



TRUST
OPENNESS
RESPECT
COMMITMENT
HONESTY

"HERE IS A PUBLICATION THAT SEEKS TO ILLUMINATE RATHER THAN IMPOSE OPINIONS, WHERE THE EXPERIENCE AND COMMITMENT OF ALL THOSE INVOLVED HAVE BROUGHT TOGETHER A BODY OF WORK AND IDEAS THAT HOPEFULLY ALL OF US CAN LEARN AND BENEFIT FROM."

Peter Beresford OBE



TOGETHER
OPPORTUNITIES
RELATIONSHIPS
CHANGE
HEAR



Co-production group at work



CONTENTS

Foreword	6	<i>Sean Holland, Chief Social Work Officer Joanne Sansome, Ray Hamilton, Jean Reynolds, Brendan McKeever Members of the writing committee</i>	<i>Learning through practice examples</i>	
			Belfast Recovery College;	25
			<i>Contribution by Helen Anderson</i>	
Co-production; an introduction	9	<i>Ray Hamilton</i>	Principles of co-production	26
A word (or two) on terminology	10	<i>Avery Bowser</i>	Co-production essentials	27
The Torch	11	<i>Brendan McKeever</i>	<i>Learning through practice examples</i>	
			Co-production	28
			and teaching	
<i>Learning through practice examples</i>	12		Co-production in teaching and assessing social work students at Queen's University	28
The Local Engagement Partnerships		<i>Jane McCullough, Ray Hamilton</i>	<i>Professor Joe Duffy</i>	
			Co-producing teaching on social work and political conflict at Queen's University	29
			<i>Professor Joe Duffy</i>	
Co-production - navigating a definition	19	<i>Avery Bowser, Ray Hamilton</i>	Doing co-production	31
Co-production and a lived experience of service provision in social work	22	<i>Ray Hamilton</i>	<i>Joanne Sansome, Patricia Burns</i>	
			<i>Learning through practice examples</i>	
<i>Learning through practice examples</i>	22		Co-production in	32
Co-production and adults with a learning disability			children's services	
Co-production in Friends of the Arc	23	<i>Katie McArdle</i>	Homes fit for children - changing housing policy for families of disabled children in Northern Ireland	32
Co-production QI project at WHSCT day centre	24	<i>Contribution by Norma Cairns</i>	<i>Brendan McKeever</i>	
			Action for Children Young Carers service	33
			<i>Avery Bowser</i>	
			IMPACT CAMHS group	33
			<i>Shauneen O'Connor</i>	
			On the Spectrum	34
			<i>Contribution by Chris Millar</i>	
			The SWITCH group	35
			<i>Contribution by Julie Patterson</i>	

Legislation and Policy perspectives 36
Joe Duffy, Ray Hamilton, Jane McCullough, Joanne Sansome

Learning through practice examples
Co-production and quality improvement 44

The Carers Conversation Wheel 44
Eileen McKay
 Using co-production and quality improvement methodology to develop a carers support programme. 45
Contribution by Joan Stangeland
 Quality Improvement and social work Dragon's Den 46
Eileen McKay, Jane McCullough

Co-production is NOT 48
Patricia Burns, Joanne Sansome

Learning through practice examples
Co-production and multi-disciplinary social work 49

Parenting Together 49
Contribution by Sara Jane O'Donnell
 Healthy Connections 50
Contribution by Roisin Ferry

An Acronym 51
Brendan McKeever

Learning through practice examples
Co-production and research 52

Getting involved in research – a co-produced introduction to research course 52
Contribution by Paul Best, Liam Bradley, Patricia Burns, Gavin Davidson, Joe Duffy, Anne Johnston, Berni Kelly, Campbell Killick, Alan Maddock, Claire McCartan, Paula McFadden, Anne McGlade, Lorna Montgomery, Sonia Patton, Dirk Schubotz, Brian Taylor, Fiona Templeton, Paul Webb, Chris White and Jade Yap
 Co-producing research with people with learning disabilities 52
Contribution by Professor Berni Kelly, Professor Gavin Davidson & Dr Lorna Montgomery
 Co-producing research with young people leaving care. 54
Contribution by Professor Berni Kelly
 The Post-qualifying, Postgraduate Research Methods Programme at Ulster University 56
Contribution by Anne McGlade, Sonia Patton, Fiona Templeton
 Reflections on the programme 57
 Changing Lives: Co-producing Voices from 9/11 in the Classroom 58
Contribution by Professor Joe Duffy

The role of remuneration in co-production 59
Joanne Sansome, Jean Reynolds, Professor Joe Duffy, Avery Bowser and contribution by Dave Milliken

GREAT checklists 61
HSCQI

A final note 62
Peter Beresford OBE

Abbreviations 63

References 64

Meet the authors 66

With thanks to the additional contributors supporting us to learn from practice examples

Foreword

Welcome to the fifth edition of the Reflections series which is focused on co-production. As the 10 year social work strategy nears its end, it is timely to reflect on the emphasis the strategy placed on co-production to strengthen social work and social wellbeing.



Key Priorities for Stage 2 of the Social Work Strategy



Co-production is a Department of Health priority, set out in the Co-production Guide (DOH, 2018). The Department is clear that co-production must become part of the fabric of service development and delivery; services improve when they are co-produced.

At the time of writing this Reflection, supporting people with lived experience to be involved in co-producing services and strengthening social work has never been more important. Social work is and has always been about relationship based practice and relationships are fundamental to co-production. This edition of Reflections was co-produced during the COVID-19 pandemic. It has been co-written by people with lived and learned experience of social work services. The pandemic created huge challenges for all in staying connected and co-producing. The range of voices captured throughout this edition and the breadth of material covered reflects the strength of connection and commitment to co-production in social work in Northern Ireland. The group have embraced digital working and the way in which they have co-written this edition is testament to the values and practice of co-production.

This is a Reflection for social workers and people with lived experience of using and receiving social work services. I encourage you to read it and apply the knowledge and experience within to your own practice and situation and, crucially, to the commissioning, planning, delivery and review of social work services.

A handwritten signature in black ink that reads 'Sean Holland'.

Sean Holland
Chief Social Work Officer

Within this Reflections series guide to co-production you will find many examples of issues of concern, solutions and successes that have been addressed, overcome and delivered by embracing co-production working. The guide's creation is a very real example of what can be achieved in any situation when people utilise the strengths of working collectively in a co-productive way. Because together all challenges can create opportunities to think differently, to find solutions and lead to positive changes and futures.

Joanne Sansome
Author

For two years I have been involved in this edition of the Reflections series. It is an understatement to say that being part of this writing group has demonstrated to me co-production in its truest form. While we came from different backgrounds – academics, social workers, carers and service users, there was never anyone superior in the group and no one's voice was ever ignored. Each person had freedom to share their knowledge, whether by experience or from their profession, and for the first time in something I have been involved in there was equality around the table. Despite a pandemic and not being able to meet in person, we worked on. Emails and zoom calls became our friend. Everyone had the same goal...making co-production a way of life, as natural as breathing.

Implementing co-production today as a social worker, a doctor, a nurse, therapist, in management and other areas will make the future of health and social care brighter. Making services good and fit for purpose, saving money, and giving overall job satisfaction. As you read this Reflection I am excited that the future will be better and you will use this tool to integrate co-production in all you do.

Ray Hamilton
Author

When we work together anything can be achieved and this is exactly what has happened within this Reflection. Despite the pandemic we collectively came together to co-produce a guide that gleams the true essence of co-production, and as you leaf through the pages you will see for yourself the potential of a brighter future for one and all, by the beating of a heart that has a shared vision, and uses an equal voice, that believes in a sustainable future.

Jean Reynolds
Author

Reflecting on what co-production means is the focus of this publication. It can be defined as people from various different backgrounds and experiences working together to produce services.

The current emphasis on co-production is relatively new. But we aim to go beyond the concept and “buzz words” associated with it. By featuring different examples, case studies, academic and literature references, research and the actual lived experience of users and carers, a comprehensive picture is developed. Add to this feedback from the voluntary and community field (the third sector), alongside the practical knowledge and experience of those who design, produce and deliver health and social care services.

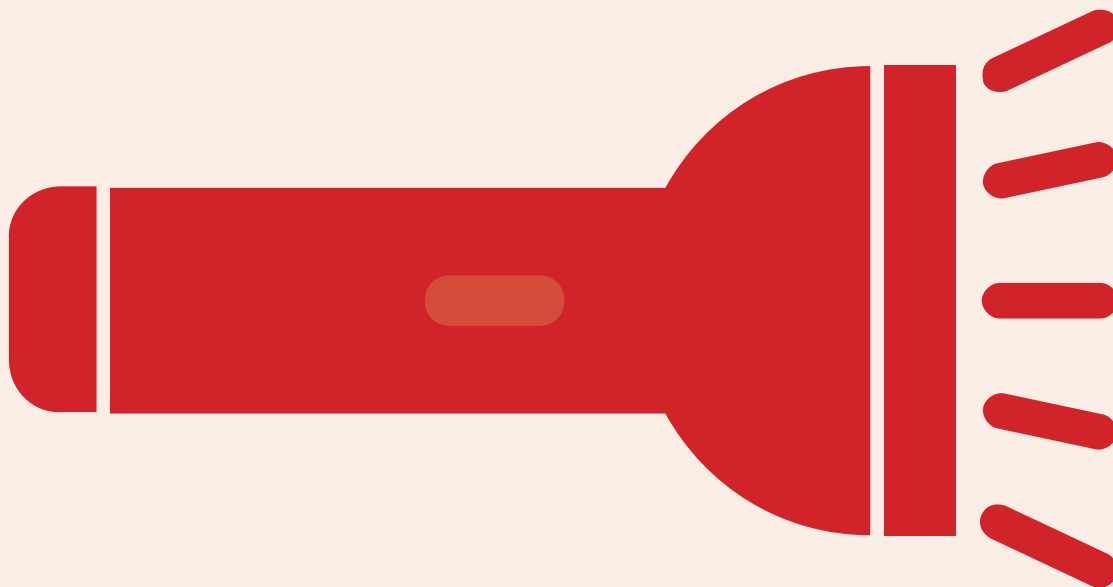
Co-production works where there is mutual respect, inclusion, accessibility and when those involved all get something out of it. It’s a practice, a way of doing things and outcome based. Social workers already know this from the values that are part of their everyday work.

This edition of Reflections is a living example of co-production itself. All of us involved in the production of this guide initially had a variety of ideas of what co-production was about. We seemed to get stuck on definitions. But over the months as we worked together to produce this piece and gather the evidence and information we needed, the concept of co-production shaped into a reality.

During most of the planning we were impacted by the pandemic. At one stage we thought that this work would be shelved. However, we committed to work on (virtually) and this publication is the result.

It is our hope that you will be inspired and encouraged by the information in this publication and that social workers and users and carers will be affirmed that their knowledge and experience can change the future of Health and Social Care. Together we really can make a difference.

Brendan McKeever
Author





Co-production: An introduction

In the development of this publication, an agreed position was reached which recognised the contributions from different types of experience and knowledge of those on our team. This ethic of care can thus underpin and guide us towards decisions and actions which are respectful of differing standpoints and opinions.

The relevance and importance of this Reflection is contained in the many different examples of co-production in reality. The very essence of this edition is grounded in co-production. Co-production is all about people in **relationship** with each other, not just from one background, working together to achieve better outcomes for everyone, through making a **change** and creating **opportunities** to achieve these.

In this Reflection, as in many positive examples of co-production, those involved came from a variety of backgrounds and walks of life; people with lived experience of services, patients, carers, academics, lecturers and employees from health and social care agencies as well as those who work in the voluntary sector. The ability to listen but actually **hear** each other, no matter what the background, is very important.

Co-production is not new and its seeds lie within the field of involvement. All those who have experience of involvement are fully aware that the relationships and engagement, which are a critical part of such involvement, are based on the human **values** of trust, openness, respect, commitment and honesty. Without these values co-production will not work.

The building of relationships, developing trust, **sharing power** where all are included on an equal basis (this also means those often left out and excluded) are core to the development

of co-production. This requires the need to be accessible in all areas of work, but particularly in language and communication. It must also be stressed that all those involved must get something out of this. This is not a theory to explore, rather it is outcome based.

Co-production is **fundamentally different** from some other forms of involvement because it involves people right from the very start and right through the whole process to the end. This is not about inviting people in along the way. Co-production often also includes co-design and co-delivery; a fully comprehensive and inclusive approach to involvement.

This Reflection captures a wide variety of skills and knowledge in co-production. Some readers will be familiar with “practice examples”, others will be engaged by the illustrations, others will be more interested with the academic and legislative references and there will be those who prefer the accessible quotes or definitions. **Together**, from so many backgrounds, all of us involved shared our knowledge and experience to co-produce a guide that reflects the needs of you our readers.



A word
(or two) on
terminology

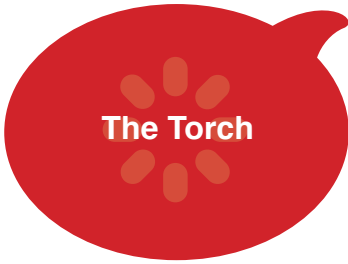


In preparing this edition of Reflections it has been clear that the language used to describe the people social workers deliver services to, the people they work with, has changed and is still changing. The diagram shows many words and terms, some current, some from the past, some that might make us uncomfortable. Words that will be recognised in social work practice in health and social care, education, criminal justice and the voluntary and community sector. There is no consensus on a single term; not within social work and not among the people social workers help and support.

Our discussion on language as a writing group reflected the conversation in society. As a group we felt it was important for consistency to use a

single term for the people that social workers help, support, care for, advise, advocate for, empower and sometimes intervene with. In doing so there is no attempt to impose language or stake a claim to 'best practice'. Language and terms are always something to think about in co-production so they do not become an issue or barrier to action and to outcomes.

For this Reflection on co-production we have agreed to refer to **'people with lived experience of using and receiving social work services'**, abbreviating this to **'people with lived experience'**.



The Torch

It is impossible to distil the breadth and depth of information associated with co-production, in a few words. In an attempt to provide an accessible tool as a reminder of the core messages of this concept “**The Torch**” has been developed.

Co-production comes under the umbrella of Involvement. However, if it is to be meaningful, it should be based on the core human values outlined below in the spelling out of the letters – **TORCH**



The concept of the letters that spell out the word “torch” also summarise the core elements of co-production. These core elements provide brief helpful tips to understanding and carrying out co-production.

T	TOGETHER	(bringing the talents and knowledge of everyone together)
O	OPPORTUNITIES	(creating opportunities and addressing issues)
R	RELATIONSHIPS	(inclusive and meaningful)
C	CHANGE	(real, positive change should result)
H	HEAR	(not just listen but hear what has been said – by everyone)



The torch is only an object, an object that will not work unless we turn it on. Through co-production take the initiative and turn it on and point the light in the direction you want to go.



Jane McCullough and Ray Hamilton

The local engagement partnerships started in 2017. They developed out of the social work strategy and are established in each Trust area. The local engagement partnerships operate as a network and have co-production at the heart of what they do. The core membership is drawn from:

- Social workers.
- Social work managers.
- People with lived experience of social work services.
- Carers.
- Partner organisations.

At the centre of the local engagement partnerships is a will to strengthen social work and social well-being through learning about co-production and co-producing service improvement. To do this well the local engagement partnerships ensure they:

- Value the experience of people who use services and listen to what matters to them.
- Understand that people with lived experience and carers are key in co-production.
- Build positive relationships.
- Are open to challenge.
- Take risks.
- Listen and learn.

This means that:

- **ALL IDEAS ARE WELCOME.**
- **ALL VIEWS ARE EQUAL.**
- **NOTHING IS SET IN STONE.**
- **THEY ARE NOT AFRAID TO CHANGE.**

There are five local engagement partnerships in Northern Ireland, mapped against the boundaries of the five Health and Social Care Trusts. There is also a regional group that brings together the co-chairs from the five engagement partnerships. Here is what they had to say about the work they do:





Belfast local engagement partnership

Improving and Safeguarding Social Wellbeing

Belfast Local Engagement Partnership

CONTACT:
 Avery.Bowser@actionforchildren.org.uk
 davemilliken0@gmail.com

Co-production - it's a journey not an industry

OUTCOMES

Nothing about us without us!

Real Partnership - Not 'Bespoke'

"The change of a 100 small things"

Power to People* 25th June 2016

Talk & Listen with hearts & minds

Steering Group

Expect the unexpected!

No hierarchy

DE-MYSTIFY!

DAVE AVERY CO-CHAIRS 28th APRIL 2017

Diverse Group

4 KEY PRIORITIES

Belfast LEP

SHUNKINSKY EVENT 29th Nov 2017

Voypic DENISE

Building Relationships

Connecting Ideas

HAVING GREAT CONVERSATIONS

MAKING IT HAPPEN 20th June 2017

COFFEE

NETWORKING

CONVENTIONAL LAND

SOCIAL WORK FACTORY

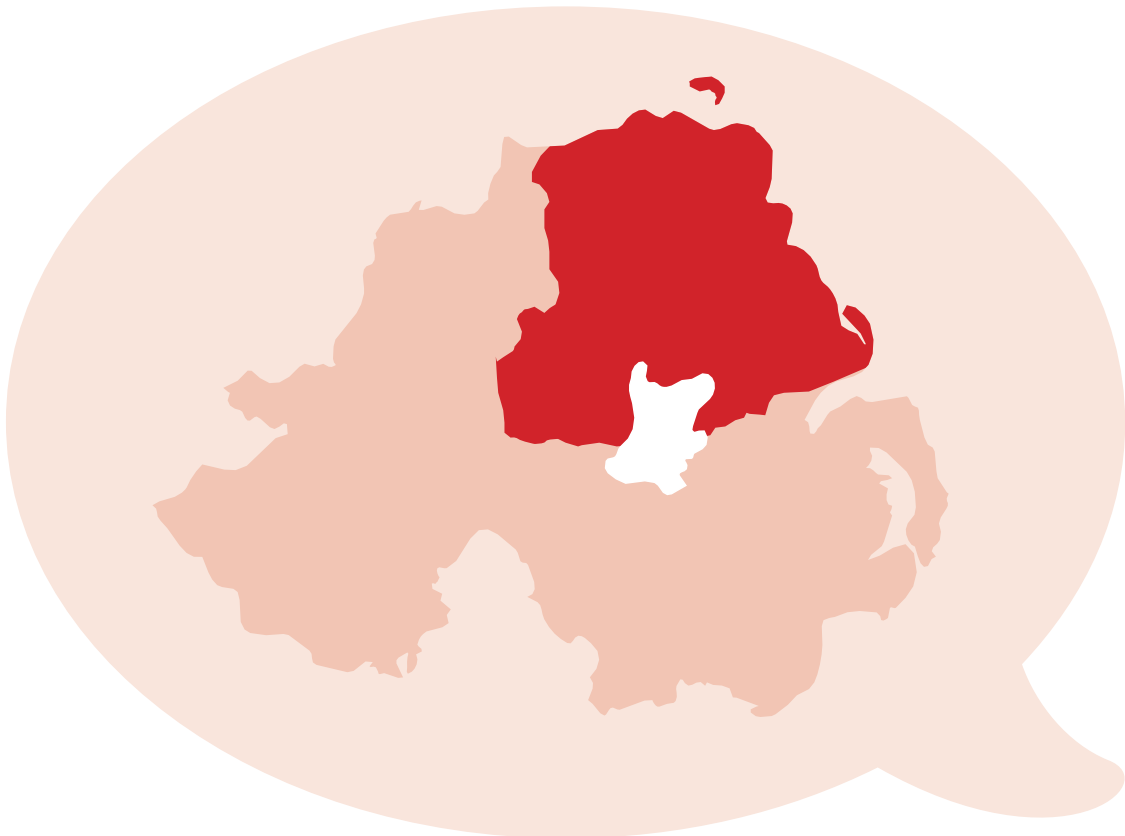
BOARD

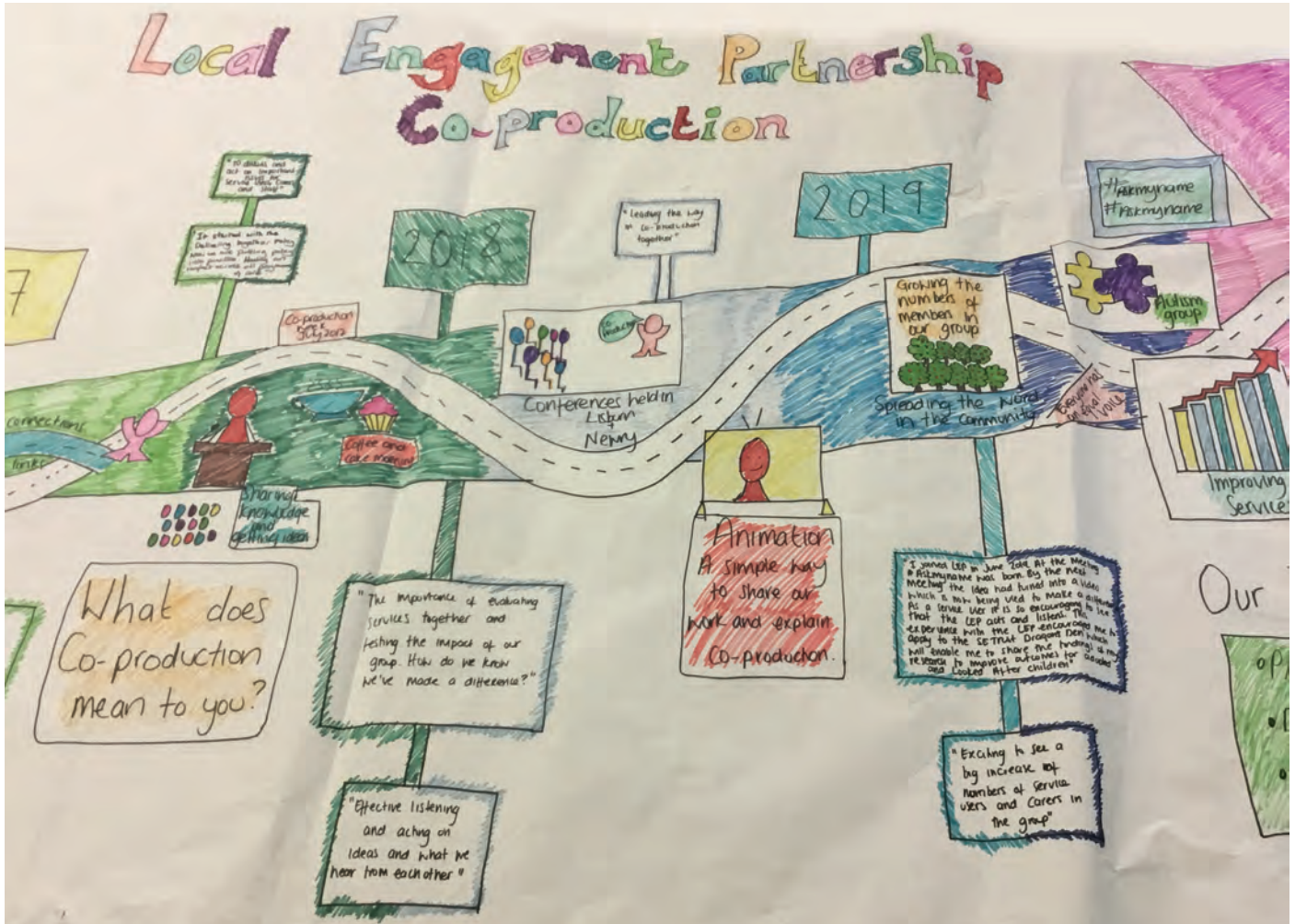
TECHNISTS



"THE EAST ANTRIM LEP CO-CHAIRER WITH VOYPIC IS PLANNING THE THEME OF COMPASSIONATE SOCIAL WORK WITH OUR COMMUNITY IN OUR COMMUNITY."

"THE NORTHERN LEP IS COMPRISED OF 4 GEOGRAPHICAL "MINI LEP'S" OF ANTRIM & BALLYMENA, EAST ANTRIM, MID-ULSTER AND CAUSEWAY AND WORK IS UNDERWAY IN EACH."







Office of Social Services

Improving and Safeguarding Social Wellbeing

Southern Health and Social Care Trust
Quality Care - for you, with you

Southern Trust LEP

Professionals, Service Users and Carers working together to improve lives.

<p>Mental Health Forum</p> <p>↑</p> <p>Engage with the right people</p> <p>← →</p> <p>Quality Improvement Teams PPI Teams</p>	<p>Negativity</p> <p>↑</p> <p>Acknowledge challenges</p> <p>← →</p> <p>Meeting Etiquette Team Pressures</p>
<p>Survey Monkey</p> <p>↑</p> <p>Measure Outcomes</p> <p>← →</p> <p>Team Questionnaires E-Learning</p>	<p>Social Work Forums</p> <p>↑</p> <p>Share the Learning</p> <p>← →</p> <p>Co-Production Champions Social Work & Student Induction</p>

A term of reference was agreed by the group which set out the aim of LEP

Background: Established in June 2017, the Southern Trust LEP are a small group of 12 representatives including service user, carers, social work and social care managers, youth work, PPI and Board reps

The Southern local engagement partnership; reflections from Ray Hamilton

When the local engagement partnership (LEP) was set up there were four key priorities for stage 2 of the social work strategy. The Southern HSC Trust was focused on **co-production** and felt the best way forward was to have “co-production champions” who would be the point of contact to share information on any updated training or other information and also for teams to share good co-production practice they were implementing.

- We had meetings on how to best implement co-production within the different directorates and highlight areas where it was already happening.
- We have three user involvement officers from the Trust PPI team and they come with knowledge from a wide range of directorates. One of them is a member of the LEP which is co-chaired by a person with lived experience.

We reached out to all directorates within social work to see if there was an interest in becoming a co-production champion. 29 people have now gone through the training process and in day-to-day work, they emphasise good practice and also highlight areas for improvement. They feedback the outcomes of co-production.

Ray's lessons from the local engagement partnership:

- People who use services, carers and staff are all vital and should be valued as such.
- It is recognised that if someone makes a contribution they should get something back in exchange. This could be by providing care they really need and seeing their ideas put in place.
- Co-production is not just having to settle on what a manager says is the best for me.
- Frontline staff are seen as a group that need to have a greater role in planning services.
- With co-production money will be better used when I can say what my needs are and not what someone else thinks I need.

"PEOPLE WHO USE SERVICES,
CARERS AND STAFF ARE ALL VITAL AND
SHOULD BE VALUED AS SUCH."

(Ray Hamilton)



Co-production – navigating a definition

Co-production has become very visible in recent years; as a word, an idea and a practice. A concern for some who have worked to promote and deliver co-production is that it may have become ‘fashionable’. There is often a lot of confusion around what is meant by ‘co-production’, with no shortage of loose use of the word (Casey, Vale and Zonuzi 2020). Precision in defining what is meant by co-production is not helped by its relationship to a number of values and approaches which share a common DNA; participation, involvement, engagement, person centred practice, self-directed support (SDS), personal and public involvement (PPI), community development, citizen voice and citizen action.

The volume of literature and guidance on co-production is so great it is probably beyond the scope of this publication to provide an ultimate definition. Given the activity of co-production is so specific to those involved maybe it is fitting there are still so many working definitions. That said the aim of this Reflection is to help social workers navigate their way through ideas of co-production to a place where they are working with people with lived experience, to share the shaping and delivery of services.

The Department of Health *Co-production Guide* (2018) sets out a broad vision of co-production, stretching from direct practice and service provision to the development and improvement of services. The roots of co-production are seen to be in ‘a highly person centred approach’ that is about ‘a genuine partnership’. This brings together policy makers, people who use services, carers, staff, staff representatives and communities to improve health and well-being outcomes.

The Social Care Institute for Excellence (SCIE) uses a definition from the National Co-production Critical Friends Group. www.scie.org.uk/publications/guides/guide51/at-a-glance/.

"CO-PRODUCTION IS A RELATIONSHIP WHERE PROFESSIONALS AND CITIZENS SHARE POWER TO PLAN AND DELIVER SUPPORT TOGETHER, RECOGNISING THAT BOTH HAVE VITAL CONTRIBUTIONS TO MAKE IN ORDER TO IMPROVE QUALITY OF LIFE FOR PEOPLE AND COMMUNITIES."

SCIE then defines co-production as ‘people who use services and carers working with professionals in equal partnerships towards shared goals.’

SCIE also identifies co-production as a step beyond involvement and participation. This in effect recognises that co-production is very much on the top rungs of Arnstein’s ladder of participation (Arnstein, 1969). This does not, however, invalidate the other rungs, as they may be the appropriate engagement method.



Arnstein's Ladder (1969)
Degrees of Citizen Participation

For social workers this means co-production is closely aligned with a practice and value base that recognises and addresses power imbalances inherent in the helping relationship between social worker and people with lived experience, and between people with lived experience and society, often represented by the state.

So what does co-production mean for social workers? As a value and a practice it is clearly linked to aspects of daily practice with individuals and families- person centred practice, partnership working, the tailored delivery of services, exchange models of assessment. It must however be about more than models of direct practice and service delivery. For social work, co-production means expressing those values and practices in how need in communities and society is identified, and how services are then designed, planned, delivered and reviewed.

The work of Governance International is very helpful in thinking about this. Adapting elements of their **Co-production Star** supports consideration of opportunities for co-production within the following frame:



© 2014 Governance International

Types of co-production

Identifying need	Where people with lived experience are partners in the work that identifies collective need and/or identifies the problems/issues that should be addressed.
Defining outcomes	Where people with lived experiences are partners in deciding what the goals are, what success looks like and what the outcomes should be. This has important implications for deciding what should be measured and what counts as success (or failure).
Designing services	Where people with lived experience are partners in deciding what service models or practices should be used or are part of designing new services/approaches.
Planning services	Where people with lived experience are partners in deciding how much service is needed, for whom and where it is required.
Commissioning services	Where power is shared with people with lived experience in the actual allocation of resource to organisations and service providers.
Delivery	Where people with lived experience are also part of delivering services.
Oversight	Where people with lived experience are part of managing services or are part of monitoring, oversight or governance arrangements.
Review	Where people with lived experience are partners in the process of reviewing service efficiency and effectiveness and part of the process that leads to service renewal, development or termination.

Allied to this there are opportunities for people with lived experience to be part of co-production in social work education and research.

This represents a challenge for some organisations, as historically services have not been organised in this way. It can be uncomfortable because it unsettles established sources of power and received wisdom about how things should be done. As with the history of participation, it is vital to have a critical eye for practices that claim to be co-production, but in reality are tokenistic, or an effort to tick an engagement/involvement box. For social work, it is important to distinguish the type of co-production described here from partnership and person centred practices in direct service delivery i.e. where the focus is on the working relationship between social worker and the person with lived experience. 'Organisations working together' does not count as co-production unless people with lived experience are directly involved in and equal partners in the agency groups/arrangements that have been established. In an

austere resource environment, there may also be a driver for organisations to look to people with lived experience to co-produce, particularly in a community development context, as a replacement for activities that were covered by the organisation. For example, the driver for co-production may be from expediency rather than fundamental values around empowerment, social justice and human rights.

So what is co-production for social workers? It is about taking the insights and values of individual person centred practice, partnership and participation to the level of service development, delivery and governance, where social workers and people with lived experience come together as equal partners to control and shape services.

Co-production in social work is social workers and people with lived experience working together as equal partners to govern and improve social work; through the commissioning, design, delivery and review of services.

**Co-production
and a lived
experience of
service provision
in social work**

Co-production is a relationship where professionals and society share capacity to plan, deliver and support together, recognising that both have vital contributions to make, to improving quality of life for people and communities, while promoting job satisfaction and accomplishment.

Co-production is to make something together; it is a meeting of minds coming together to find shared solutions; experts by training with experts by experience.

*Learning through
practice examples*

**Co-production
and adults with a
learning disability**



*Friends of the Arc
Committee meeting with
some committee members*

Co-production in Friends of the Arc

Katie McArdle

Friends of The Arc was formed as a group of people with lived experience to give vulnerable adults with a learning disability, including those who have been involved in the criminal justice system, their own voice to promote social inclusion and active citizenship. The Friends of the Arc committee consists of 15 people with lived experience who address the needs of over 150 people with lived experience within the Southern Health and Social Care Trust area. By using co-production, Friends of the Arc has acknowledged that people in the Arc have 'lived experience' of learning disabilities. People with lived experience are in the best position to advise staff of what services, activities and support they require in order to make a positive difference during their time attending the Arc.

The opportunities are huge, but there are several barriers towards creating the conditions for co-production. The first being limited financial resources. Friends of the Arc are a non-governmental organisation and any money is either gained through funding or fundraising. Whilst funding remains an issue, the group have begun to overcome this by organising fundraising events on a regular basis.

Co-production requires new forms of organisation, structure and time to move forward on any scale. This can be challenging for people with lived experience and families who dislike change and limited staffing levels. This has begun to be managed by changing activities on a gradual basis, in addition to people with lived experience/families being given the option to take part in discussions and new activities.

Co-production has empowered the Friends of the Arc committee members. It has emphasised equality in the service by showing the group that everyone is equal and have skills that will benefit the project regardless of their disability, gender or job title. It has offered attention and representation to an underrepresented group of people with lived experience of learning disabilities, some with experience of the criminal justice system, who may have faced barriers in accessing or requesting changes in services provided for them.

"THE OPPORTUNITIES ARE HUGE,
BUT THERE ARE SEVERAL BARRIERS
TOWARDS CREATING THE CONDITIONS
FOR CO-PRODUCTION."



Friends of The Arc

Co-production Quality Improvement project at WHSCT Day Centre

Norma Cairns

This co-produced quality improvement (QI) project was undertaken in a Western Health and Social Care Trust (WHSCT) day centre which provides services for people who experience a range of physical and cognitive challenges. There were several areas identified for improvement including the development of personalised support plans, improved connection with the community social work team and promoting a personalised, service user led culture within the day centre.

A co-production approach was adopted to ensure the centre members were pivotal to all elements of the project including planning service delivery, staff training and the environment of the centre. Centre members were engaged and supported from the outset through involvement in the QI meetings and focus groups, and through individual and group consultations. Centre members and their families were supported to express their views throughout with the support of an independent advocate.

One of the first changes brought about by the centre members was the name used to describe them; they preferred 'centre members' to 'service users' so this new term was adopted and welcomed. Another positive outcome of the project was the renaming of the centre in response to centre members' views about diverting the emphasis away from 'disability' to a name that reflected local history and symbolism. The new name was agreed through a competition run by the centre members who suggested names and voted for their favourite. Working with one of the QI leads, the centre members presented a pitch to the local Dragon's Den and won £10,000 to help redesign the foyer of the centre; this was one of the environmental changes they had identified for improvement via the survey.

There was much to learn from centre members who are unquestionably the experts in their own lives. Hearing their voices, planning service improvement with them and celebrating their contribution is at the core of co-production and values such as personalisation, empowerment and equity. Additionally, one of the centre members, acting as a peer advocate, was involved in the co-design and co-delivery of a training programme focusing on 'person centred care' and this was offered to the core team.

There were some challenges along the way, such as engaging with the traditional paternalistic '*staff provide / service users receive*' way of thinking, but taking time and investing in the co-production approach lit the touch paper for a cultural shift.



"WE HAVE A VOICE NOW, AND IT'S GREAT TO BE HEARD."





Belfast Recovery College: Peer and professional educators transform mental health learning in the Belfast community through co-production

Helen Anderson

Belfast Recovery College has grown to become a centre of educational excellence for mental health education with co-production underpinning every aspect of the work of the College from education to strategic decision-making. Valuing the combined lived experience of mental health (Peer Educators) and professional knowledge (Mental Health Professional Educator), we were committed to placing the Belfast Recovery College in the heart of the Belfast community. A compelling vision was to open access to mental health education opportunities to all our people in the Belfast community to improve the well-being and mental ill health of everyone; staff, carers, service users, friends and family. Another aspiration was to involve people from the community with lived experience of mental health together with mental health professionals to share their expertise, to inspire hope, promote control and give opportunities for learning about mental health recovery; a community of leaders promoting wellbeing and recovery. Using this strength-based approach, our courses enable our students (our people) to pursue their aspirations so they can participate as equal citizens in economic, educational, social inclusion and family life.

The warm compassionate approach of our peer and professional educators has welcomed and engaged our student community in the life of the College rising

from 40 students in 2016 to 3084 in September 2021 with 6,303 course enrolments. Our College scored a hat trick in 2019 and 2021.

Our students received recognition by winning the 2019 and 2021 AONTUS All Ireland Adult Education Awards in Health and Wellbeing and the Learner Voice - 'Making Silent Voices Heard' followed by the Chairman's WOW Awards, OCN Inspiring Tutor of the Year (John Morgan, Peer Educator) and the first Recovery College to receive Gold Star CPD Accreditation Award.

The following examples of engagement are a celebration of learning together as peer, professional and student, having those compassionate open conversations to enhance learning for all.

- 450 students developed well-being plans by attending WRAP Level 1 (Wellness Recovery Action Plan);
- 38 peer and professional educators were trained as WRAP co-facilitators to make well-being plan courses available free in the Belfast community;
- a peer student placement developed in partnership with Action Mental Health led to employment for 11 peer support workers in the Belfast Health and Social Care Trust;
- 100 students achieved an OCN Level 2 in advocacy;
- 2000 students enrolled for education webinars during covid-19. With increased social isolation, this enabled education connecting to people in their home.

By 'Learning Together' Our People are "sharing knowledge, sharing experience and sharing lives." (Bill McKnight, Peer Educator & Dr. Ourania Charalampidou, Psychiatrist 2020.

Principles of co-production



EQUALITY

Starts from the idea that no one group or person is more important than anyone else and everyone has skills, abilities and time to contribute.



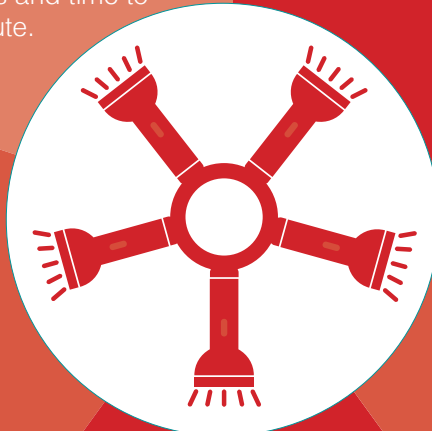
DIVERSITY

Should be as inclusive and diverse as possible ensuring that seldom heard groups are included.



RECIPROCITY

Means people get something back for putting something in. This could even be through the more equal relationships between people and organisations.



ACCESSIBILITY

Making everything accessible, ensuring everyone has equal opportunity to participate fully in activities in ways that suit them best.



COSTS & BENEFITS

Ensure resources used to develop services people want, better outcomes for people who use services, carers, & health professionals, and build stronger communities. Up-front costs may include money for training and access requirements however it may lead to long-term savings as people get services they really need.

Co-production essentials

1. EQUALITY



Co-production requires a commitment to the belief that everyone is equal and all bring different strengths to a situation. Strengths can be skills, abilities, time and other qualities that people who use services bring.

Focusing on strengths flips the focus away from focusing only on difficulties for the individual. Professionals bring strengths in knowledge and skills, and access to resources and systems.

Valuing people as individuals...:

- Take time to build relationships and get to know each other's strengths and limitations.
- Invest in training and support to build on capabilities, so that everyone can contribute in a meaningful way.
- Make sure the voice of everyone co-producing on a project is heard and understood.

SCIE Guide: Essential to co-production is a 'shift in power towards people who use services and carers.'

2. INCLUSION



Co-production requires a balance of people with lived experience working alongside staff who provide services and, as appropriate, other external partners. Creative thinking and working is required to involve groups who may be marginalised in our communities. Inclusion ensures diverse thinking in approaches to designing and delivering services.

3. ACCESSIBILITY



Co-production as a process needs to be accessible if everyone is going to take part on an equal basis. This means ensuring that everyone has the same opportunity to take part in an activity fully, in the way that suits them best. (SCIE . (SCIE 20, 21]. 22).

This includes:

- Thinking about where and when you meet; is there physical access such as enough space for larger wheelchairs and accessible parking. Is the time of day suitable for everyone?
- Thinking about how information is accessible and free from jargon.
- Thinking about what information can be available and shared in a timely way.
- There may be issues around confidentiality and information sharing, which will need to be resolved for co-production to be successful.

4. RECIPROCITY



'Reciprocity' has been defined as ensuring that people receive something back for putting something in, building on people's desire to feel needed and valued. [SCIE ref 25]

- Methods can be formal or informal; reciprocity may include non-monetary and/or monetary rewards.
- Being treated with respect, dignity and as an equal is fundamental to reciprocity and should never be a tick box or tokenistic gesture.
- Ensuring access to training and development opportunities can be valuable to some.
- It is important to get the timing right and to be flexible.
- Clear communication.
- Make sure people with lived experience know what is available to them!!



Co-production in teaching social work students at Queen's University

Professor Joe Duffy

Social work education in Northern Ireland was reformed significantly in 2004 with the introduction of the Degree in Social Work by the Northern Ireland Social Care Council (NISCC). As well as being a generic qualification that would equip social workers to practice in a range of social work settings, this new qualification also offered opportunities for creative and innovative teaching in the social work curriculum.

One way in which this could be achieved was through the requirement that social work students would also learn from people with lived experience as service users and carers. This meant that people with lived experience of social work and social care services would have a routine part to play in all aspects of social work education across Northern Ireland. This requirement was also introduced in other parts of the United Kingdom in 2002.

However, unique to Northern Ireland, was an additional important requirement. As a consequence of Northern Ireland having emerged from a sustained and protracted period of violent, political conflict referred to as 'the Troubles' and a more peaceful way forward being agreed through the Belfast Agreement in 1998, there were additional expectations that social work students should be taught about the impact of 'the Troubles' on individuals, groups and communities, referred to as 'the Northern Ireland Context' in curriculum guidance (DHSSPS, 2003).

Social work education now had a chance to think differently at this new time of change, there was much to be excited about in terms of possibilities with the involvement of service users and carers and the direct focus on teaching about 'the Troubles'. Curriculum guidance was subsequently produced collaboratively with service users and carers as co-researchers and this offered a roadmap going forward in how these creative opportunities could be maximised for the benefit of everyone involved (Duffy, 2006).



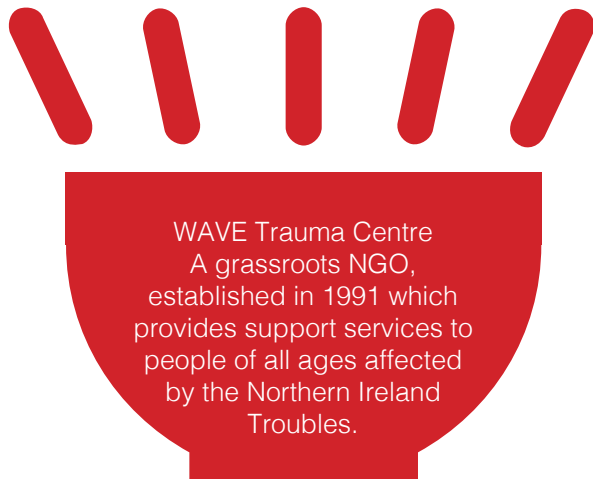
**QUEEN'S
UNIVERSITY
BELFAST**



Co-producing teaching on social work and political conflict at Queen's University

Professor Joe Duffy

Over the past 15 years, people with lived experience of bereavement, injury and trauma, all of whom are members of WAVE Trauma Centre, have been co-producing teaching and tutorials alongside academic colleagues at Queen's University. This occurs at an early stage of the course for students on their 1st year, so importantly they are being introduced to lived, experiential knowledge at the start of their social work education.



The teaching content is co-delivered with colleagues from WAVE and covers important topics such as *Understanding Trauma*, *Policy Perspectives for Victims and Survivors of the Troubles*, *The Social Work Role with Victims and Survivors*. The teaching involves lectures in the mornings and then smaller group workshops in the afternoon over a two-week period. In the afternoon workshops, the students get to hear directly from the WAVE *Citizen Trainers*, who share openly how they have been affected by 'the Troubles'. The lived experience of the 'Northern Ireland Context' is, therefore, coming to the heart of the classroom. Over the years in using this approach, the WAVE Citizen Trainers have increasingly taken a lead role in the workshops, reflecting the trust that has emerged and importantly developed between them and their academic colleagues who also co-deliver the workshops. This sense of trust, and indeed safety, is a vital ingredient in making this type of co-produced education both meaningful and positive for all involved. One way in which we have achieved this is by basing the workshop discussions on an agreed case study that has been written together with the Citizen Trainers, so this can be as true to life as possible. It is also important to carefully evaluate these types of initiatives, so vital in terms of evaluating outcomes for the students and citizen trainers involved, and what follows are examples of comments which the team involved has gathered and published over the years:

Comments from students

"THIS LEARNING HAS ENABLED ME TO RECOGNIZE AND UNDERSTAND THAT MANY PEOPLE WE WILL BE WORKING WITH COULD BE AFFECTED BY THE TROUBLES IN SOME WAY. IT'S IMPORTANT TO HAVE KNOWLEDGE REGARDING EVENTS AND IMPACTS OF TROUBLES AS IT HAS IMPACTED WIDELY ON OUR SOCIETY."

"I FELT THAT BRINGING PEOPLE INTO TUTORIALS WHO HAVE HAD TRAUMATIC EXPERIENCES INCREASED LEARNING AND BROUGHT IT HOME THE IMPACT ON THEIR LIVES."

(cited in Campbell et al, 2013)

Comments from citizen trainers

"WE ARE KEEN TAKE THE OPPORTUNITY TO HAVE A CONSTRUCTIVE INPUT TO THE SYSTEM - TO CHANGE IT FOR THE BETTER AS WE WILL NEED SOCIAL SERVICES IN THE FUTURE."

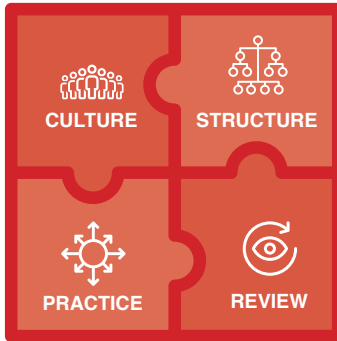
"WE CAN'T LET PEOPLE FORGET THAT ALTHOUGH THE TROUBLES ARE OVER - THEY ARE NOT OVER FOR PEOPLE STRUGGLING WITH THEIR INJURIES... WE HAVE TO LIVE WITH IT FOR THE REST OF OUR LIVES."

(cited in Duffy, 2012:730).



The Review of the Degree project team

Doing co-production



Culture

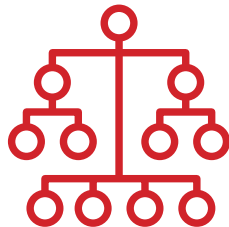
An organisational culture can be described as the beliefs and values that shape the organisation and the way it works. To co-produce effectively organisations need to:



- Develop their culture so that co-production runs through the whole organisation and everything it does.
- Build their culture on a shared understanding of what co-production means, how it is done and will be achieved.
- Make sure their culture is risk-aware rather than risk-averse.

Structure

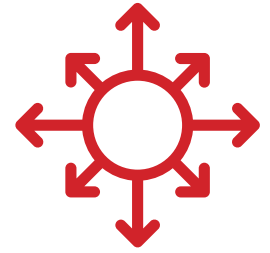
To achieve co-production, the organisation's structure and systems need to:



- Involve people with lived experience and carers from the start.
- Value and reward everyone who takes part in co-production.
- Ensure there are resources to cover the cost of co-production.
- Have a plan to make sure that everyone is able to communicate with each other.
- Build on existing structures and resources.

Practice

Organisations and their staff support co-production by:



- Making sure that everything in the co-production process is accessible to everyone taking part.
- Ensuring everyone has the information they need to be part of co-production and decision-making.
- Providing training for everyone in co-production and any other skills they will need.
- Having a plan to make sure that everyone is able to communicate with each other.
- Thinking about whether an independent person or organisation could help make co-production happen.
- Making sure frontline staff have everything they need to work using co-production approaches including time, resources and flexibility.
- Providing any support needed to ensure the community involved has the capacity to be part of the co-production process.
- Using co-production in the commissioning of services.

Review

Organisations need to monitor their processes and outcomes by:



- Co-produced annual reviews embedded into organisations to ensure process is following agreed principles.
- Using past reviews and evaluations to support continuous learning.
- Including people with lived experience in governance structures and processes.

Key lesson

Everyone needs to be willing to learn and not everything will work the first time.



Homes fit for children - changing housing policy for families of Disabled children in Northern Ireland



Brendan McKeever

Early in 2000, disabled children and their families were increasingly frustrated in relation to housing policy in Northern Ireland which failed many families of disabled children trying to secure safe accessible homes. They felt marginalised with no “voice”. This frustration was over the means test associated with the Disabled Facilities grant, which was a barrier to many families from accessing the grant. Through the campaign that followed, this means test was discovered to be unfair as a Test of Resources, as it did not include actual income and expenditure, and neither were the real costs in relation to disability taken on board.

What was to become known as the ‘Housing Campaign’ or “Homes Fit for Children” was initiated in 1997 in England and was already established when I was invited to join in 1999 and lead the campaign specifically in Northern Ireland. At this stage the housing campaign already had support from a number of key organisations in England. My task was to engage families of disabled children, voluntary and statutory groups and politicians in Northern Ireland to try and secure support for the campaign.

I went on to involve researchers, disability organisations, and a wide range of voluntary and community groups. Later, many more organisations became involved not just in Northern Ireland.

The group behind the campaign for policy change “*Homes Fit For Children*” recognised early on that the lived experience of families who were most

impacted by policy were not fully included in this policy drive. The group campaigned to ensure the voices of these families were listened to; politicians were lobbied and the media used to raise awareness in the wider community. Evidence of the families’ experiences were gathered and the catalyst for change became overwhelming. Change was needed and change happened. As a result, families of disabled children had access to the quality of life that they deserved. Housing policy was changed on 16 February 2004 with the abolition of the means test and through this process of working together we were able to create real, meaningful change for disabled children and their families across Northern Ireland. Northern Ireland therefore led the way in creating meaningful change for parents and disabled children through the abolition of a means test, which was felt to be unfair and oppressive. England and Wales would follow with changes to their housing policies in 2005.

How did this happen? It didn’t, it was made to happen! This was long before the terms such as “co-production”, “co-design” and “PPI” were on the agenda. Back then, many professionals such as social workers, occupational therapists, housing officials, voluntary and community workers and others were already working in partnership. Such partnership working is now the cornerstone of **co-production**.

A co-production approach enabled bringing together the reality of the user experience with the expertise, knowledge and skills of professionals from health, social care and the voluntary sector to inform. When the skills of researchers and the clout of politicians were added, this campaign went on to change positively the lives of many families not just in Northern Ireland as Wales and England followed. This is what real co-production can deliver!

Action for Children, Young Carers Service



Avery Bowser

Sometimes co-production can be a time limited project or focused on a single event and it's no less valuable for that. Co-production can start with something that might seem small but becomes much more significant for people who use services and changes how services are delivered. This is often helped by services that already lend themselves well to **participation**. A good example of this is the development of Action for Children's Young Carers Service in Northern Ireland. In 2003 Action for Children was one of a number of organisations providing services for young carers. Service provision across the region varied yet Action for Children's service already had a strong element of participation, with young carers meeting regularly with staff to identify and **plan activities**. The project and the young carers worked closely with Action for Children's policy officer, which resulted in young carers speaking directly to MLAs at Stormont about their needs and the type of support they wanted. This gave rise directly to regional funding arrangements for young carers services. The co-production could have ended at that point with a great success. Instead co-production became part of the DNA of the service.

A participation group continued to create opportunities for **shared design and planning** of services. Young people were enabled to speak for the service and their needs; to civil servants, the British Irish Council and during COVID-19, to MLAs again. They were part of the working group that produced guidance for schools before the pandemic and were front and centre at its launch. The work opened up new opportunities for young people to become ambassadors for the Northern Ireland division of Action for Children, serving as full members on the NI Committee. In 2020 a new Young Adult Carers service was developed. This has come directly from young carers under 18 years identifying the need for continuing services. They successfully pitched for development funds within Action for Children to pilot a service and took the learning from the pilot into a successful National Lottery bid. This has been about co-production becoming a **mind-set**, a default position and part of business as usual.

IMPACT CAMHS GROUP

Shauneen O'Connor

'IMPACT CAMHS' are a group of young people and social workers from Belfast HSC Trust, Child and Adolescent Mental Health Services (CAMHS). The group is important to young people as they are building good relationships and learning about the **power of working together**.



Service improvement is an important aspect of the work but the young people were clear that they did not want to be limited to this. From the outset they wanted to use their platform to share a message of hope and recovery to other people experiencing mental ill-health.

In 2019 the group co-produced a world mental health day event at Stormont. They used a creative arts approach; sharing songs, spoken word and art to share their unique mental health journeys. The outcome was so positive the young people became determined to **reach a wider audience** and a new music group emerged. 'Counterpart' was decided as the name, as the young people felt that their mental health is only a very small part of their identity. They obtained funding for recording and production and during lockdown they worked with a local musician. They wrote five original songs based on their mental health journeys and have produced CD's, and distribute their music on a range of social media platforms. The group have also co-facilitated at conferences including social work research conference, an **international CAMHS** conference and also an international music therapy conference where they have been able to share their experiences and music.

There was some key learning related to how the group was formed, as initially young people could join each week, which meant that membership was entirely fluid. The young people quickly found this did not work, as they found it difficult to form relationships while continually meeting new people.

The approach to organising the group was changed to reflect this and young people subsequently reported growth in personal confidence and improved group cohesion.

A significant challenge for social workers is that working in a non-tokenistic way **takes time**, commitment and a true desire to want to involve young people meaningfully. To date the group has not been considered a core element of the service and it is not funded. Success has been due to the motivation and energy of social workers, young people and families, who are dedicated and committed to working together and bringing about change that will benefit everyone.

The group are working with QUB researchers to identify strengths, learning and future strategies. A co-production approach is taken to the peer evaluation of the group and the young people are involved in each phase; including design, methodology and analysis phase.

On the Spectrum

Chris Millar

On The Spectrum is a musical group created for service users open to ASD/CAMHS Connect Service in the Southern Health and Social Care Trust (SHSCT). The group promoted creativity and communication by empowering young people to write, record and perform music. Following winning at the regional social work Dragons Den 2018' On The Spectrum' performed across Northern Ireland at Trust wide events, local music venues and private functions.

Social interaction can be challenging for individuals with a diagnosis of ASD but the nature of performing music in a group is in itself communicative and something that the young people embraced.

Through the medium of music young people who struggled with traditional group environments were able to **connect** through performance and collaboration. This provided commonality for the development of more personal relationships between the young people. The young people then felt more equipped and confident in engaging with targeted therapeutic intervention based on assessed need, something that they struggled to do initially.

Throughout the lifespan of the group – the decisions both musically and logistically have been service user led. Everything from their name, the lyrics of songs, to the set list was chosen by the young people. Questionnaires and engagement workshops were used to explore the areas of interest from the group and their ideas were heard and implemented.

The band was pivotal in developing the **confidence** and social skills of the group. Two of the members went on to study music at college and university while the others continued to be involved in the music group acting as peer mentors for new members and new bands. On The Spectrum was an excellent example of true co-production that it highlighted the value of using service user interest as a means to co design alternative and creative forms of group therapy.



The SWITCH group

Julie Patterson

The SWITCH group was formed in April 2018. SWITCH's vision is to develop young leaders in the Northern Health and Social Care Trust (NHSCT).

Our young leaders aim to;

- **Switch the stories for young people in care;**
- **Switch how they are viewed in the media;**
- **Switch how they are listened to.**

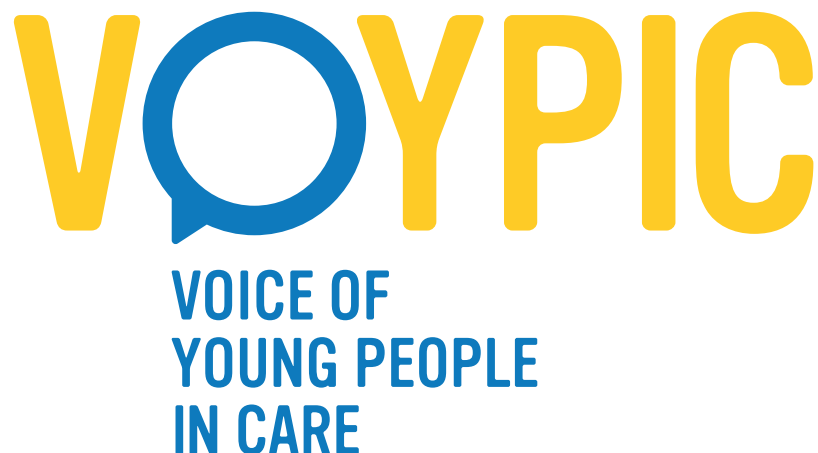
Members of SWITCH are care leavers who have a passion to use their experience in care; to shape and affect services and the experiences of children who are cared for.

How?

- **They lead** - our young people have the opportunity to lead on projects and develop ideas.
- **They feed back** – not only to the Trust and VOYPIC but also on consultations and concepts that are important to them.
- **They represent** – most importantly, through their own experiences and gathering the views of other young people, they are empowered to speak on behalf of the care population.

The Switch group have recently been involved in the following;

- The Children's Law Centre consulted with the SWITCH group on a beta version of the new 'Chat Bot' – this is an automated response service, that responds to questions young people post online regarding their rights and entitlements. The young people gave their views and recommendations on both its usability and functionality. They also suggested areas that could be included around care and leaving care.
- Young people received training in a bespoke coaching model through VOYPIC's new coaching program and are currently exploring how these skills could be used for peer support for other younger children in care.
- Three young people completed recruitment and selection training from a Human Resources trainer. This enables them to sit on interview panels.
- The SWITCH group prepared for and met MLA's Pam Cameron and Paula Bradshaw to discuss issues such as education, meetings, transitions, family time and access to their social workers.
- Young people from SWITCH were able to meet with Northern HSC Trust senior managers through the use of Zoom. The young people provided feedback on their experiences.
- Young people worked on creating posters for social work offices within Northern HSC Trust to show the language they want to be used in line with their 'Language of Care Dictionary'.



Legislation and Policy perspectives

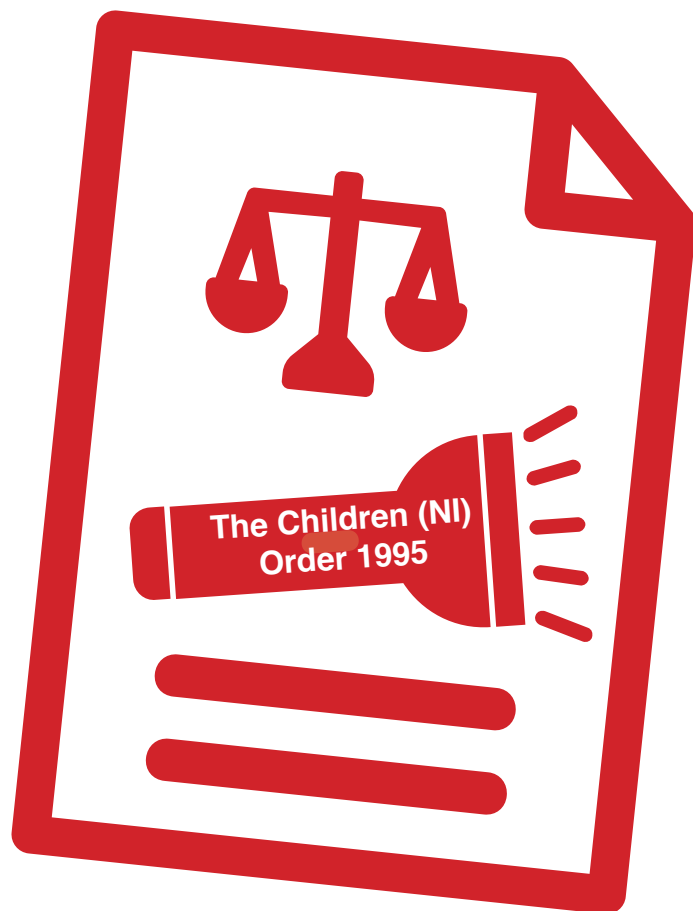
Legislation and Policy perspectives

Co-production has been a practice concept for many years, since first being described in the late 1970s by the political economist Elinor Ostrom and colleagues at Indiana University in the United States. It was not, however, until 2009 with the introduction of the Health and Social Care Reform Act, that Northern Ireland had reference to any specific type of legal and policy context that would position 'involvement' within legislation.

Co-production is not legally defined or required as of itself, even though this has been in existence for almost half a century. To interpret co-production within a policy and legal context requires us to identify instead where it is implied, where it possibly is meant.

The Children (NI) Order 1995 is significant in its stipulations with regard to working in partnership with children and families, establishing an expectation of working actively to seek their views regarding important decisions delegated to social workers in their interventions on behalf of the State. There are some specific legal requirements within the Children Order that require involvement and are relevant to co-production.

For example, where a child is in the care of a Health and Social Care Trust, there is a legal requirement to consult with children and their parents/caregivers in regard to any important decisions affecting their welfare. This requirement is found in Article 26(2) of the Children Order, further described in the following table.



The Children (NI) Order 1995

Other aspects of the Children Order relevant to co-production are as follows:

Article 3(3) *“...a court shall have regard in particular to the ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding).”*

Article 3(3) is also interlocking with **Article 3(1)** which stipulates that *“the child’s welfare shall be the court’s paramount consideration.”*

Article 26(2) “Before making any decision with respect to a child whom it is looking after, or proposing to look after, an authority shall, so far as is reasonably practicable, ascertain the wishes and feelings of: (a) the child; (b) his parents; (c) any person who is not a parent of his but who has parental responsibility for him; and (d) any other persons whose wishes and feelings the authority considers to be relevant, regarding the matter to be decided.

The United Nations Convention on the Rights of the Child (UNCRC) (also referred to as The Convention) was ratified by the United Kingdom in 1991. Whilst it is not incorporated into domestic law in the same way as the Human Rights Act 1998 this global treaty has very important implications for children's rights in Northern Ireland and will be taken into careful consideration by the courts and other public bodies in their decision-making functions.



The most important provisions within the UNCRC in relation to co-production are found within Article 12 and Article 13 with reference to the child's right to express views and the requirement to have the opportunity to be heard.

The Human Rights Act (1998), incorporated the European Convention



for the Protection of Human Rights and Fundamental Freedoms (ECHR) 1950, into domestic Northern Ireland law in October 2000. There is a requirement around a 'fair trial' which has been interpreted in social work practice as the 'right to be heard / to be involved. Thus if a body is a public authority for the purpose of s6 HRA, this means that any decisions made which are perceived to interfere with someone's Convention rights, can be challenged in the courts,. This could include the right to be consulted / involved to a sufficient degree with plans / decisions that affect them. This is regarded as being particularly relevant where there are issues of 'equality of arms' which is what the original Article 6 of the ECHR sought to promote and ensure.

The principles in the Mental Health (NI) Order 1986's Code of Practice (Paragraphs 1.8 & 1.9) include:

- 1.8 The Code must be read with regard to the broad principles that people suffering from mental disorder should: be treated in such a way as to promote their *self-determination* and encourage personal responsibility to the greatest possible degree consistent with their needs, *wishes* and abilities.
- 1.9 This means, in particular, that all individuals should be as *fully* involved as practicable, consistent with their needs and wishes, *in the formulation and delivery of their care and treatment* (emphasis added).

The Principles contained in the Mental Capacity Act Northern Ireland 2016 include...

Section 1(4) "The person is not to be treated as unable to make a decision for himself or herself about the matter unless all practicable help and support to enable the person to make a decision about the matter have been given without success (see section 5)"



In terms of service user involvement specifically, the Mental Capacity Act Code of Practice (paragraph 3.18) also states, even if the person lacks the relevant capacity, in the process of determining whether the proposed intervention is in the person's best interests, the person should be involved as fully as possible:

The Health and Social Care (Reform) Act (Northern Ireland) 2009

2009 is an important piece of legislation which introduced, for the first time, a duty to consult in regard to health and social care provision in Northern Ireland. Section 19 of the HSCRA (2009) requires HSC Trusts to seek the views of service users and carers about the quality of services they provide. This is now referred to as the Trust's duties to promote PPI.



United Nations Convention on the Rights of Persons with Disabilities - UNCRPD

(also referred to as The Convention) was introduced to Northern Ireland in 2006 following ratification by the United Kingdom. Whilst it is not legislation as such the Convention is an international treaty on which all country signatories have to periodically report (every five years) in regard to how its fundamental protections and provisions for persons with disabilities are being met. The most important provisions within the UNCRPD in relation to co-production are:



Article 9 – Accessibility

Independence: To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and

systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.

Article 21 – Freedom of expression and opinion and access to information

State Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice.

Article 29 – Participation in Political and Public Life

States Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others.

Article 30 – Participation in cultural life, recreation, leisure and sport

State parties recognise the right of persons with disabilities to take part on equal basis with others in cultural life and shall take all appropriate measures to ensure that persons with disabilities are equal.



The theme of co-production and the importance of involving service users in service design and delivery is highlighted through policy documents over the last ten years. This is underpinned in person centred approaches to Social work, which have promoted continual listening to people who use our services and focussing on what is important to the individual, since its introduction to NI in 2001.

This resonates with social workers who value relationships in everything they do to support children and families, as well as those who support adults in need of our services. The theme of co-production, the importance of the service user voice and the positive impact on the work we do is a thread of good practice in policy, guidance and strategy.

‘Transforming Your Care’ (DHSSPS 2011)

highlights the expectation that personalisation is an essential ingredient of modern health and social care practice. Personalisation was very much part of the health and social care vocabulary but the renewed focus on co-production would not emerge until some five years later.



The current focus on co-production was energised by its specific inclusion in the Bengoa Review. The following excerpt from this publication clearly places co-production on the agenda:



Professor Rafael Bengoa

“Finally, there is also now an increasing acceptance that people who use health and social care services will have views on how they should be treated as individuals and as groups. It is now recognised that people should be treated with respect and their views must be acknowledged. Major changes to services should be consulted upon and developed with users. Co-production involves breaking down barriers between professionals and the people they serve, recognising people who use services as assets with unique skills”.



While over the last ten years we have seen an increase in policy documents and guidance with specific reference to co-production and how to use this in our social work practice.

“CO-PRODUCTION IS WAY OF WORKING THAT EMPOWERS EVERYONE TO CHALLENGE HOW THINGS ARE DONE AND PROVIDES OPPORTUNITIES TO MAKE POSITIVE AND SUSTAINABLE CHANGE THAT BENEFITS BOTH THOSE WHO RECEIVE SERVICES AND THOSE WHO ARE PAID TO DELIVER THEM.”

People First 1991: Focussing on the individuals wishes and feelings

This was an important policy document in Northern Ireland that set out how community care services would be planned for and provided to Northern Ireland's population, by focusing on the individual's wishes and feelings and those of their carers. This document was emerging at a time when there was a focus in wider UK policy on patients and citizens' voices, espoused through both the Patients Charter (1991) and Citizens Charter (1991), both introduced to UK policy in the same year.



This policy document introduced the concept of Personal and Public Involvement (PPI) to the culture of health and social care in Northern Ireland. Involvement was highlighted as meaning more than consulting and informing. It included engagement, active participation and partnership-working. The term personal was referred to as meaning service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe people who use HSC services as individuals or as part of a group e.g. a family. The term public referred to the general population and included locality, community and voluntary groups and other collective organisations. This was an important policy moment in Northern Ireland, placing 'involvement' in a strong policy footing which would then be cemented further with the Health and Social Care Reform Act 2009, two years later.

The Bamford Review (DHSSPS, 2007)



Professor David Bamford. Photo courtesy of the Bamford Centre.

This independent review, chaired by Professor David Bamford until his untimely death in 2006 looked at the law, policy and provisions affecting people with mental health needs and learning disability in Northern Ireland. It was groundbreaking in the lengths it went to consulting service users and carers and in recommendations about person centred mental health services promoting meaningful user involvement. The review had a significant impact on the development of the Mental Capacity Act (NI) 2016 mentioned earlier.

More recent policy documents directly refer to the importance of co-production, as follows:

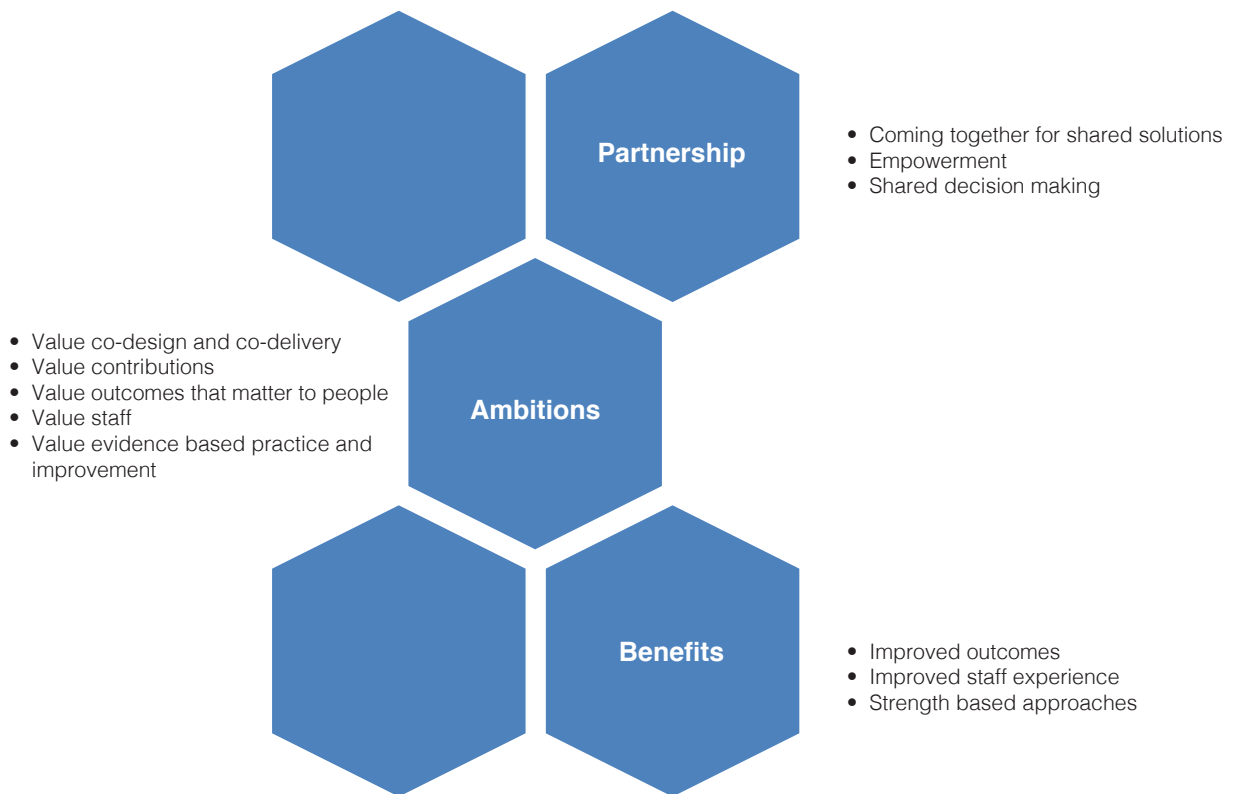
Objectives for co-production in Quality 2020 Promote and Encourage Partnerships



The Department of Health *A Strategic Framework for Social Work 2017-2022* places improvement at the heart of social work. This document outlines the policy position for all social workers in Northern Ireland in relation to co-production. The focus of the social work strategy is improving social wellbeing and to do this we need to ensure

- We promote high quality effective services through co-production and collaboration.
- We plan and deliver social work, including improvements in practice and services, in partnership with those who use our services.

The Department of Health co-production guide *Connecting and Realising Value through People* highlights different themes and benefits of co-production in health and social care.



The Department of Health, *Health and Wellbeing 2026 Delivering Together*, advises us **the co-production will empower patients, service users and staff** to

- Work together to develop and expand pathways of care in health and social care.
- Ensure people are partners in the care they receive.
- Design the system as a whole together.
- Strengthen capacity.
- Develop feedback platforms.
- Maximise the patient voice.



The Carers Conversation Wheel

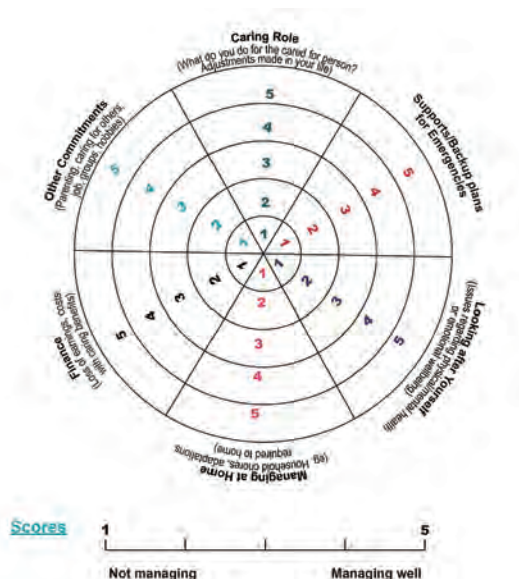
Eileen McKay

The carers conversation wheel is a prime example of what can be achieved when people who use services join with those who deliver services to improve services. For a number of years the South Eastern Health and Social Care Trust was concerned about low numbers of carers assessments being offered and completed. Carers have a right to assessment under the Carers and Direct Payments Act (NI) 2002. Barriers to uptake reported by both carers and staff included the excessive paper work. In 2016 the Department of Health gave permission to the Trust to step down the regionally agreed assessment tool and to co-produce with staff and carers an alternative approach to assessing carers needs.

A project team was established with a carer representative from a number of carer networks. The carer worked alongside the staff in the team to ensure the carers voice informed the planning of the alternative approach and challenged the group to strip back bureaucracy to a more person-centred approach. This was more than consultation, the project team were committed to hearing the voice of the carer and not just paying lip-service. Inclusion of the carer representative on the project group provided them with ownership over how things would change. The carers voice helped the group to ensure the alternative approach would fully encompass all aspects of the carer's role. The carer who was part of the improvement project reported, "I felt like I was being brought from the outside in and that I was valued and listened to..... involvement with the group shows me that bottom-up change works".

This resulted in an approach which not only significantly reduced paper work but placed the emphasis on a supportive conversation hence the name 'Carer Conversation Wheel'. Carers who experienced the conversation approach reported 'It was simple...no 'mumbo jumbo', "felt like a load had been lifted". A short recording of carers talking about their experience has been created <https://www.youtube.com/watch?v=CkoMOBp31KI>

The project shows how co-production can transform services. The outcome has not only significantly reduced paper work but has created a shift in culture and attitudes. Staff report they see beyond the paper work and recognize the importance of providing carers with space and time for a supportive conversation. The DOH have now agreed that all Trusts can use the Carers Conversation Wheel to ensure carers needs are met.



Using co-production and quality improvement methodology to develop a carers support programme

Joan Stangeland

As a carer to my son who has had schizophrenia for over 30 years, I was delighted to be given the opportunity to enrol for a quality improvement (QI) training course through the South Eastern Health and Social Care Trust.

The programme required participants to choose a project that would improve the lives of people who relied on services within their community. The remit was to choose a topic familiar to us and to look for ways to improve the service. For me that was carers and, in particular, the need to support carers with the challenges that come with looking after a family member or loved one. I was all too aware that carers often experience their own high levels of stress and isolation. I saw this programme as an opportunity to work with the Trust to develop better peer support for carers and to co-produce a programme based on lived experience.

I chose the title 'Caring for Carers' and engaged with staff from within the Trust to collaborate on ideas to run courses for carers. The outcome was a programme that was developed and delivered by carers for carers and the contents focused on carers' needs and coping skills, and the importance of getting support when required. This was the first of its kind in the Trust.

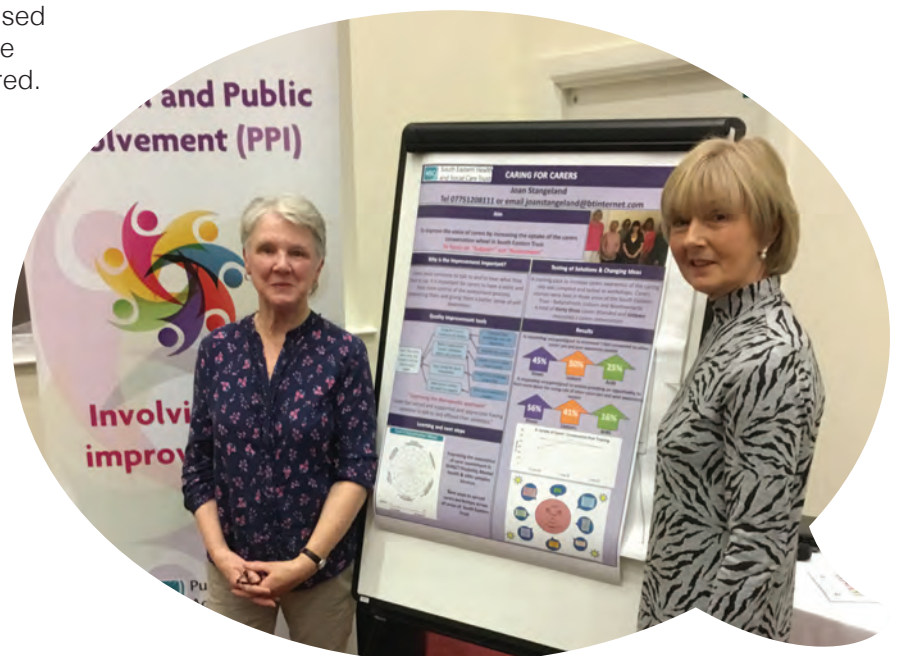
The QI programme enabled me to develop clear aims and objectives, to be clear about why it was necessary and what I wanted to achieve. I was able to use my own lived experience of caring to facilitate a space for people with shared experiences to come together in a mutual and empowering relationship.

QI methodology also enabled me to measure the outcomes of this co-produced carer led carers programme to ensure aims and objectives were met.

% number rating good/very good for when carers feel connected to other carers pre and post awareness session:

Ballynahinch	Pre 32%	Post 78%
Lisburn	Pre 32%	Post 82%
Newtownards	Pre 50%	Post 82%

Prior to the: programme carers described feeling: lonely, overwhelmed, sad, nervous, and frustrated. Following the programme carers described feeling: connected, supported, hopeful and happy.



Quality Improvement Social Work and Social Care Dragons Den

Jane McCullough and Eileen McKay

The Dragons Den is organised by 'Staying Connected'; the regional Social Work and Social Care Quality Improvement Network and is **funded by the Department of Health Social Work Strategy**. A co-production approach is integral to every aspect of this initiative.

The composition of the judging panel (the Dragons!) includes people with lived experience of social work services and those who have learned experience through professional working lives at the Health Social Care Board, the Department of Health and the Northern Ireland Social Care Council. Having people with lived experience as judges is crucial as they have first-hand experience of where improvements are required and see the need for change through the lens of those who receive care and support. The judges with lived experience on the panel have embraced the role of Dragon; challenging the applicants to demonstrate how their improvement ideas will make tangible differences to people's lives. For the last three years the Dragons Den funding has been used to support a number of improvement initiatives across Northern Ireland.

Dragon's Den supports co-production across all of social work. All of the winning projects have had co-production at the heart of the improvements; with people who use services involved in making applications, making pitches to the Dragons and in the design, delivery and evaluation of the work. Some of the winning entries are:



**Services
for older
people**



SEHSCT Cuan Court Candy Cabin; funding used for older people in supported living to convert a shed in to a traditional candy store to serve the local community.



BHSCT Enler Day Centre for Older People; funding used to create Grief Garden to provide a space for older people to come together and talk about loss.

SHSCT Child and Adolescent Mental Health Team; funding used to enable a group of young people with aspergers syndrome to write, record and perform music – the group 'On the Spectrum' developed confidence to perform across Northern Ireland at a range of events.

**Services
for children**



SEHSCT Lakewood Regional Secure Care Centre; funding used for development of co-designed outside gym area to support the health and well-being of young people who require support from Lakewood.

SHSCT Services for cared for children: funding used to support children who are cared for by the Trust through the development of a new sensory room.

SHSCT Concurrent care team; funding used to support children and families with contact through the development of an outdoor play area.

SEHSCT Marmion Children's Home; funding used for co-produced lifestyle hub that supports young people in the care of the trust to develop essential life skills in a positive and nurturing environment.

**Hospital
services**



SEHSCT Ulster Hospital Renal Unit; funding used for an art project for day patients attending for dialysis.



**Services for
people with
a learning
disability**



WHSCT Transitions Team for People with Learning Disability; funding used to co-produce a video explaining school transitions for people with learning disability in a user friendly way.

SEHSCT Hillhall Respite Unit; funding used to co-produce a new sensory room for adults with a learning disability who undertake short breaks.

SEHSCT Ravara Training and Resource centre; funding used to co-design and co-produce a healthy eating recipe book 'Ravara Bites' with and for people with a learning disability, to promote physical well being.

Co-production is NOT...

New

Co-production builds upon other ways of working that have been around in social work practice for a very long time. This includes consultation, involvement, engagement, participation and partnership working.



Meaningful

Unless it involves people with lived experience having opportunities to contribute their thoughts, ideas and opinions to make real and positive change.



Valuable

Unless it is meaningful for people with lived experience.



Free

No-one should be expected to share their time and expertise without remuneration. At the very least that means covering expenses. Fair remuneration may not necessarily be monetary but it should be considered. (See also Top Tips for getting it right and remuneration).



Professionals making all the decisions

Co-production is about everyone working together and making decisions together, as concerned citizens who have something important to contribute. It is a more inclusive way of working because it is built on the idea that those who access support and services are best placed to make decisions about how it is planned, organised and delivered.



A consultation exercise

Consultation happens when work has been completed and professionals ask people with experience of the service what they think about it.

Co-production starts from the beginning of a project or task; people contribute their thoughts, ideas and opinions from the outset.



A one-off event

Co-production is a journey and not about sending out invitations to meetings at the last minute. The journey begins with building relationships and people with lived experience are involved at the earliest point, in the set up and design of projects, services or tasks.



Beneficial or productive

Unless real change happens as a result of citizens and service providers/commissioners or policy makers working together. Co-production is not the answer to every problem that a service or organisation is facing.



A money saving exercise

Co-production has potential to make changes and deliver better services preferred by those receiving them. Working in this way is not free; it takes time, resources and importantly funding. It may generate savings through investment; services may cost more but they may be more accessible, more acceptable and more effective.



Unproblematic

Co-production benefits from a learning culture and from a maturity of those involved to learn from what has worked and what has not worked. Tensions can arise in groups as people have different opinions and perspectives. Different ways of seeing things are why co-production is so important. Building relationships and working through tensions are part of the co-production process.



Risk free

Solutions cannot always be found and people do not always agree. Co-production is a process of growth and learning.



About doing things the same way

Co-production is way of working that empowers everyone to challenge how things are done and provides opportunities to make positive and sustainable change that benefits both those who receive services and those who are paid to deliver them.





Parenting Together

Sara Jane O'Donnell

As a primary care social work practitioner (multi-disciplinary team MDT) from the Ballymoney Family Practice I undertook a community development project to support parents'/ carers caring for a child awaiting an assessment for Autism and / or Attention Deficit Hyperactivity Disorder (ADHD).

"VIA WORK I NOTED REFERRALS FROM FRUSTRATED PARENTS AWAITING ASSESSMENT. THEY REPORTED WANTING INFORMATION AND SOMETHING FOR THEIR CHILDREN SO WERE KEEN WHEN I PROPOSED A PEER SUPPORT GROUP. QUESTIONNAIRES REVEALED MOST WANTED INFORMATION ON DIAGNOSTIC PROCESS, MANAGING CHALLENGING BEHAVIOUR AND A SUPPORT NETWORK."

Group aim; to develop parents' confidence, skills and knowledge.

Objective; parents' support each other and build connections.

Long term aim; parent network to manage the group and attend focus / steering groups to advocate for their children.

Consultation with ASD and ADHD Services plus Autism NI supported the development useful information. For example one of the sessions involved the MDT mental health practitioner on self-care for parents.

Phase 1

This comprised of 13 parents in 2 groups and lasted 4 weeks via zoom. Group evaluation was facilitated through questionnaires.

Phase 2

Improved evaluation collection via telephone by the social work assistant. Both groups cited benefits from meeting other parents who understood challenges.

Reflection and future plans:

To ensure ongoing co-production, I plan 6 further sessions. Session 1 will form agenda, rules and boundaries with new group and some parents from previous groups.

Some interesting stats

- The most up to date prevalence rates for ASD suggest that 4.5% of school age children have a diagnosis of ASD (DOH, 2021). This does not include those diagnosed before 5 or over 16 years.
- While no official statistics for ADHD, estimates show between 2 - 5% of school age children have a diagnosis.
- There is an Autism Interim Strategy which by law (Autism Act (NI) 2011) needs to occur every 7 years. There has been little progress on this.

Exit plan:

Build a list of parents' willing to support and develop future groups to ensure their voices are heard. Steering group involving parents and relevant agencies to share learning and ideas.

"I COMPLETED A LITERATURE REVIEW AND RELEVANT RESEARCH WHICH CONCLUDED THAT CHILDREN AND FAMILIES NEED EARLY SUPPORT."

Healthy Connections

Roisin Ferry

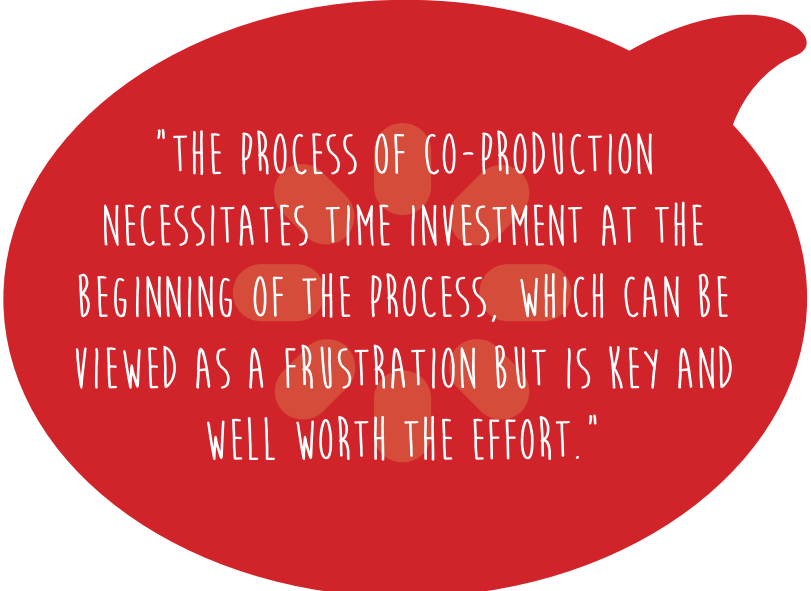
As social workers in Clarendon Medical Surgery, in the Western Trust area, we noticed there was a pattern of similar needs regarding the care for some patients living with obesity. These included reluctance to leave home at times or even come to the surgery and a belief that any issues they had would be reduced to weight issues. We could sense feelings of shame and embarrassment. We wanted our patients to feel welcome in the surgery and to find healthy ways to manage their weight; we wanted to support the promotion of their social and emotional well-being.

We believed the only way to develop and deliver a programme which would work for our patients was to ask them what they needed. The process of co-production necessitates time investment at the beginning of the process, which can be viewed as a frustration but is key and well worth the effort. It also requires professionals to suspend any opinion that they know what is best for patients or clients which can also be a challenge! A lot of foundation work was done in the process of inviting our patients to become part of the programme.

This was the start of building "Healthy Connections". All professionals involved in the programme; both social workers and the researcher who evaluated the programme were embedded into the programme. The facilitators who were selected by the panel of patients and social workers were all asked to approach the programme as participants themselves. It was a new approach and everyone was on the learning journey.

The components selected by the patients were sessions on emotional eating, Japanese taiko drumming and emotional and spiritual development. We have recently launched our evaluation report and the outcomes of our co-produced programme speak for themselves. Patients described the programme as life-changing and even as lifesaving. The role of social workers in primary care MDT provided the opportunity for 'Healthy Connections' to be co-produced and developed as a pilot intervention that produced positive outcomes for patients.

The group has continued developing and patients are involved in a number of other initiatives with the surgery including the development of a GP community partnership garden. There is a waiting list for the programme to be run again. (McAnee, Ferry, & Stack (2021).



"THE PROCESS OF CO-PRODUCTION
NECESSITATES TIME INVESTMENT AT THE
BEGINNING OF THE PROCESS, WHICH CAN BE
VIEWED AS A FRUSTRATION BUT IS KEY AND
WELL WORTH THE EFFORT."



An acronym

C COOPERATION
O OPENNESS
P PARTNERSHIP
R RESPECT
O ONGOING
D DETERMINATION
U YOU!
C COMMUNICATION
T TRUST
I INCLUSIVE
O OUTCOMES
N NOT A ONE OFF



Getting involved in research – a co-produced introduction to research course

Paul Best, Liam Bradley, Patricia Burns, Gavin Davidson, Joe Duffy, Anne Johnston, Berni Kelly, Campbell Killick, Alan Maddock, Claire McCartan, Paula McFadden, Anne McGlade, Lorna Montgomery, Sonia Patton, Dirk Schubotz, Brian Taylor, Fiona Templeton, Paul Webb, Chris White and Jade Yap.

This project involved a partnership between researchers with lived experience, the Health and Social Care Board, the Mental Health Foundation, Praxis Care, Ulster University and Queen's University Belfast. It was funded by Disability Research on Independent Living and Learning.

The rationale was based on the experience of different research teams separately developing short, project-specific courses for researchers with lived experience who were joining their research team. The aim of this project was therefore to co-produce a course that could be used as a general introduction for anyone who might be interested in getting involved in research and that could also be adapted by any new projects that had participatory research as part of their approach.

In order to co-produce the course, researchers with lived experience and representatives from the different organisations were involved from the beginning of the project to develop the idea; design the content; deliver the course; and evaluate the process. The key benefits of co-production included that it improved the quality and

accessibility of the course content. Another benefit is that having researchers with lived experience involved in delivering the course should clearly communicate that people, who may not have previous experience of research, can engage positively with research.

The main challenges involved in this project were administrative. The funding was administered through Queen University Belfast and the process to arrange payment can be complicated. Another potential challenge was the size of the team but the number of people involved added to the energy, ideas and enthusiasm for the project. The course ran as a successful pilot in May 2021, with good attendance and will be made available to anyone who would like to use the resources for their own co-produced research projects.

Co-producing research with people with learning disabilities.

Professor Berni Kelly, Professor Gavin Davidson & Dr Lorna Montgomery

Three recent studies funded by the DRILL research programme (<http://www.drilluk.org.uk/>) were co-produced with people with learning disabilities.

- ***Just Us: Getting the right support for victims of sexual violence who have a learning disability within the justice system*** led by Positive Futures in partnership with QUB, the Public Prosecution Service (PPS), Police Service for Northern Ireland (PSNI) and Nexus NI.

- **Getting Our Voices Heard – safeguarding you, safeguarding me** led by QUB in partnership with Association for Real Change UK, Compass Advisory Network, Praxis Care, Mencap Cymru, Richmond Fellowship and Ann Craft Trust.
- **Supported Decision Making – experiences, approaches and preferences led by Praxis Care in partnership with QUB and Mencap.**

In each study, up to six people with learning disabilities worked as peer researchers/ project advocates on each phase of the research from the project proposal and design to the collection and analysis of data, delivery of training and development of practice tools, actions or recommendations for policy and practice.

A comprehensive training course was key to the success of the project. This training addressed the research process; design of data collection tools; skills for interviewing or leading a group; ethical issues; and presentation skills. Opportunities to role play and practice skills were helpful alongside the provision of on-going training and practical support as the research progressed.

The main challenges to co-producing the research included inaccessible research terminology; difficulty with travel; low confidence; and pacing of training and research activity. These challenges were addressed by allowing more time; adapting language to make it more accessible; providing individualised feedback and support; and working collaboratively with disabled people's organisations.

Overall, the benefits of co-production far outweighed the challenges. Peer researchers provided very positive feedback on their experience of the role and had benefitted from the opportunity to learn new skills for research and future employment as well as developing their confidence and experience of participation. Co-production with people with learning disabilities also helped to improve the integrity and relevance of each study and greatly enhanced the production of accessible training, toolkits and practice tools. For example, the accessible Just Us toolkit (available at: www.justusni.org) and co-produced action plan on influencing safeguarding policy. (<https://arcuk.org.uk/northernireland/files/2020/06/Drill-Action-Plan.pdf>).



Co-producing Research with Young People Leaving Care.

Professor Berni Kelly

The three-year YOLO (You Only Leave Once) study of the transitions of care leavers with mental health and/or learning disabilities in Northern Ireland employed four peer researchers to co-produce the research. The peer researchers were in their early twenties and had prior experience of kinship, foster or residential care. All were formally trained in advance on the study context and method; ethics; understanding disability and mental health; and interviewing skills. Peer researchers assisted with the design of the interview questions and then interviewed care leavers over an 18-month period and, later, assisted with analysis of data, development of recommendations and presentation of key findings.

The key challenges for co-production were lack of prior experience of work or research; the potential negative emotional impact on peer researchers; balancing the role with other commitments; and difficulties with travel to interviews. To help peer researchers develop their experience and confidence, they chose to be accompanied to their first interview by an academic researcher who offered transport, feedback and support. Refresher training and support was also essential to address the emotional impact on peer researchers. Careful co-ordination of fieldwork helped them to undertake the role alongside other commitments, alongside prompt payment for time and assistance with travel.

The study found that co-production requires considerable investment in cost, time and effort but is beneficial for the research as care experienced youth contribute unique insights and develop empathy and rapport with participants to produce quality data and maintain participant involvement over time. The peer researchers also felt they benefitted from the experience and decided to co-write a journal article and a guide to peer research to inform future studies (Kelly et al., 2017, 2018).

This YOLO model of co-production has now been piloted in four countries in Africa: Uganda, South Africa, Ghana and Zimbabwe. This pilot study also highlighted how co-production can deliver a more

empathic and authentic approach to research with care leavers in different cultural contexts (Kelly et al., 2020). Based on the experience of both studies, co-production should be a key consideration when designing research on care leaving and the experience of these studies should encourage and assist others who are planning such an approach to care leaver research.

"ONE (YOUNG) PERSON SAID HE COULDN'T USUALLY TALK TO PEOPLE 'CAUSE... HE FELT PEOPLE WERE LOOKING DOWN ON HIM AND HE SAID HE COULD TALK TO ME AND BE MORE OPEN BECAUSE I DIDN'T JUDGE HIM... I UNDERSTOOD... BECAUSE I HAD BEEN IN CARE... I JUST KNEW WHERE THEY WERE COMING FROM AND THEY COULD SEE THAT. THAT HELPED THEM TO TRUST ME."

(Peer researcher)

"MEETING US, YOU WOULD HOPE THAT WOULD GIVE A SENSE OF ENCOURAGEMENT THAT THINGS CAN CHANGE FOR THEM FOR THE BETTER."

(Peer researcher)

"HAVING AN EXPERIENCE LIKE THE STUDY JUST MADE ME REALISE HOW VALUABLE MY OWN CARE EXPERIENCE IS AND HOW YOU CAN ACTUALLY HELP OTHER PEOPLE THROUGH YOUR OWN EXPERIENCE... THE WHOLE EXPERIENCE HAS HELPED ME REALISE THAT I HAVE A LOT TO GIVE AND A LOT TO BE PROUD OF AND I CAN MAKE A DIFFERENCE... IT IS NICE TO FEEL VALUED... THAT YOU ARE IMPORTANT TO THE PROJECT."

(Peer researcher)

**A Guide to
PEER
RESEARCH
with Young
People**

"MORE THAN WE EXPECTED!"

Training
Rapport
Peer to Peer
Partnership
Shared Experiences
Relationships
Empathy
Co-production
Peer Research
Co-producing
Peer Research
With
Young People

Kelly, B., Gilligan, E.,
Friel, S., Smith, D.,
Pinkerton, J.
& McShane, T.
February 2017

VOYPIC
voice of young people in care

Queen's University
Belfast



The Post-qualifying, Postgraduate Research Methods Programme at Ulster University

Anne McGlade, Sonia Patton and Fiona Templeton

The post-qualifying, postgraduate Research Methods Programme at Ulster University for social work professionals has, since 2016, created a similar learning experience for service users and carers. Parallel modules 'comprising of three part-time modules each lasting one academic year were designed. Classroom teaching is undertaken entirely with social workers and service users together.

The initiative reflects the strategic direction set by the Social Work Research and Continuous Improvement Strategy 2015 - 2020 (revised 2020-2025). The Health and Social Care Board (HSCB) has provided the funding for service user and carer places, and HSC Trusts provided practice assessor support. Ulster University led on module design and academic accreditation.

Whilst the HSCB has funded six participants per year since 2016 (i.e. two in each year group), limited resources pose challenges for recruitment.

Changing attitudes was integral to the success of this initiative. The experience of learning together "brought mutual respect and new and unique experience" and in the classroom there was "not a sense of two distinct groups" but rather one of "equality". The training also offered "an insight into each other's worlds" and particularly from service users the opportunity to have "my experience and intellect valued alongside social work practitioners".



Academic accreditation is important. For service users and carers completion of the three modules leads to the MSc in Development and Co-Production in Social Care Research. In addition participation on a range of diverse groups, committees and in the design and delivery of other training are a few of the examples of more proactive and meaningful roles for service users and carers in research-related activity.

The learning we wish to share with others is:

- Recognise that organisational commitment, including resources, is essential
- Learning together supports a range of future working practices and relationships between practitioners, academics, people with lived experience and carers.
- The skills of research and evidence acquired by participants supports the reflective culture of co-production.
- The co-design process as part of the co-production agenda helped create an equal platform where everyone involved had a voice.
- For more detail see published article (McGlade et al, 2021).



Reflections on the programme

Sonia Patton

Life skills and experiential knowledge of my illness was the guiding force for myself getting involved in research. Looking back 7 years ago, my professional life ended yet I embarked on a journey of discovery when told there was insufficient empirical research to suggest the cause of my illness. Personally, I believe that knowledge is power and with the training and expertise of regional and national PPI centric organisations, and supported by family and friends, I am now a passionate advocate for research. Today I know more about my initial diagnosis through working closely with researchers and being a co-applicant on research studies; these opportunities have helped me move on with my life. We are all learning and it feels fabulous and empowering to be involved. In the words of Albert Einstein.

“If we knew what it was we were doing, it would not be called research, would it?”



Fiona Templeton

Completing the Masters in Development and Co-Production of Social Care Research has been a transformative experience for me. I feel a deep gratitude to the Health and Social Care Board for investing in me and funding my place on the course.



How it started

I entered the course feeling very tentative and unsure but with a real desire to learn more about the experience of adopted young people in school. I often felt out of my depth and doubted that I could complete the course.

How it's going

I finished the course enthused and energised having completed my own research project, the findings of which are now preserved in publication in the journal 'Pastoral Care in Education'. I gained in confidence in my area of research, developed a broader interest in social care in general and met so many helpful and encouraging individuals along the way. Completing the course has opened up so many opportunities for me including a new career pathway as a junior research analyst.

Things to think about when involving people with lived experience in research

Be clear from the start about why people who have lived experience are being included. It might be that a co-production approach is not best for some pieces of research but could make a real impact in another piece.

- Why are people with lived experience being included in this particular project?
- What are the expectations of their involvement?
- Are they working as equals with the rest of the research team?
- Have we been clear in our communication with those with lived experience about the expectations around their involvement, including time and remuneration?

Changing Lives: Co-producing Voices from 9/11 in the Classroom

Professor Joe Duffy

For many years in Northern Ireland, I have worked with groups and individuals directly affected by 'the Troubles' bringing their lived experience of trauma to the heart of the social work classroom. This experience helped me greatly while on a Fulbright Scholarship to America in 2018/19 when I had the privilege to work alongside individuals directly impacted by the terrorist attacks of September 11, 2001 on the World Trade Center.

For three weeks in February 2019, seven people, previously unknown to each other, shared their personal, moving and traumatic experiences of 9/11 with a group of social work students at New York University's (NYU) Silver School of Social Work. This entire process was based on co-production. One student would describe the classroom experience as *"probably one of the most powerful learning experiences that I have had at NYU"*.

Working closely with the World Trade Center Survivors Network, I was able to connect with a group of individuals who were working in the Towers that day together with emergency services first responders. I knew from the beginning that trust building was fundamental to the process and, mindful of this throughout, I reflected on where would I start in terms of asking people to share such difficult and personal experiences? The answer was to start with the people themselves to create a safe environment where they felt valued and respected. During the early planning stages and over a number of weeks we met as a group to establish how the programme would evolve. Every aspect was co-produced. We agreed a series of questions that participants felt comfortable with as the basis for our classroom discussions.

The 90-minute classes ran for three consecutive weeks with two/three group participants joining me each week together with the students. The students listened attentively and respectfully to the dialogue with total silence in the classroom such was the emotional magnitude of the atmosphere. After each class we went for coffee which helped the group debrief, support each other and reflect on what we had learned from the process. I feel very honoured

and privileged to have experienced working with such an inspirational group of people who openly shared the most personal aspects of their lives and in doing so made an indelible mark on the NYU social work students as can be seen from a sample of their quotes below:

"I LEARNT THAT ALTHOUGH THE 9/11 SURVIVORS EXPERIENCED TRAUMA DIFFERENTLY, THEY ALL SEEMED TO INDICATE THAT THE EXPERIENCE OF TRAUMA BECOMES A LENS THROUGH WHICH THEY VIEWED THE WORLD. THEY SEEMED TO PERCEIVE LIFE DIFFERENTLY AFTER THAT EXPERIENCE."

"I SEE THAT PEOPLE WHO HAVE EXPERIENCED TRAUMA DON'T WORK THROUGH IT AND GET BACK TO THE LIFE THEY HAD BEFORE. INSTEAD THEIR LIVES BECOME DIVIDED INTO BEFORE AND AFTER."



Group participants with Joe at the launch of his research findings at the British Embassy in New York on September 4, 2019.

The role of remuneration in co-production

Remuneration is the subject of many lively debates within co-production working and it has been challenging but important to embrace the voices and viewpoints of the many representative standpoints in the debate. The following is an attempt to highlight a brief overview of the concerns, challenges and experiences around remuneration, while acknowledging that much more work needs to be undertaken to find solutions.

Is there a solution to the issue of remuneration for those with lived experience in co-production? **Yes!** If it is explored, not only in terms of receiving financial (money) payments, but also explored utilising a person-centred approach. The person-centred concept creates a way for organisations not only to reimburse any 'out of pocket' expenses incurred as a result of participating, but enables additional value incentives. This could be for example personal development opportunities or use of organisational resources and training. There are varied views on what remuneration means, with differing opinions and viewpoints. Open and honest communication about remuneration supports strong co-production relationships.

There has seemingly been little literature produced on the subject of remuneration and co-production or indeed any type of involvement or participation of the unpaid workforce being remunerated. There are a few studies that mention and highlight concerns around the issue, such as:

- *Involving Services Users in Social Work Training on the Reality of Family Poverty: A case study of a collaborative project* Anna Gupta Lecturer in Social Work Royal Holloway, University of London & James Blewett Lecturer in Social Work Royal Holloway, University of London & Social Care Workforce Research Unit Kings College London.
- *Service user involvement: more than a token gesture* Harvey Wells Program Leader, Dual Diagnosis, Section of Mental Health Nursing, Health Services & Populations Research Department, Institute of Psychiatry, King's College London, UK.
- Paid participation is dependent on benefit entitlement constraints. (for more on this see <https://www.scie.org.uk/co-production/supporting-paying-people-who-receive-benefits>).
- People with lived experience value reimbursement of costs and needs being met.
- People with lived experience value the opportunity to use their lived experience to create changes to policy, organisational objectives, teaching content and approach to service provision. They feel sharing their experiences creates awareness and gives them a sense of purpose. People with lived experience feel more valued when learning, creating and teaching in a continuous involved way from beginning to end, being a valued part of the team. The process is important as opposed to one off 'tokenism'.

Perspectives from a person with lived experience

It is about contributing and having purpose regardless of earning money...the opportunity to help create solutions to societal issues in a valued way does not mean money but respect and the opportunity to develop skills and interests.

A social worker's perspective

Complex issues such as payments and remuneration for involvement occurred within an 'ethic of care' (Hugman, 2005) approach to help reach agreement on a way forward based on "... different but equal contributions" (Ward and Gahagan, 2012:185).

Perspectives on remuneration from a person with lived experience

Recognition is always important, but when it comes to remuneration in most walks of life, value is established by supply and demand. Co-production can involve asking service users to share their personal experiences. It must be recognised how challenging this can be and preparation time needs to be taken into account - there are not many people who would willingly (and repeatedly) re-experience possibly the most traumatic time of their lives. Pathways need to be explored and established through the benefits system by all those involved in the three sectors (social work/Department for Communities/experts in disabilities and conditions) to assist those involved in co-production to secure payment that does not undermine income and financial stability. The 'benefits trap' should not be used to avoid addressing the issue of remuneration. Time and effort are valuable and, as with any type of work, should be rewarded, financially and reputationally. Remuneration should include the 3 R's:

- Reasonable - the going rate.
- Real – money (vouchers will be welcomed by some but are not what everyone wants).
- Reliable – timely and regular with the minimum of paperwork.

Expenses should also be covered (as would be done with any consultant) but should also include costs of care (health or childcare) too.

A price cannot be placed on the knowledge, wisdom, and experience being provided, but compensation and recognition for the vital role this plays is necessary.

A senior manager perspective

Meeting out of pocket expenses for people with lived experience involved in co-production should go without saying. Many organisations, particularly when the funding is there, want to pay more to recognise the work that is done. Yet there are barriers around benefits and tax, and organisations do not want to make someone's financial situation worse through co-production. There is a moral and ethical dilemma here because organisations pay consultants, sometimes with less expertise than those with lived experience, for work that can be achieved with greater authenticity via co-production. The frustration is that the levers for change are outside the control of the organisations who are keen on co-production and want to recognise work undertaken with payment. This is about a broader social and political conversation involving benefits, taxation and routes to work - something those with lived experience, social workers and many organisations are keen to be part of.

A carer's perspective

It is not just about money for me, it is about being valued for what I can bring. Expenses obviously need to be met but it is about equal voices and not having a 'them and us'. It is about being valued in other ways such as having access to courses but most of all it is about having my voice heard in how to make things better. Other people will feel differently to me and it is always about having open and honest conversations about what remuneration means to each individual person.



The GREAT Checklists were co-produced by the Personal Public Involvement Community of Practice as part of the HSCQI (Health and Social Care Quality Improvement). The checklists have been successfully shared and used widely across Northern Ireland to aid health and social care staff, service users and family carers to work more effectively in positive partnerships. These were designed around the acronym GREAT and are based on the real life experiences from people who have been involved in improvement work in health and social care.

The checklists and training resources can be downloaded at engage.hscni.net/get-involved/making-improvement-great



Bolded text below indicates resource guides available at <http://engage.hscni.net>

	WHAT DO I NEED TO CONSIDER?	WHAT DO I NEED TO DO?
G	<p>Getting started</p> <p>Who should be involved - consider who the QI project will impact on and who has lived experience to share?</p> <p>Do you know how to identify service users and carers that can help?</p> <p>What are the benefits of engagement?</p>	<ul style="list-style-type: none"> Share the GREAT Checklist for service users and carers, available at HSCQI website. Link with your organisation QI Lead and PPI Lead Engage with service users and carers by identifying people that are already known to your team or via existing community links within your team/organisation – the PPI Lead can advise on this. Be clear about the service user and carer role - develop a role description - avoid tokenism. Together with service users and carers develop an Involvement Plan and agreed timeframe. Identify a point-of-contact within the team for service users and carers to link with. Be aware of other options for involvement that may be more appropriate for suit service user and carer needs – link with the PPI Lead for this.
R	<p>Reimbursement</p> <p>What is the HSC reimbursement guidance?</p>	<ul style="list-style-type: none"> Familiarise yourself with the HSC Reimbursement policy for out-of-pocket expenses. Give a claim form to all service users and carers involved. Approve and send completed claim forms to your finance department, within 1 week of receipt.
E	<p>Expectations</p> <p>How can you involve a range of stakeholders?</p> <p>Be clear about the boundaries - how much work can service users and carers be involved in?</p> <p>How do I build relationships that support participation?</p>	<ul style="list-style-type: none"> There are lots of different ways to involve people – check out the guide different ways to involve. As part of the Involvement Plan, do consider a range of processes at different stages. Identify how much support and time the team can provide. Support people to build their capacity to get involved – check out learning opportunities. Develop agreements for formal involvement activity such as ag terms of reference or meeting etiquette guidance. Plan for involvement activities to set dates in advance to allow service users and carers adequate time to make plans to attend. Send information in advance via email or if requested by post. Ensure meeting locations are accessible (e.g. disability access), location map and options for virtual access, including telephone or video call facilities. Establish a feedback process for all involved to share achievements and disappointments.
A	<p>Achievements</p> <p>What outcomes do you want to achieve from involving service users and carers?</p> <p>How do you demonstrate that you value the contribution which service users and carers are making?</p>	<ul style="list-style-type: none"> Establish an evaluation process to determine how involvement has made a difference. Record the involvement journey to evidence participation and consider what you could change next time. Share best practice and achievements - nominate your work for awards. Submit a case study on Engage website.
T	<p>Training</p> <p>Learning and support required - what is needed for people to get and stay involved?</p>	<ul style="list-style-type: none"> Provide induction training. Consider learning opportunities available for staff, service users and carers on Engage website. Develop an overview of the programme of work and who will be involved. Do not use jargon. Training needs to be flexible and adaptable and may include project-specific training. Offer mentoring or coaching to support development and ongoing engagement.



A final note

Peter Beresford
OBE*

The COVID-19 pandemic has changed almost everything for almost all of us. It has most badly affected disabled people and people with long term conditions (especially Black and minoritized people) who have been most at risk of death and long-term problems. But it has also highlighted the need for different more inclusive ways of doing things and of challenging ways in which some people get routinely excluded from mainstream life in society. Key in all this, it has provided a unique opportunity for advancing co-production and for improving our understanding of it. That is why this publication is so timely and encouraging. It brings together a wide range of experience in making co-production happen. And put together under covid conditions, it reinforced the desire of those who brought it to fruition, both people with first-hand experience of using and receiving social work services and those working to support them, to work in co-productive ways.

I personally believe that user involvement and co-production have to be the way forward if we are to live in the more inclusive, fairer and more sustainable world that we all need and most of us want. But no one said it would be easy!

This publication for me is another brick in the wall we have to build if we want to support each other helpfully, make the most of all our potential and safeguard the planet for our children and grandchildren. It is a practical book as well as one that helps us think things through. There is enormous experience here – both the lived experience of needing particular help in our lives – and the ‘practice wisdom’ of being a worker committed to prioritizing the unique support that each individual wants and needs to live their life on as equal terms as possible.

Of course, because co-production is important, it is also contentious and there will be some commentators who question whether this or that counts as ‘real’ co-production as they define it. This book helps us to make our own judgments, with the wide body of examples and set of principles that it

offers. Most important for me is supporting people to gain the skills and confidence – what I’d call the ‘empowerment’ – needed to be able to be involved in co-production on equal terms – and we see and learn a lot about this within this book’s covers. As the editors of the publication also say, co-production is rooted in the principles of a relationship and person-centred approach to social work, which values diversity, equality, reciprocity and social justice. Co-production is about much more than partnership. It demands big changes; in organisational culture, in personal attitudes and expectations and indeed, perhaps in our whole approach to practice, policy and politics.

Underpinning all of this I believe are a set of modest, small scale but ultimately important and eternal values:

- We will regard and treat each other with value and equality.
- We will challenge our own and other people’s assumptions and prejudices.
- We will have an open mind about each other’s strengths and difficulties and be wary of making judgments.
- And perhaps most of all, we will give reality to the belief that without the equal valuing of lived experience – what people call experiential knowledge – we will only ever get a partial picture of anything and that picture is likely to be distorted.

Here is a publication that seeks to illuminate rather than impose opinions, where the experience and commitment of all those involved have brought together a body of work and ideas that hopefully all of us can learn and benefit from.

- * Visiting Professor at the University of East Anglia, Co-Chair of Shaping Our Lives and long-term mental health service user.



Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BHSCT	Belfast Health and Social Care Trust
CAMHS	Child and Adolescent mental health Services
DHSSPS	Department of Health & Social Services and Public Safety
DoH	Department of Health
ECHR	European Convention on Human Rights
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCT	Health and Social Care Trusts
LEP	Local Engagement Partnerships
MDT	Multi-disciplinary Team - social work in GP practices
MLA	Members of the Legislative Assembly (Northern Ireland)
NISCC	Northern Ireland Social Care Council
NHSCT	Northern Health and Social Care Trust
PCP	Person centred practice
PPI	Personal and Public Involvement
PPS	Public Prosecution Service
PSNI	Police Service of Northern Ireland
QI	Quality Improvement
QUB	Queen's University of Belfast
SCIE	Social care Institute for Excellence
SDS	Self directed support
SET	South Eastern Health and Social Care Trust
SHSCT	Southern Health and Social Care Trust
SW	Social Worker
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of People with Disabilities
UU	University of Ulster
VOYPIC	Voice of Young People in Care
WHSC	Western Health and Social Care Trust



References

Arnstein, S.R. (1969) "A Ladder of Citizen Participation," *Journal of the American Planning Association*, Vol. 35, No. 4, pp. 216-224.

Campbell J, Duffy J, Traynor C, Coulter S, Reilly I, Pinkerton J. (2013) Social work education and political conflict: preparing students to address the needs of victims and survivors of the Troubles in Northern Ireland. *European Journal of Social Work* Vol 16(4):506-520.

Casey, H.,Vale, D & Zonouzi, M. (2020) 'Social Work in the UK: A case for radical co-production replacing worn out structures' H. McLaughlin, P. Beresford, C. Cameron, H. Casey, and J. Duffy (Eds) *The Routledge Handbook of Service User Involvement in Human Services Research and Education*. pp. 206-218. London: Routledge.

Department of Health (2018) 'Co-Production Guide for Northern Ireland - Connecting and Realising Value Through People'. Belfast. DOH.

Department of Health (2021) 'Prevalence of Autism (Including Asperger Syndrome) In School Age Children In Northern Ireland Annual Report 2021'. Belfast. DOH.

Department of Health Social Services and Public Safety (2003) 'Northern Ireland Framework Specification for the Degree in Social Work'. Belfast. DHSSPS.

Duffy, J (2006) 'Participating and Learning - Citizen Involvement in Social Work Education in a Northern Ireland Context'. London. Social Care Institute for Excellence (SCIE) www.scie.org.uk/publications/misc/citizeninvolvement.pdf

Duffy, J (2012) Service user involvement in teaching about conflict – an exploration of the issues. *International Social Work (Special Edition on Social Work and Armed Conflict)*.Vol 55(5) pp. 720 - 739.

Gupta, A & Blewett, J. (2008) Involving Services Users in Social Work Training on the Reality of Family Poverty: A Case Study of a Collaborative Project, *Social Work Education*, 27:5, 459-473. DOI: 10.1080/02615470701380261.

Kelly, B. Friel, S., Smith, D., Pinkerton, J., McShane, T. & Gilligan, E. (2017) More than we expected! A guide to peer research with young people. Belfast: QUB. Available at: <https://pure.qub.ac.uk/en/publications/more-than-we-expected-a-guide-to-peer-research-with-young-people>.

Kelly, B., Friel, S., McShane, T., Pinkerton, J. & Gilligan, E. (2018) "I haven't read it, I've lived it!" The benefits and challenges of peer research with young people leaving care, *Qualitative Social Work*, 19, (1), 108-124.

Kelly, B., Van Breda, A., Santin, O., Bekoe, J., Bukuluki, P., Chereni, A., Frimpong-Manso, K., Jacobs, D., Luwangula, R., Maanyi, M., Makadho, B., Muchiendza, T., Pinkerton, J. & Ringson, J. (2020) Building Positive Futures: Exploring a peer research approach to study leaving care in Africa. Belfast: QUB. Available at: <https://careleaving.com/2020/10/19/care-leaving-in-africa-findings-from-four-countries/>.

McAnee, G.; Ferry, R.; and Stack, C. (2021) Healthy Connections: Evaluation of Clarendon Medical Well-being Pilot for People Living with Obesity. Western Health and Social Care Trust.

McGlade, A.,Taylor, B.J, Killick, C., Lyttle, E., Patton, S & Templeton, F. (2020) Developing Service User Skills in Co-Production of Research: Course Development and Evaluation, *Journal of Evidence-Based Social Work*, 17:4, 486-502.

McKeever, B. (2006). 'Making the Impossible Possible'. Derry: Guildhall Press.

McLean, J., Biggs, H., Whitehead, I., Pratt, R. and Maxwell, M. (2009) Evaluation of the delivering for mental health peer support worker pilot scheme, Edinburgh: Scottish Government.

Wells, H., Davy, B. and Chuttoo, V. (2008), "Service user involvement: more than a token gesture", *Advances in Dual Diagnosis*, Vol. 1 No. 2, pp. 23-27. <https://doi.org/10.1108/17570972200800014>.

Websites

www.scie.org.uk/publications/guides/guide51/at-a-glance/ accessed 15/07/2021

<http://www.govint.org/> accessed 31/08/2021

<https://wavetraumacentre.org.uk/> accessed 31/08/21

www.justusni.org

<https://arcuk.org.uk/northernireland/files/2020/06/Drill-Action-Plan.pdf>

<https://www.scie.org.uk/publications/guides/guide51/at-a-glance/>

International Conventions

European Convention on Human Rights (ECHR) 1950.

United Nations Convention on the Rights of the Child (UNCRC) 1989.

United Nations Convention on the Rights of People with Disabilities (UNCRPD) 2006.

Legislation

Autism Act (NI) 2011.

Carers and Direct Payments Act (NI) 2002.

The Children (NI) Order 1995.

The Health and Social Care Reform Act (NI) 2009.

The Human Rights Act 1998.

Mental Capacity (NI) Act 2016.

The Mental Health (NI) Order 1986.

Policy

DHSSPS (2007) 'The Bamford Review of Mental Health and Learning Disability (Northern Ireland)'. Belfast. DHSSPS.

DHSSPS (2007) 'Guidance on strengthening personal and public involvement in health and social care'. Belfast. DHSSPS.

DHSSPS (2011) 'Transforming Your Care: A Review of Health and Social Care in Northern Ireland'. Belfast. DHSSPS.

Department of Health (2016) 'Health and Wellbeing 2026 – Delivering Together'. Belfast. DOH.

Department of Health (2017) A Strategic Framework for Social Work 2017 – 2022. Belfast. DOH.

Department of Health (2016) Systems not Structures: Changing Health and Social Care (The Bengoa Review). Belfast. DOH.

Department of Health and Social Services (DHSS, 1991) People First: Community Care in Northern Ireland for the 1990s. Belfast. DHSS.

Meet the authors

Jane McCullough

Jane is principal social worker for Regulation, Improvement and Assurance in the South Eastern Health and Social Care Trust. Jane is co-chair of the Local Engagement Partnership and passionate about the role of co-production in strengthening social work and improving services.



for each other developed which helped us all work together effectively. Not even Covid could interfere with the process as we eventually completed the task in the autumn of 2021. Although we may not agree on every issue that we covered, we all had no doubt of the importance of co-production. I have seldom ever come across what were once strangers, who could build such positive relationships and work so well together. Quite a unique and worthwhile experience.

Ray Hamilton BSc (Honours)

As a service user I became involved in the Social Work Strategy in 2012 as I wanted to help make a change. I have been actively involved in the local engagement partnership from 2017 when they were established and Co Chair the Southern Health and Social Care Trust LEP. I have a degree in Health and Social Care from the Open University. Co-production is good practice and will make the difference in all those involved and this is why I became involved in this Reflection Series.



Jean Reynolds

My name is Jean Reynolds and I am the Co Chair of the South Eastern Trust Local Engagement Partnership. I am also a Carer and an advocate for Co Production. So, when this opportunity arose, I jumped at the chance, and it has been a great privilege to be involved in this project with my esteem-learned colleagues from whom I have learnt a great deal.



Eileen McKay

Eileen has been a social worker for over 25 years. During this time Eileen has worked in BHSCT, NHSCT and SEHSCT in older peoples services and with people who have dementia and in mental health services. Eileen has previously been co-chair of the South Eastern Trust Local Engagement Partnership and the Social Well-Being lead at the Department Of Health. Eileen has a passion for co-production and improving services through putting the people who use services at the heart of everything we do.



Avery Bowser

I have been a social worker in children and family services in NI for 28 years. I am currently a Fostering Services Manager with Action for Children. I also co-chair the Belfast Local Engagement Partnership. For me co-production has been a natural destination on a journey that's taken in mediation, restorative justice, Family Group Conferences, and participation, plus service design and improvement.



Brendan McKeever

Coming originally from a user background, the opportunity to work with others on the concept of co-production interested me. However initially I had some apprehension as I did not know most of those involved. I also appreciated that we all may have had different perspectives. Over the months as we explored issues, a genuine respect



Joanne Sansome

I am a researcher and activist with a physical disability from Belfast, Northern Ireland. In Northern Ireland and on a broader U.K. basis, I have worked with government and non-governmental organisations, with universities, and within organisations of and for disabled people to create awareness of and further the understanding of disability rights. In Northern Ireland, working



collectively has led to opportunities to significantly shape the concept, research and delivery of service user and carer involvement within social work education, particularly as an active member of the Northern Ireland Social Care Council (SCC) Participation Partnership and the Disability Research of Independent Living and Learning (DRILL) National Advisory group of Northern Ireland. In 2016, I completed a Masters dissertation at Queen's University exploring the participation of disabled people within public and political life. I have a chapter published within the, award-winning*, Routledge Handbook of Disability Activism and have recently published another chapter within The Routledge Handbook of Service User Involvement in Human Services Research and Education.

Professor Joe Duffy

Joe Duffy is a Professor in Social Work at Queen's University, Belfast, Northern Ireland. Joe is particularly interested in the development of innovative approaches to advancing service user based knowledge in helping students understand challenging curriculum topics such as the impact of trauma and political conflict, social work values and international social work.



Patricia Burns

Patricia has worked in social care and social work for over 20 years in both the voluntary and statutory sectors. For the past six years her role as a Learning and Development Co-Ordinator in Belfast Trust involved practice teaching student social workers and practice development with qualified social workers. Some of her main interests lie in social work education and socially inclusive practices. She has worked collaboratively with people and communities on a range of innovative projects throughout her career. She recently joined Ulster University as a Lecturer in Social Work in October 2021 and is teaching on the undergraduate social work programme.



With thanks to the contributors supporting us to learn from practice examples

- Norma Cairns; Service manager, Social Services Learning Development and Governance Team in the Western Health and Social Care Trust.
- Chris Millar; Head of Social Work & Social Care Governance Southern Health and Social care Trust.
- Julie Patterson Assistant Director Corporate Parenting Northern Health and Social Care Trust.

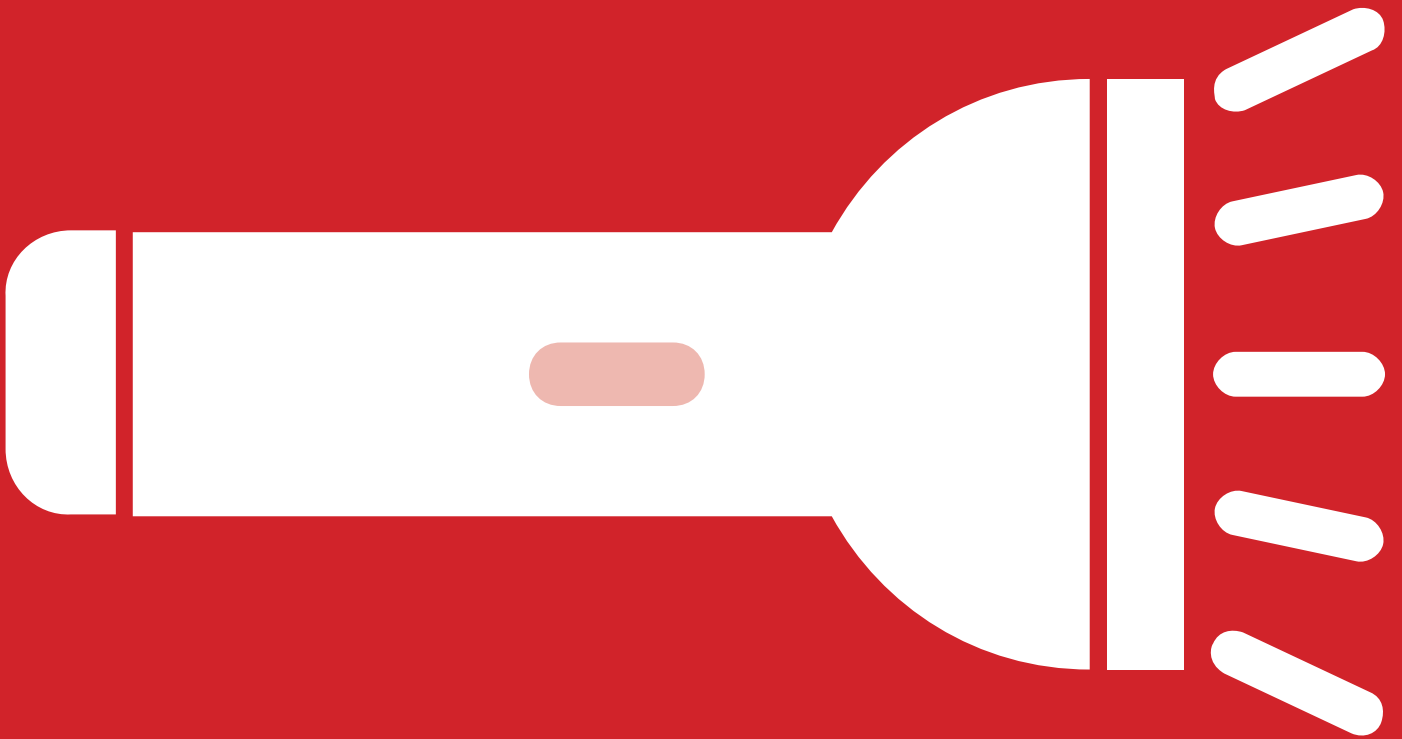
- Joan Stangeland; carer.
- Sara Jane O'Donnell; Northern Health and Social care Trust primary care social work practitioner (MDT).
- Roisin Ferry; Western Health and Social care Trust primary care social work practitioner (MDT).
- Professor Berni Kelly; researcher Queen's University Belfast.
- Professor Gavin Davidson; researcher Queen's University Belfast.
- Dr Lorna Montgomery; researcher Queen's University Belfast.
- Paul Best, Liam Bradley, Patricia Burns, Gavin Davidson, Joe Duffy, Anne Johnston, Berni Kelly, Campbell Killick, Alan Maddock, Claire McCartan, Paula McFadden, Anne McGlade, Lorna Montgomery, Sonia Patton, Dirk Schubotz, Brian Taylor, Fiona Templeton, Paul Webb, Chris White and Jade Yap.
- Anne McGlade; Social Care Research Lead, Directorate of Social Care and Children in the Health and Social Care Board.
- Sonia Patton; researcher with lived experience of service provision.
- Fiona Templeton; researcher with lived experience of service provision.
- Helen Anderson; Belfast HSCT Recovery College Coordinator.
- Shauneen O'Connor; Team Leader (A) CAMHS Belfast HSCT.
- Dave Milliken; co-production expert with lived experience of services.
- Melanie Philips; Assistant Director Northern HSCT.
- Tracey Magill; Assistant Director Northern HSCT.
- Katie McArdle; Forensic Day Opportunities Support Worker.

With thanks to our peer reviewers:

- Fiona Templeton.
- Dr Campbell Killick.
- Marian Hall.
- Professor Gavin Davidson.
- International Governance.
- Special thanks to Eileen McKay for her support to the authors of this Reflections series.



T TRUST
O OPENNESS
R RESPECT
C COMMITMENT
H HONESTY



T TOGETHER
O OPPORTUNITIES
R RELATIONSHIPS
C CHANGE
H HEAR

For further Information please contact:

Office of Social Services

Department of Health

Room C4.22, Castle Buildings

Stormont Estate

Belfast BT4 3SQ

T: 028 9052 0728

<https://www.health-ni.gov.uk/publications/office-social-services-reports>



Department of
Health

An Roinn Sláinte

Máinnstríe O Poustie

www.health-ni.gov.uk



Improving and Safeguarding
Social Wellbeing in
Northern Ireland

