and feedback was acted upon”.

Much effort was put into making the process as inclusive as possible, including choice of venues and timings of sessions to ensure accessibility for those involved. The Project Team were responsive to feedback between sessions as required. For example, when one chosen venue clearly did not work for the group, another was quickly found.

“The Practitioners created a safe space and encouraged open and honest conversations”.

The creation of psychological safety amongst all members of the Co-production Network project was essential. Central to this was the co-production of a group agreement detailing terms of reference and values at the outset of the co-production sessions. Feedback demonstrated that trust and confidence grew as the project progressed which allowed for people to feel safely challenged, or to safely challenge – or both but also to learn a lot. This was a common experience across the Oversight Group, Project Team and Participants. Different experiences within a group of stakeholders with unique perspectives are always going to bring differences of opinion or perception but this is where the potential for transformation lies. These instances were managed sensitively by all groups within the project leading to inclusive and cohesive teams working towards a common goal demonstrating the importance of skilled facilitation and a robust group agreement to refer back to when required.

“Amazing support”

Many of those involved were new to co-production and were also learning new skills within a complex project and context. The support of the CEO of JRC who has particular expertise in designing and facilitating co-production was found to be essential and valued by all. Mutual support also grew with groups reporting that by the end of the project they felt that they knew each other better, understood their complementary strengths, had deepened their understanding of co-production and had a greater understanding of other perspectives.

There were always at least two Practitioners facilitating (sometimes all three) which was essential as the work can be emotionally charged and psychologically and physically draining. They had session debriefs together with members of the Project Team immediately after each session which proved invaluable.

“We were committed to keeping the project moving despite the challenges.”

Co-production can feel messy and all the groups identified that they felt challenged at times with the complexity of the project but that confidence had grown as the process played out. Feedback demonstrated a learning curve for all on both a professional and personal level. All groups remained committed throughout, whatever role they were playing, whether this was part of the planning process, the oversight, facilitation or participating in the actual co-production. This is a testament to the importance of the issue and the drive for change from all involved.

5.3. Feeling the feelings!

“Humble, grateful, valued, inspired.”

The impact and outcome of the project was front and centre of the process at all times. However, one of the hopes for the project was that all of those involved would leave the process feeling that it had been a positive experience. We asked all of those involved to capture their feelings at the end of the process. These are presented below in a word cloud. The most common words across all groups were: humble, grateful, valued and inspired.



What were the ‘stones in our shoes’?

“We need to acknowledge that co-production is difficult to navigate.”

5.4. Infrastructure: Project Team core roles

The initial project proposal identified one Co-Production Co-ordinator acting as lead and having oversight for the entire project to be appointed by JRC. The budget allowed for remuneration of the role but not at a level that self-employed facilitators with the required skills could afford to accept when planning other employment. A practical solution was required which led to the sharing of roles across three different personnel with reduced hours for each, covering the main areas of project management/admin, Practitioner support and influencing. The advantage was a cross section of complementary skills. However, although all aspects of the roles were fulfilled as required it was not always by the same

person which led to an over reliance on the CEO of JRC to pick up any slack and inconsistency in terms of personnel to support:

- The co-production sessions
- The Facilitators
- Administration and meeting organisation

The Practitioners all had skills in facilitation or leading groups within their own sectors but were new to facilitating co-production. The detailed project plan to support them in developing these additional skills focused on increasing understanding and facilitation of co-production but there were limited opportunities to practice these skills prior to the actual co-production sessions commencing. The Practitioners were also managing many competing priorities at home and work which meant that time together was precious but scarce. Meetings were spent focused on planning and delivery with little time for team building or structured reflection. Having three Practitioners as opposed to four resulted in an increased workload for the remaining individuals.

In addition, co-production can feel nebulous, sometimes until right near the end, which can lead to feelings of confusion and lack of clarity as to what is expected of each group within the project. At times it felt there was overlap with too many layers of planning and oversight, and feedback suggested there could have been more clarity from the outset on project aims/objectives, outcomes and deadlines and these may need regular repetition for reinforcement as there were many competing priorities for all involved.

5.5. Infrastructure: timeline and budget.

The project was scheduled and budgeted for 10 months. As we progressed, it became clear that this did not take into account the complexity of the project, availability of key stakeholders including the Project Team, skills development and awareness raising for all involved and the time required for communication and recruitment of key stakeholders to the project.

The learning here is that the co-ordination of a complex co-production project requires experience at co-ordination and Practitioner level. There was equal remuneration for all roles. However, equality is not the same as equity. For example, the skills for co-ordination and facilitation of co-production are advanced and the remuneration did not reflect this. Understanding this would result in a certain level of investment to get the right people in the right roles to give the project the best chance of success. A realistic budget reflecting the value and impact of the work plus the skills required to deliver should be set at the outset of the work. The timeline should also reflect the fact that co-production takes longer when broad representation is the goal and the key driver for successful co-production lies within building trusting relationships between all involved.

5.6. Recruitment of Participants

A presentation, briefing pack and briefing meetings were produced to encourage recruitment. In addition, all Participants were offered an individual telephone call to explain the project in more depth. Despite careful planning and agreement of roles and responsibilities across the project to support and encourage recruitment, engaging Participants took longer than expected meaning that the commencement of the training and co-production was delayed. Much of this was due to a complexity of communication channels to reach those who might wish to be involved. For example, the plan was to present the opportunity to be involved at established forums such as the 'Equal by Experience' meetings and clinical team meetings. However, their schedules did not necessarily fit with the project timescales so an amount of flexibility was required. Due to this, the clinicians were recruited very close to the project deadline which meant that despite our best intentions, they were taking on this role in addition to their normal workload.

5.7. The co-production sessions

Prior to the project commencing, all Participants attended co-production training in addition to the briefing packs and meetings detailed above. However, it became clear as people arrived for the first session that there were differing understandings of why they were there and what the intended outcome was. This highlighted the need to have specificity and clarity at the outset of each of the sessions as to what was expected and what value everyone could add plus, the context in which we were working.

Once the co-production sessions had commenced, the work moved forward quickly and the outcome achieved. However, feedback indicated that as well as the many positives already described, there were suggestions for improving the process further. The group was large with good representation across sectors but this increased the complexity of facilitation and also increased the risk that some voices would not get heard. The key learning here is to limit the group to 12. Whilst this presents challenges for broad representation, it is felt necessary to support relationship building and facilitation of shared decision making, ensuring the time is effectively used. Creativity will be required to support broader representation outside of those co-production workshops.

The sessions were two-hours long and included an ice breaker. There is a tension between balancing the need to help the group to bond and know each other better whilst still achieving what is required within a short timescale. Suggestions ranged from shortening or leaving out the ice breaker or increasing the length of the sessions which would have budgetary implications. The weekly frequency of sessions meant that there was pressure on all to condense some quite complex work into a short period of time. It was also felt that longer gaps could be planned between sessions to allow for:

- Practitioner debrief and developmental feedback to allow all to play to their strengths whilst also developing new skills.
- Feedback to be collated and disseminated to Practitioners.

- Practitioners to plan/amend next session in response to feedback.
- Session notes to be produced and sent to the Participants.
- Agenda and supporting materials to be sent to Participants in time to allow all to digest them.

Practice developed as the sessions progressed in response to group and Project Team feedback to keep the focus clear, ensure aims and objectives were stated at the outset and to keep activities simple and directly related to the intended outcome of the session. There was clear evidence of honest discourse between the facilitators and the Participants about when things needed to be changed or discussed and what was required to move things forward.

Although the plans put in place to increase accessibility were appreciated, it was clear that more could still be done; remembering not to use jargon, using a microphone in large spaces, sharing slides before the session, describing the slides and reminding people to state their names before speaking.

5.8. Wellbeing

Co-production can be an incredibly empowering experience for people. This project also highlighted how emotionally draining it can be for those driving it forward, particularly when complex system dynamics are at play and when emotions and tensions can run high in sessions. The pace of the project, coupled with the infrastructure issues put lots of pressure on those keeping it moving, as well as on the Practitioners who were on a very steep learning curve. The learning here is to build breathing space into the project, to schedule debriefs and reflective practice sessions in and to be transparent with those who have commissioned the project if timeframes need to slip to prioritise wellbeing.

5.9. Endings

With an intense piece of work during which Participants in all the groups have given of self professionally and personally, endings are important. Feedback across the groups suggested that more time could have been allocated to 'wrap up the final stages of the project', debrief together and also celebrate what had been achieved. The launch of the Framework in October allowed us to reflect and celebrate what has achieved.

This co-production journey was captured by each project group using the 'same ocean, different boat' metaphor which can be seen in Appendix 1.

6. Summary of learning and considerations for future co-production

"I thought I was fairly well-versed in co-production before this project, but I have learned as much in the past ten months as I have in the last seven years".

Beth Moore, CEO, Jersey Recovery College

As a Project Team, we described a feeling of being in the 'messy middle' and as we had all been involved in co-production before, we knew that we needed to trust the process of co-production and all would work out! However, our reflections also showed us that many of the 'stones in our shoes' could have been lessened if not entirely avoided with tweaks and changes to the infrastructure and tightening processes at the beginning of the project. This is the focus of our summary of learnings below and is reflected in the amount of recommended considerations prior to the project commencing. Figure 2 below illustrates the balance of work throughout the project to ensure it runs as well as it can.

Figure 2:



The JRC Co-production Toolkit offers an excellent toolkit for considerations and guidance, particularly around the process and practicalities of co-producing projects.

Key considerations

Supplementary and complementary considerations based on our experiences with this particular project.

Before you start:

- 1. Research:** contact those who have undertaken similar projects, access research that details learning and guidance – what lessons can you learn and build into your planning?
- 2. Budget:** work with your commissioners to set a realistic budget that reflects the value of the work and which offers fair remuneration to allow the right people with the right skills to commit their time and fully focus on the project: equal does not always mean equitable. In particular, the skills required to facilitate co-production are advanced and should be recognised as such.
- 3. Timeline:** don't be afraid to negotiate a realistic timescale that builds in flexibility for a complex and dynamic project. Use the evidence and your instincts to communicate if a quality outcome feels unachievable in the time given, taking into account some of the points below. This includes slowing down to protect wellbeing.
- 4. Administration and project management:** Our project was administration 'heavy' in terms of meeting scheduling with a large number of competing diaries at all levels of the project. Consistent administration support and project management skills, advanced communications skills and relationship management skills are essential.
- 5. Preparation for Practitioners (facilitators):** this is an advanced skill and individuals may join you at different stages of experience. Ideally, Practitioners will have a basis in facilitation skills already but you will need to build in time for them to work together as a team to get to know each other and understand (by doing) what their strengths and development areas are as a team and how they can complement each other. Some may feel confident due to their experience to go into facilitation of co-production earlier than others who may need further skills development and the support of observing and supporting others in delivery before taking a lead themselves. Planning will also need to take into account the support required for the Practitioners once the process has commenced – see below.
- 6. Recruitment of Participants:** don't underestimate the time it takes for the recruitment and engagement of key stakeholders. It often requires support from others (e.g. managers if clinicians are to have their involvement facilitated) and not everyone will be working to your timeline and have other priorities. Also, allow time for a member of the Project Team to speak individually to each participant before joining to ensure clarity of message and expectations, allowing for all to make an informed decision around involvement and outcome.
- 7. Planning the co-production:** consider how many layers of communication are required and simplify governance processes. We would suggest an Oversight Group for accountability and stakeholder mapping, the Project Team (Co-ordinator and Practitioners to plan the process, sessions, risk assessment etc) and the Participants.

During co-production

- 1. Be realistic about time:** this is in relation to the amount of time for each session to achieve the identified outcomes (keep it simple and focused) but also the amount of interval time you plan for in-between each session. The interval between each session needs to allow time for:
 - Practitioner debrief and developmental feedback to allow all to play to their strengths whilst also developing new skills
 - Feedback to be collated
 - Practitioners to plan/amend next session in response to feedback
 - Notes to be produced and sent to the Participants
 - Agenda and supporting materials to be sent to Participants in time to allow all to digest them
 - To avoid undue pressure on all involved. This is part of prioritising wellbeing.
- 2. Support for Practitioners:** once the co-production has commenced the Practitioners will need regular and structured time to plan/amend the sessions responding to feedback but also to have time to reflect on their experience of facilitation each session as a group but also individually with developmental feedback from the Project Team if appropriate. There should be a minimum of two facilitators per session, maximising their strengths but allowing for development also. This needs to be built into the timeline, diarised and prioritised and will influence how often you hold the co-production sessions – fair remuneration and a realistic timeline will support this happening. The nature of co-production means that the Practitioners are also likely to have lived experience of the issue under consideration so attention should be paid to wellbeing and balance, ensuring a fair distribution of workload and supporting fluctuating confidence levels.

At the end

- 1. Celebrate the journey and the achievements:** plan in how you will offer debriefing opportunities for all involved and consider how you can avoid a 'post project' slump. Having a launch engagement event where all can see the outcomes and potential for their work plus meeting others involved can be hugely rewarding.
- 2. Communicate the learning:** add to the evidence base of co-production by writing up and talking about your experiences. How can you support others to promote social change?

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Same Ocean...Different Boats! the experience of co-production



Project Team: Lifeboat

A working boat with a purpose
The waters were sometimes rough but we
knew where we were going, trusted in our
training, made changes to our course
when needed

Oversight Group: A warship
Sometimes feeling as if it was
always under construction but
remained resilient and strong, able
to navigate choppy waters (steer
through external challenges)
upholding values during difficult
times.



The journey...

Practitioners: Dinghy in choppy waters to
regular boat in calm waters
Fluctuating between struggling with
facilitation, learning new skills and having
different understandings as a group, to all
having the same understanding and
facilitating well

