

A Co-production Framework for Jersey's Mental Health Services

Developed by
The Co-production Network

Commissioned by
The Mental Health Strategic Partnership Board





Contents

Introduction	4
Foreword	5
Foreword	6
The Co-production Network	7
The Co-production Network project	8
Why a Framework?	8
Our hope for the Framework	9
When and how should the Framework be used?	10
Using this Framework – your accountability	10
What does co-production mean to us... ..	11
Principles	11
Where co-production sits alongside other types of engagement	12
What does successful co-production look like	13
Who to include in co-production and what language to use	14
The strengths different groups bring to co-production	15
What motivates people to take part in co-production?	16
The group benefit of co-production	17
Payment for participation in co-production	18
Budget and resource considerations when undertaking co-production	19
Different groups to consider involving and how to engage them	20
Barriers and solutions to participation	21
Inclusivity: Engaging harder to reach groups	22
Closing	24
Appendix 1 – Our hope for the Framework	25
Appendix 2 – Personal motivations	26
Appendix 3 – Benefits of participation in co-production	27

Introduction

This Co-production Framework has been commissioned by The Mental Health Strategic Partnership Board for use by all those involved in the mental health system.

The Board is committed to embedding co-production as a model to support the transformation of mental health services. It recognises the importance of having a consistent approach to using co-production to design and evaluate services. In order to achieve this, it is recognised that we need:

- Universal understanding of what co-production is, and what it is not;
- People skilled in planning and facilitating pieces of co-production;
- An engagement framework;
- A coordinated approach with consistent experiences;
- Understanding of the practicalities of co-production by budget holders;
- A means to recruit and engage people in co-production work – Equals By Experience (EBE), clinicians and other stakeholders; and,
- A bank to capture local work and learnings.

This Framework is part of the Board's commitment to a best practice approach to co-production. It is designed to help guide those wishing to undertake a piece of co-production. It is accompanied by a learning document from the wider Co-production Network project and a Co-production Toolkit, courtesy of Jersey Recovery College.

As well as producing this Framework and accompanying documents, the Co-production Network – the group that formed to complete this project, led by Jersey Recovery College – has recruited and trained three Co-production Facilitators, has rolled out co-production training and awareness across our mental health system and has created a strong network of individuals and ambassadors for co-production across our system.

The Board would like to thank all those involved in this project and the Co-production Network for their time, energy and passion.



Andy Weir and Peter Bradley

Co-chairs

Mental Health Strategic Partnership Board

Foreword

This was a positive experience for all involved, from those with lived experience, clinicians, third sector, government and carers who worked together to help the Co-production Framework become what it is, which allowed everyone to have a voice, and effectively be listened to concerning their own experiences of the services.

Why is the framework important?

The Co-production Framework is essential to ensure that it is delivered effectively, and benefits everyone involved by being consistent. The framework is a useful tool for guiding groups to successfully coproduce and achieve their goals, therefore changing the mental health service for the better. It is important to follow the same guidelines for each mental health project going forward. The framework allows service users, professionals and carers to have an equal voice, and to share the power balance without one person(s) or sector dominating the project.

What is our experience being part of the framework?

Our involvement in the Co-production Framework was being with a group of people from varying backgrounds and taking equal part and responsibility for this project. This experience also demonstrated the common ground of motivation, hope, knowledge and experiences of everyone for changing the mental health system for the better, thus being able to maintain the positive change that is long overdue in Jersey.

What are our hopes for the future of co-production in the mental health service?

Our hopes for future co-production in the mental health service will allow service users and professionals alongside carers to be more aware of what is needed and gain more knowledge which allows better, non-judgemental care for all.

There is hope that this framework allows better partnership in delivering services to all those who want to take part, creating a support network for better understanding and education for all.

Ultimately, the consensus of this project is about change for the better for all in Jersey who have mental health needs and the services involved going forward.

The Co-production Network

Foreword

Co-production and hope

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.

I have learned that the times that feel the most difficult and sticky, the times where you just want to give up, are the times you can gain the most. Those times are essential for groups to work through and settle their own dynamics, and they bring things to the surface you would otherwise miss.

I have been reminded just how complex the dynamics can be in co-production. Co-production is about people, respect and partnership working, but it is also about the system in which those things operate. It is always so much bigger than the sum of its parts. Co-production establishes relationships that can lead to other, great things, and can help people heal and grow as they connect on a human level in ways they cannot while wearing their badge as a service user, family member, clinician, commissioner, charity representative or Government employee.

This project has reminded me how much those involved care. If you can harness that passion and energy, you can achieve more than anyone thought possible. It really is a strengths-based model and it creates alliances. As one participant said: "I come here to be reassured that other people want the same things I do for our mental health services."



"Perhaps the biggest learning for me is how much co-production is about hope. It is about hope for things being better."

We can now proudly say we have the island's first Co-production Framework, including a definition of what co-production means to us. This Framework is the result of a lot of hard work from many people, and it is only part of what the Co-production Network project has produced. We now have trained practitioners who understand how to design and facilitate co-production work; we have a connected and passionate group of people who are motivated to drive change in our mental health system; and we have a greater knowledge and understanding of what co-production is.

Importantly we have a learnings document that has captured what we have collectively learned through this project. This will complement and bring this framework to life for anyone wishing to take up a piece of co-production going forward, alongside Jersey Recovery College's Co-production Toolkit. We hope these three documents together, alongside the Co-production Network and our trained practitioners as a resource, will support anyone wishing to undertake a piece of co-production.

I am truly grateful for the experience of working with the brilliant individuals who have been involved in this project, to create something that I know will help others to move co-production from an intention to a real working model. I really hope that everyone involved in this project is as proud of what we have achieved as I am. And I look forward to seeing our hard work helping the mental health system to become the very best it can be for those who access it and work in it.

Beth Moore

CEO, Jersey Recovery College (Project lead)

The Co-production Network

The Co-production Network consists of a number of organisations and individuals who are passionate about embedding co-production in our mental health system to lead to better mental health services.

The Network has driven and designed this Co-production Framework. Acknowledgements of those involved in the Co-production Network and designing/contributing to the Co-production Framework, include:

Individuals:

Beth Moore	Katie Renouf
Anny Bodenstein	Sharon Laverty
Julie Luscombe	Marie-Claire Sutton
Anneke Cummings	Michelle Buckles
Tom Stewart	Karin Evans
Lynsey Mallinson	Jean-Pierre Hawkins
Mark Le Feuvre	Dreena Collins
Jessica Freire	Joshua Brien
Adrian Smith	Brenda Luwukya Namata
Terry Hanby	Colin Dickson
Jennie Pasternak	Olivia Card
Lucy Nicolaou	Laura Hunter
Caroline Ibbett	Carol Maindonald
Joanne Newton	Rose Dickinson
Michael Picot	Stephen McCrimmon
Michelle Crespel	Jake Power
Ian Baudains	Dave Green
Colum Durkan	Stephen Hendry
Liz Kendrick-Lodge	Davina Pinto
Karen Dingle	Amy Dingle
Zoe Morrison	Debbie Franklin
Clare Newman	Ann Morgan
Louise O'Reagain	Rebecca Martin
Samantha Gleave	Anna Sheehan
Dave Crocker	Members of Friends of Mine/d
John Perchard	
Emma Polhill	

Organisations:



The Co-production Network project

The scope of the Co-production Network project is to:

- Design and complete a Co-production Framework to support the advancement of the mental health system;
- Establish a core group of co-production practitioners skilled in designing and facilitating pieces of co-production to work across the mental health system;
- Begin to establish a network of stakeholders with a shared understanding of the co-production model, the practicalities of adopting it, a commitment to best practice and a passion for embedding it within our mental health system;
- Create a Co-production Coordination post that will support the establishment and running of a Co-production Network;
- Create a Co-production Network model that can be rolled out to wider health and community/ public services.

Why a Framework?

A Co-production Framework is critical in supporting co-production to become a successful model in our mental health system. It sets out a shared understanding of what we mean by co-production and illustrates what good and poor co-production looks like. It outlines the expectations of those involved in a piece of co-production and the considerations around engaging people in co-production.



Our hope for the Framework

We asked the participants who have designed this Framework, what they hope the benefit will be to the wider community. They said*:

Better relationships between service users and providers

- “It will be beneficial if the community feel valued and a part of the decision making.”
- “The chance for everyone’s voice to be heard.”
- “Diversity of opinion, richness of experience and consensus of agreement to create the framework.”



“Break down the barriers between us and them.”

Improved mental health services

- “Make a difference to how services are developed and run.”
- “Valuing lived experience.”
- “The community should have services that are co-produced, which should lead to services that are required and meet the needs of islanders providing better outcomes.”



“Accept the level of work and time put into the framework and acknowledge people from different walks of life having participated to create it.”

Making an impact

- “To make positive changes for the people of Jersey and us.”
- “Cultural shift”
- “Reduce stigma.”

*For a full list of feedback see Appendix 1.

When and how should the framework be used?

This Framework has been designed to be a guide to those wishing to undertake co-production.

Before using it project leads should be sure that co-production is the best model for the project. The co-production model should be used if:

- The expertise of those with lived experience, family members, clinicians and other stakeholders will be of benefit to the work. Check this Framework for detail on the value each group brings.
- You can involve co-production from the beginning of the project.
- You have budget and adequate resource to complete the work. Co-production takes time, money and resource. See the Payment for participation and Budget and resource considerations sections of this Framework. The Co-production Network can help advise.

- You can commit to those involved in the work having autonomy and the final say on the outcome. Co-production does not go through additional sign-off layers. A well-thought-out scope, making sure you have representation from all groups and good facilitation can help give projects a clear direction while supporting creativity and shared decision making.
- You can commit to the statements of accountability below.

This Framework can be used alongside the The Co-production Network learning document and the Co-production Toolkit.

Using this Framework – your accountability

In order for it to be effective, it is important that anyone following the framework is accountable to its Statements of Accountability, so that:

- Everyone knows what they are doing. Everyone is clear on expectations.
- Everyone takes responsibility to achieve the best outcome. There is commitment to the process and following it through to the end.

Our Statements of Accountability are:

- We will create a group culture and adhere to it.
- We will accept the work completed.
- We will trust and respect each other as equals.
- We will ensure equal representation amongst participants, e.g. carers, lived experience, professionals and third sector.
- We will ensure all views are heard, valued and respected.

- We will build on each other's strengths.
- We will commit to see the process through to the end.
- We will work as a team productively and support each other.
- We will focus on finding solutions.
- We will communicate clearly and effectively.
- We will create a safe space to share knowledge and experience.
- We will commit to shared power, shared decision making and shared responsibility.
- We commit to measuring the outcomes of our work.
- We will provide evidence that we have followed the process.

The Co-production Network thanks you for your commitment to the Statements of Accountability.

What does co-production mean to us?

We have crafted a definition of what co-production means to us:

Definition

Co-production is where a diverse and representative group of people come together to work as equals. It's a strengths-based approach combining everyone's skills and experience in a safe environment. This involves working together, trust, respect, and sharing power. Co-production broadens and deepens understanding; that means, we can guide the delivery of the right solutions and services for all.

Principles

What makes something co-produced? It needs to follow certain principles. We have worked to elaborate on five key principles of co-production.

Collaboration

Respect. Working together. Trust. Broadening and deepening.

- Participants trusting and respecting each other.
- Participants working together towards a shared goal to achieve the best outcomes.

Strengths-based

Discover. Human skills. Diverse representation.

- Playing towards participant's strengths and minimising barriers in order to move towards solutions as a group.
- Recognising limitations and when additional experience and skills need to be brought in.

Solution focused

Actively producing. Benefit. Delivering services.

- Creating steps to reach an end goal.
- Concentrating on results whilst working through a winding path.

Power sharing

Shared responsibility. Shared power.

- All contributions to be valued and considered.
- Information to be presented clearly so all can understand and take part in the power sharing exercise.

Equal and reciprocal relationships

Experience. Safe. Equal. Valued.

- Everyone involved from the beginning before the idea.
- Reciprocity (everyone gets something from the work).

Where co-production sits alongside other types of engagement

The purpose of this section is to provide examples of different forms of public engagement, including co-production.

Empowering:

- Citizen-led

Doing with:

- Co-production
- Co-design

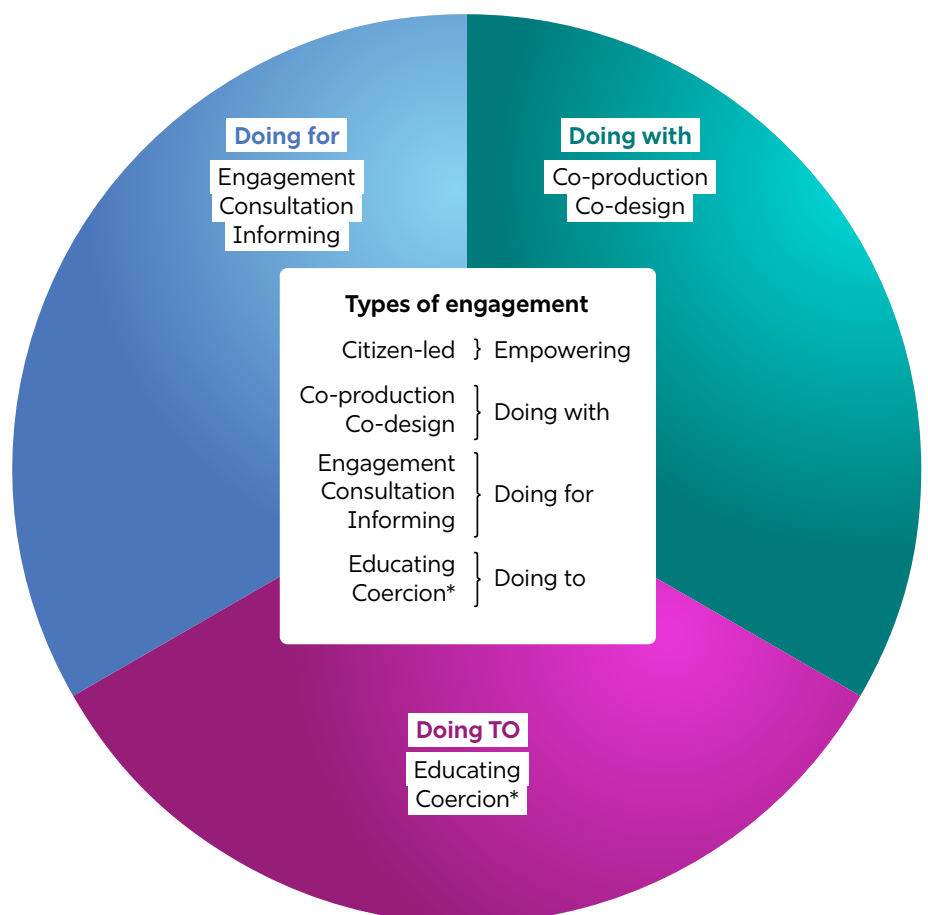
Doing for:

- Engagement
- Consultation
- Informing

Doing to:

- Educating
- Coercion*

Please note that the types of engagement can be positive or negative depending on the context.



* Under no circumstances is coercion ever an appropriate method of public engagement.

What does successful co-production look like?

How do you know you are doing co-production well? Use this table to benchmark performance.

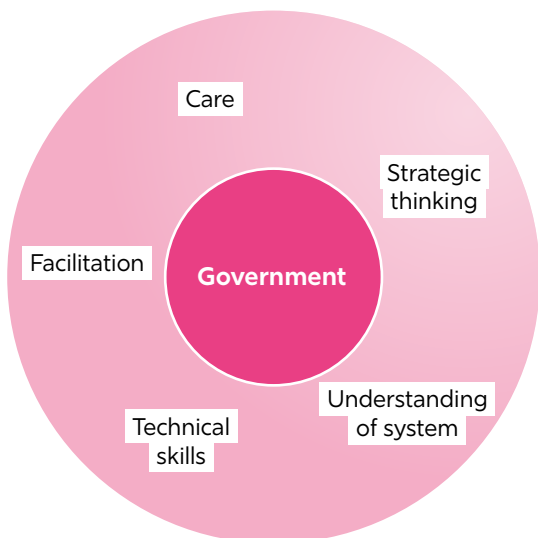
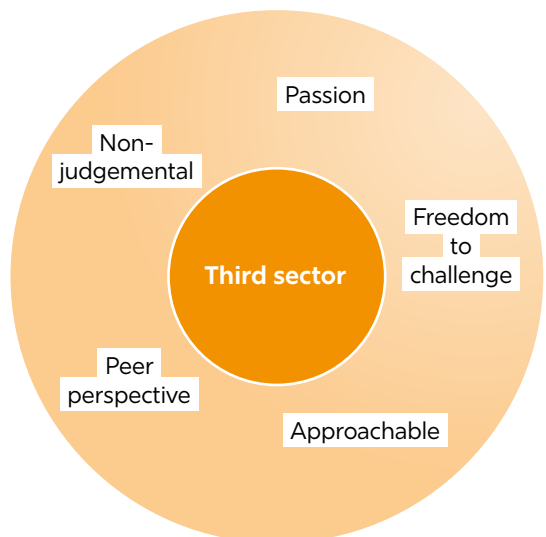
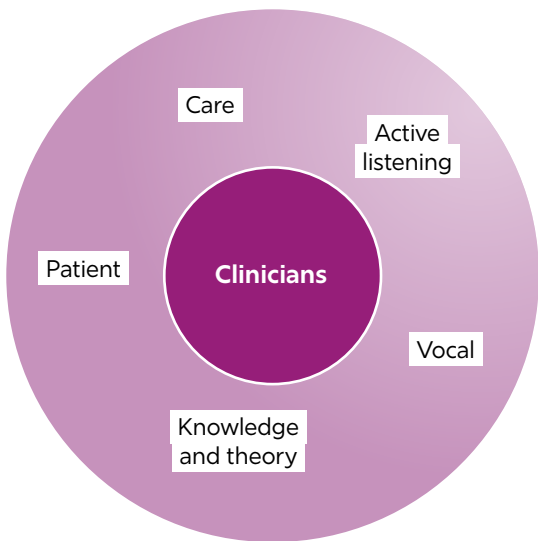
Principle	What does it look like?	Poor co-production	Average co-production	Good co-production
Collaboration	Participants trusting and respecting each other.	Mistrust and intolerance of others' views, lack of respect.	Some trust but not everyone feels respected or heard/valued.	Participants trust and respect each other.
	Participants working together towards a shared goal to achieve the best outcomes.	Participants are excluded and some views are not accepted. Different goals resulting in poor outcomes.	Varied levels of engagement, resulting in non-uniform outcomes.	Participants working together towards a shared goal to achieve the best outcomes.
Strengths-based	Playing towards participant's strengths and minimising barriers in order to move towards solutions as a group.	Inconsistent input. Unbalanced participation. Disengagement. Disrespectful disagreement.	Balanced at times. Some inconsistencies. Some disengagement.	Participants feel empowered. Balanced input. High engagement.
	Recognising limitations and when additional experience and skills need to be brought in.	Not enough information, skills, and experience in the group. Progress gets stuck. Disengagement.	Sometimes limitations are acknowledged, and additional expertise brought in. Slow progress. Disengagement.	Limitations are recognised – additional expertise/ experience proactively involved. Progress is smooth. Participants are engaged.
Solutions focused	Creating steps to reach an end goal.	Failing to achieve outcomes and agree the steps.	Some steps were followed but the outcomes were not fully achieved.	Everyone followed steps to reach the end goal.
	Concentrating on results whilst working through a winding path.	Participants not on the same path so results not achieved.	Losing some participants along the way so only partially achieving results.	Not losing any participants along the way and achieving results.
Power sharing	All contributions to be valued and considered.	Contributions ignored, dismissed or not sought.	Majority of contributions to be considered, not all, and some given more weight.	All contributions sought, listened to, valued and considered equally.
	Information to be presented clearly so all can understand and take part in the power-sharing exercise.	Information presented in a confusing and complicated way.	Most information clear but some difficult and long words used.	All information clear and language used concise and easy to understand.
Equal and reciprocal relationships	Everyone involved from the beginning before the idea.	Participants feel their involvement is tokenistic.	Being involved from the start of the project (not before).	Involvement in discussions before the project inception.
	Reciprocity – everyone who participates feels they get something from the work.	Imbalanced remuneration – some only able to be involved if prepared to be volunteering.	All are remunerated but for some it is done within their working day so ultimately, they get more.	Financial remuneration is equal – an ethos supported by all involved.

Who to include in co-production and what language to use

It is the responsibility of those undertaking a piece of co-production to define the terms to be used within their project, depending on the project's individual circumstances.

<p>People with lived experience</p>	<p>Someone who has experience of mental health difficulties, severe emotional distress or mental illness, which impacts or has impacted their ability to function in daily life, and is either:</p> <p>A current service user or someone who has historically accessed mental health services;</p> <p>Not a service user but whose current condition would make them eligible to access services.</p> <p>We recognise how people describe their mental health is a personal choice, however for the purpose of this document it is important to distinguish between mental health difficulties and enduring mental illness. Enduring mental illness describes an ongoing and profound diagnosable illness e.g., Bipolar Disorder, Schizophrenia, and include those who experience barriers to participation.</p>
<p>Family members, carers and supporters</p>	<p>Someone who provides practical, emotional and other support to those above on an unpaid or non-professional basis. For example (including, but not limited to), parents, partners, friends and other family members.</p>
<p>Clinicians</p>	<p>Those who work within the mental health system delivering care, support or advice. Individuals who may use or be involved in co-production in the future.</p> <p>(E.g., Community Mental Health; inpatient; Primary Care; Home Treatment Team and Crisis Team)</p>
<p>Government</p>	<p>Representatives from departments/roles that will have direct influence over co-production uptake in Government or will commission external agencies to co-produce work. The individual needs to be able to influence wider Government/system uptake.</p> <p>(E.g., States Assembly; Health and Community Services Commissioning and Partnerships Team; Adult Mental Health services; Public Health)</p>
<p>Third sector partners</p>	<p>Representation from charitable organisations and voluntary groups who are part of the mental health system who will use the Co-production Framework.</p> <p>For example (including, but not limited to), Mind Jersey; Focus on Mental Illness; Focus UP; Jersey Recovery College; My Voice; The Listening Lounge; Jersey Eating Disorders Support.</p>
<p>Power imbalance</p>	<p>Power imbalance occurs when society provides advantage to one group over another. Mental health service users are one such group. The outcome of a power imbalance is tokenism, where service users are only given limited capacity to contribute. It is important to address this imbalance by resourcing service users to have productive participation.</p>
<p>Safety</p>	<p>Ensuring that the appropriate provisions are in place to help facilitate the inclusion and wellbeing of those with enduring mental illness.</p>
<p>Peer Support Worker</p>	<p>A peer support worker is someone who shares their lived experience of mental health difficulties to help and support others.</p>
<p>EBE</p>	<p>Equals by Experience are people with lived experience, family members, carers and supporters who share their lived experience to help shape and deliver services.</p>

The strengths different groups bring to co-production



What motivates people to take part in co-production?

It is important to understand individual motivations for taking part in co-production. By understanding what brings people to a co-production project, project leads can work to meet participant's expectations.

We asked those participating in the design of this Framework what motivated them to take part in the work. They said*:

To learn new skills and develop knowledge

- "To learn about co-production and experience the process."
- "New skills, patience, role modelling to other staff." [Clinician]
- "To work together with others and improve my own learning and development." [Clinician]
- "To understand where and when is appropriate to use [co-production]." [Government]
- "Opportunity to be involved in co-production in the future." [Third sector]

To be heard

- "Understanding and support."
- "Feeling involved and listened to." [Lived experience]
- "To be able to have a voice." [Carer]
- "Being recognised." [Carer]

To influence change

- "I want to push forward change as fast as possible because services are struggling as they are, it affects me, and my life every day." [Lived experience]
- "I want to get involved and be a part of a change process for a good cause." [Clinician]
- "I am here because I think co-production is valuable and I want to help to develop it in Jersey, wanting to make a difference motivates me." [Government]
- "Poor experience with family, lacking support, not being listened to, has driven a desire to want to be part of the change." [Carer]

Other motivators

- "Reassurance – meeting new people, learning, I hope to be challenged, growth." [Lived experience]
- "Deeper understanding of the different groups/ perspectives." [Government]
- "I believe co-production is the way forward." [Third sector]

*For a full list of feedback see Appendix 2.



"Reassurance. Meeting new people, learning, I hope to be challenged, growth."



"Being recognised."

The group benefit of co-production

The benefits of co-production go beyond the work that is produced, there is also a significant benefit to the individuals who participate in the work and the group as a whole. We asked those participating in the design of this Framework what the benefits of participating in co-production are. They said*:

Relationships

- "Relationship building."
- "Supporting each other."
- "Meeting new people, learning from each other, and to reach out to each other if needed in the future."

A sense of community

- "Insight into different perspectives."
- "Learning from each other."
- "Understanding how other people feel."

Working together / achievement

- "To be a part of something truly collaborative."
- "To achieve the goal of producing a written framework for others to use."
- "Break down barriers and see organisations and people working together, strengthen relationships, opportunities to contribute."

Contributing to change

- "To be involved with the design, recognising the importance of the work."
- "To see real change and innovation being delivered and being proud of Jersey as leaders in the world."
- "Opportunity for voices to be heard that drive change for all."

Sense of pride

- "Proud of the work we have produced."
- "Pride in delivery of real change."
- "A sense of doing something useful and important."

Experiencing co-production

- "Discovering strengths and weaknesses of the model."
- "Opportunity to test/practise co-production."

*For a full list of feedback see Appendix 3.

Supporting local charities

In addition to these benefits, we are proud to say the following charities have been supported through participant's donating their participation fee to these organisations:



Payment for participation in co-production

When thinking about whether to pay people or not for their contributions in a piece of co-production, there are a number of considerations.

There are undoubtedly benefits to paying people for their contributions, including:

- That it removes barriers to participation.
- It demonstrates the value of everyone's time.
- It recognises that it is a commitment and people are there to contribute.
- It encourages commitment.
- It levels the playing field.

Some of the issues to consider include:

- The impact on individual's financial circumstances – benefits, tax or income support.
- There is an issue around double payment – paying people who are already being paid as part of their job.
- If you pay too much, are you encouraging the wrong kind of commitment?

If you do choose to pay people, these are some suggestions for consideration:

- Everyone should have the option to choose where their payment goes (volunteer, go to a charity, go to them).
- Consider language and positioning – it should not be classified as work, perhaps 'you will not be out of pocket / expenses covered'.
- Should everyone receive the same payment offer?
- How do you minimise the 'double payment' quandary? Maybe holding sessions outside of regular 'working hours'.
- The amount paid. Should it be a nominal fee?

Here are some other ideas about how you can formally recognise someone's contribution:

- Vouchers
- Formal recognition – certificate, letter to boss, CPD. Skills sharing scheme or time bank.
- Networking opportunities.
- Formalised learning (training).
- Donations to charities formally published.
- Lanyards to recognise those who have taken part in co-production.
- Food (teas, coffee, lunch).
- Wish list for participants needing help.
- Opportunities in the future.

When considering payment, the following recommendations have been made with a desire to keep the system simple, thereby avoiding unnecessary administration or associated costs which could become a barrier for the co-production project in the first place.

Recommendation one:

Participants should receive pay

- This is to ensure they feel valued and ensure commitment over the duration of the project.
- Government employees should be exempt from pay (when the project is being funded by the Government). Instead, any hours given to the project outside of normal working hours should be remunerated by time plus in lieu, if possible. Managers also need to ensure that patient care is not impacted by this.
- For non-Government participants who are representing a company/charity/organisation as an employee, the decision as to whether the individual or company/charity/organisation keeps the money is to be made between the individual and the company/charity/organisation.

Recommendation two:

The payment should be cash and be the same for all recipients. It is important that this is an 'expense payment' for tax purposes.

- The payment should be £20 per hour, regardless of background (with the exception of Government employees as stated above). This is to support the principles of co-production that we participate as equals. The participants can choose whether to receive the money or give to a charity of their choice.
- Further work is required to ensure cash payments do not impact on benefit pay.

Recommendation three:

The benefits framework should be regularly evaluated.

- At the end of each co-production project.
- Annually with feedback from all projects.
- This evaluation should include looking at whether payment on an ongoing basis is necessary or whether it needs to decrease/increase.

Recommendation four:

Payment is not to be made until the end of each project provided participants have.

- Attended a minimum number of sessions (suggestion 75%) to ensure they have engaged.
- Let organisers know in advance they are unable to attend a session to facilitate planning.
- Participants should only be paid for sessions they have attended.

There should be a separate Inclusion Fund to enable access for individual participants in special circumstances e.g., specific transport requirements, carer cover put in place to enable attendance.

Numbers of required participants should be agreed at the planning stage of the project so that a specific participant budget can be set and adhered to.

Budget and resource considerations when undertaking co-production

Co-production is a time and resource heavy model. However, because co-production embraces different perspectives in problem solving and decision making, it is much more likely that services designed using co-production will meet everyone's needs in the long term.

When budgeting for co-production consider:

- Paying Practitioners and/or a Co-production Coordinator.
- Who will project manage/handle communications.
- A participation budget, including a special Inclusion Fund.
- A workshop budget – venue, refreshments, materials.
- Training costs.
- An appropriate timeframe.

Different groups to consider involving and how to engage them

Co-production needs to be representative, this involves including a balance of people who represent different life and professional experiences. Trying to reach an equal number of representatives from each group will help balance the co-production. These are some of the groups/individuals to consider involving and some ideas of how to engage them.

Group	Example participants*	Ways to engage	Communication methods	What to communicate
Lived experience, carers and family members	<p>Individuals with lived experience and family/carers. There are several groups that you can approach to help engage people, as well as the wider community. Examples of groups: *</p> <ul style="list-style-type: none"> • EBE Group. • Mind's Collective Voices. • Focus UP. • Youthful Minds. • Young Carers. 	<ul style="list-style-type: none"> • Reach out to a contact from that group to ensure you have included everyone relevant. • Directly approach people through existing relationships and networks. • Raise awareness of the project through marketing or PR. • Invite interest in participation from the wider community. 	<ul style="list-style-type: none"> • One-to-one meetings. • Email communication. • Invite to participate / call to action (email, newsletter, PR, video). • Social media channels, including partner's channels. • Authentic/ from the heart communications. • Existing forums such as Mental Health Strategic Partnership Board. • Presentations / roadshows raising awareness. 	<ul style="list-style-type: none"> • Why you should take part (benefits to the individual and the wider community). • What this project is. • Why this project is important.
Clinicians	<p>Clinicians involved in the project area, for example*:</p> <ul style="list-style-type: none"> • Inpatient services. • Community Adult Mental Health Services (including CMHT, Crisis, Diner, Clairvale, Depot, Memory Clinic). • Jersey Talking Therapies. • Drug and Alcohol. • Primary Care representation (GPs). • General hospital (A&E). • Paramedics. 			
Government	<p>Government departments directly involved in the project area. For example*:</p> <ul style="list-style-type: none"> • Health and Community Services. • Public Health. • Children, Young People, Education and Skills. • Customer and Local Services. 			
Third Sector	<p>Organisations directly involved in the project area. For example*:</p> <ul style="list-style-type: none"> • Mind Jersey. • Focus on Mental Illness. • Focus UP. • Jersey Recovery College. • The Listening Lounge. • Jersey Eating Disorders Support. • My Voice. 			

*This will differ on each project and will be determined by the focus of the project.

Barriers and solutions to participation

Every person who participates in co-production will have challenges to do so. We have named what some of those barriers may be and how we might overcome them.

Group	Barrier	Solution
Government	<ol style="list-style-type: none"> 1. Lack of understanding of what co-production is. 2. Competing priorities and length of co-production process. 3. Mistrust and negativity towards Government by other co-production participants.. 4. Time commitment (for individuals). 	<ol style="list-style-type: none"> 1. Training and awareness, evidence based. 2. Senior sponsorship and political buy in. 3. Charter, group culture, and calling out. 4. Line management buy in.
Lived Experience	<ol style="list-style-type: none"> 1. Venue accessibility. 2. Communication (feeling power imbalance) and inaccessible information. 3. Acknowledgement of physical and mental health conditions. 	<ol style="list-style-type: none"> 1. Physical – lift, sensory – noise adjustment, psychological – not overcrowded. 2. Information available in multiple formats and remembering we are all equal. 3. Inclusive, safe and supportive culture.
Clinicians	<ol style="list-style-type: none"> 1. Labels. 2. Priorities. 3. Client confidentiality – the impact of co-producing with someone you have cared for. 4. Time. 5. Accessibility. 	<ol style="list-style-type: none"> 1. Respect, equality and power-sharing. 2. Prioritising, planning and delegation. 3. Name it, discuss it and be open. 4. Forward planning and agreement from manager. 5. Central location/times/parking/bus route/ refreshments.
Carers	<ol style="list-style-type: none"> 1. Time. 2. Failure to recognise skills outside of caring and feeling invisible within the system. 	<ol style="list-style-type: none"> 1. Provide respite care and virtual link. 2. Increase recognition of carers within the system and acknowledge the broader skill set of carers.
Third Sector	<ol style="list-style-type: none"> 1. Time available. 2. Working patterns (part time, zero-hours, volunteers). 3. Charities working in silos. 4. Funding capacity to release staff. 5. IT knowledge and paperwork heavy. 	<ol style="list-style-type: none"> 1. Plenty of notice, employer support, in person and virtual meetings. 2. Partnerships, sharing resources and forums. 3. Remuneration and realistic expectations. 4. Employer and Government support. 5. Keep it simple, understand ability.



Inclusivity: Engaging harder to reach groups

In every mental health system there are individuals who are difficult to reach but whose voices are needed to shape our services. In order to include more views of those with severe and enduring mental illness, those with eating disorders, family members and autistic people who experience mental health difficulties, we spoke with a range of individuals to inform this section. This section used consultation as its engagement model. With thanks to Mind Jersey, Focus on Mental Illness, Jersey Eating Disorders Support and Autism Jersey for their support.

Views on co-production

The people we spoke to were in favour of co-production as a model, although some were nervous about working with mental health services. Other individuals expressed that they would love to work with clinicians and share experiences and that co-production was an opportunity to learn from each other.

The importance of service user involvement and the need to improve services was a strong theme. It was highlighted that it is important to have more than one representative from each group to make sure that the representation wasn't that of one individual.

“It’s about making things better. About being part of something and not about something being done to you.”

“Service users should be more involved with the way the system is run. It could provide more opportunity to explain difficulties. Working together. Appreciate knowledge of people with lived experience, this is more relevant.”

“I see how difficult things are for my daughter and I want to make it better for the future.”

“It’s the way forward to really improve services and it feels like the stars are aligning to get this going.”

What are the things that would prevent you from participating?

- Childcare.
- Time.
- My mental health and a resulting lack of motivation.
- The environment and getting to places.
- Who is participating.
- When it’s ‘lip service’ and what we have been promised doesn’t happen.
- Social anxiety, overloading, overwhelming, stressful, depressing. Being around too many people. Being ‘in the middle of things’ can be very difficult.
- Use of jargon. Need to be aware of language and make it accessible to everyone.
- No trust in mental health services.
- For family members participating means identifying their loved one through association. This can be a barrier as parents do not want to breach their loved one’s privacy.

“I am worried about coproduction because I have a fear of mental health services and am worried about being articulated.”

Those with Eating Disorders identified additional barriers:

- Stigma of being identified as having an Eating Disorder would prevent some people participating, they don't want it to be their identity.
- Professionals sometimes blame parents for their child’s eating disorder. This puts family members off participating.
- A lack of understanding about eating disorders is a barrier. They are the only mental illnesses where people believe the person suffering has a choice. This lack of understanding and the stigma associated with it can stop people participating.
- Mealtimes are difficult times of the day for those with Eating Disorders and their families. Planning in advance can make it possible.

What would make it possible for you to participate?

The right venue and accessibility

- Choose a venue that is comfortable and easy to access. A central location is preferred, parking is welcome as is a good bus route. Consider locations that people already attend and feel comfortable in.
- Provide transport for those who need it, arrange it for them. Motivation to leave the house can be challenging, a pre-arranged lift can help.
- Have good signage at the venue.
- Offer a guided visit to the venue before the first session to lower anxiety.
- Sit people far enough apart for comfort.
- Provide a quiet space for people and make the process for using it clear and who will come to help.
- Provide refreshments to keep people going.

The people

- Work to small group sizes, no more than 15, but between 5-10 people is preferred.
- Invite quieter people to speak. Offer one-to-ones for those who wish to contribute in that way.
- Invite people who are interested in the topic, they are much more likely to attend.
- Communicate who is in the group before the participation begins.
- Be clear on the numbers attending before the session.
- It is important to include people who understand and support co-production, who understand the issue being addressed and who will respect the other participants. Consider a screening discussion before participation to determine this.

Facilitators

- Give personal introductions before the first session. It's important to know who is in charge during the sessions and who to go to if struggling/overwhelmed.

Timing

- The medication for many severe mental illnesses can make people drowsy in the morning and sleep a lot during the day. Afternoon, late afternoon and evening are the best times for people.
- A weekly commitment can be too much for some people, especially when they are undergoing treatment as taking time off work for appointments is already difficult to juggle. Ask what people would prefer.
- Give exact timings of sessions. When you can't be exact, say 'we will finish at *approximately* 5pm'. This is better for autistic people.

Communication and information

- Have a 'go between'. Someone individuals can talk to who they can trust and feedback their opinions and concerns to.
- The right type of communication for each individual. Some people like texts, some email, some postal, some face-to-face. Text reminders and WhatsApp groups would work well.
- Provide clear instructions.
- Give plenty of notice so people can plan.
- Use straightforward language, if someone doesn't understand a word, that may distract them for the rest of the session. Give participants permission to ask if they don't understand a word or concept.
- Use appropriate language, for example 'an autistic person' rather than 'someone living with autism'.
- Give all materials beforehand and in print outs so people don't need to look at the screen. Be conscious of reading and spelling ability in room.
- Give as much notice as possible for any changes to venue, timings, facilitators.
- Care must be taken to avoid appearing patronising or superior.
- Do what you say you will do.

Sensory issues

- Be conscious of computer buzz, air con noise, light brightness etc. Find out what helps individuals.
- Sessions towards end of day, when someone has been keeping their sensory overload in check all day, may be more sensitive.
- Include sensory aid tools. Such as sensory bags / items on the tables. Fidgets. Ear defenders, chewy things, weighted blankets. (Autism Jersey do a lending library). Be able to show people where they can buy the items if they find them helpful.

- Be mindful that icebreakers can lead to sensory overload. Keep optional, especially if it's a noisy or busy activity. If someone experiences sensory overwhelm at the start of a session, you won't be able to bring them back.

Payment

- Payment is an incentive. For people on low income, money helps. It helps motivate people to attend.
- Payment gives more confidence in participation as it adds value.
- Some people take time off work to participate and lose salary, so the money helps.

Closing

It is our hope that this Framework contributes to the best co-production experiences possible in our mental health system.

This Framework is a dynamic document. The Co-production Network will continue to review it to ensure it is relevant and up-to-date. It is designed to support co-production and to act as a guide and accountability reference point for those wishing to undertake co-production. Please also see The Co-production Network learning document and the Co-production Toolkit.

With thanks to the Mental Health Strategic Partnership Board for their support of this project, and to all members of the Co-production Network who are working so hard to embed co-production for better mental health services.

Additional documents:

- The Co-production Network learning document
- The Co-production Toolkit



Appendix 1 – Our hope for the Framework

- Better services.
- Better relationships between service users and professionals.
- Make a difference to how services are developed and run.
- To make positive changes for the people of Jersey and us.
- I want to ensure that our work is both patient centred but also the carer/friend network around the individual have knowledge, skills, and support. [Clinician]
- I hope the wider community will value the work, acknowledge the passion, and be empowered to engage in change as they are able to.
- Break down the barriers between them and us.
- It would be wonderful to see the document being used to good effect and for it to come to life in a way that allows improvements across all mental health services.
- To actually use the framework and not just brush it aside.
- Reduce stigma.
- Creating employment opportunities.
- Cultural shift.
- Valuing lived experience.
- To support everyone with mental health issues.
- That people will embrace change of the mental health system and get involved in various ways that suits all needs, culture, beliefs, health.
- Being part of something that helps the future mental health of Jersey.
- I hope the benefit to the wider community will ultimately be services which meet people's needs well as they have been co-produced. It will be beneficial if the community feel valued and a part of the decision making.
- The community should have services that are co-produced, which should lead to services that are required and meet the needs of Islanders providing better outcomes.
- Spread awareness of co-production.
- Hopefully, the end result will help people in Jersey suffering with mental illness.
- An open and honest service where service users can expect excellent service to support and help them into recovery.
- Accept the level of work and time put into the framework and acknowledge people from different walks of life having participated to create it.
- Greater understanding of service needs and community networking.
- Much better services co-produced and targeted to specific needs.
- New way of doing things.
- I hope the community will benefit from new initiatives that have been effectively co-produced.
- The possibility of services being run more efficiently and consistently.
- The chance for everyone's voice to be heard.
- Diversity of opinion, richness of experience and consensus of agreement to create the Framework.
- That using the diversity of the group and the different experiences of everyone will allow us to build a framework to help mental health in Jersey.

Appendix 2 – Personal motivations

- To learn about co-production and experience the process.
- Understanding and support.
- I want to get involved and be a part of a change process for a good cause. [Clinician]
- New skills, patience, role modelling to other staff. [Clinician]
- To work together with others and improve my own learning and development. [Clinician]
- I hope to gain insight into how co-production is achieved and longer term how it is used to benefit the mental health service. [Clinician]
- Reassurance – meeting new people, learning, I hope to be challenged, growth. [Lived experience]
- I want to push forward change as fast as possible because services are struggling as they are, it affects me, and my life every day. [Lived experience]
- Feeling involved and listened to. [Lived experience]
- Interest in mental health. [Government]
- I am here because I think co-production is valuable and I want to help to develop it in Jersey, wanting to make a difference motivates me. [Government]
- Deeper understanding of the different groups/ perspectives. [Government]
- To understand where and when is appropriate to use it. [Government]
- Meeting new people. [Government]
- To be able to have a voice. [Carer]
- Poor experience with family, lacking support, not being listened to, has driven a desire to want to be part of the change. [Carer]
- Help make things better for others using my “expertise,” experience, and knowledge. [Carer]
- Being recognised. [Carer]
- Personally, it does not bother me to get anything out of the sessions, but I would like to help make a difference to the mental health system in Jersey. [Carer]
- Ensure a good input to process. [Third sector]
- Opportunity to be involved in co-production in the future. [Third sector]
- I believe co-production is the way forward. [Third sector]
- Want to use what I learnt from designing and facilitation for co-production courses. [Third sector]
- Have a hand in design of services going forward. [Third sector]
- Want to be a part of turning mental health services around. [Third sector]
- I hope to learn from others and enhance my understanding and experience of co-production, and to gain cross-sector relationships. [Third sector]
- I am here because co-production is central to my organisation so important to me. [Third sector]

Appendix 3 – Benefits of participation in co-production

Group Benefits

- Learning from each other.
- Relationship building.
- Supporting each other.
- Understanding how other people feel.
- To be a part of something truly collaborative.
- Proud of the work we have produced.
- To achieve the goal of producing a written framework for others to use.
- Motivation and connections that lead to action that makes a difference as soon as possible.
- Break down barriers and see organisations and people working together, strengthen relationships, opportunities to contribution.
- Discovering strengths and weaknesses of the model.
- Opportunity to test/practise co-production.
- I hope the group will get a better understanding of co-production and a sense of achievement in producing something worthwhile.
- To be involved with the design, recognising the importance of the work.
- Pride in delivery of real change.
- To see real change and innovation being delivered and being proud of Jersey as leaders in the world.
- Opportunity for voices to be heard that drive change for all.
- Hope everyone understands the meaning of the project.
- I hope the group enjoys the session and something tangible comes out of the time spent.
- Meeting new people, learning from each other, and to reach out to each other if needed in the future.
- A sense of doing something useful and important.
- Being part of a team that is transforming services.
- Learning from everyone involved.
- A sense of community.
- I hope the group will have a finished product that represents their views and is used.
- Satisfaction of creating something useful.
- Meeting new people, learning more about mental wellbeing, and learning from others

Contact details

Jersey Recovery College

01534 505977

hello@recovery.je