Co-production

Research to support the Final Report of the Evaluation of the *Social Services and Well-being (Wales) Act 2014*

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Evaluation of the Social Services and Well-being (Wales) Act 2014

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Research to support the Final Report of the Evaluation of the *Social Services and Well-being (Wales) Act 2014*

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Glossary

Acronym/Key word	Definition
Advocacy / advocate	Advocacy services can help people to access information and services, get involved in decisions about their lives, explore choices and options, and express their wishes and needs.
Assessments	Assessments are undertaken with individuals to focus on what the individual needs and try to meet those needs, and carers to identify the support they need. The Act states a local authority must offer an assessment to any adult, child, and carer where they may have needs for care and support.
BSL	British Sign Language
CAMHS	Child and Adolescent Mental Health Services
Co-Production	The Act aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.
Direct Payments, DPs	Direct Payments enable individuals and/or their carers assessed as having eligible social care needs to source care that is tailored to their needs, rather than using existing statutory providers. They are intended to provide greater flexibility, independence, and choice and control over the support people receive.
IMPACT	Independent evaluation of the Implementation of the Social Services and Well-being Act
LAs	Local Authorities
Multi-agency working	The Act aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs.
Personal Assistants, PAs	A personal assistant provides person-centred care and support for individuals, so they can achieve personal well-being outcomes where the individual lives.
P-FE	Principles-Focused Evaluation
Prevention and Early Intervention	The Act aims to ensure that people can ask for the help they need when they need it to prevent their own situation from getting worse, and carers can access support to assist them in their caring roles and maintain their own well-being.
Sensory loss	Sensory loss is an umbrella term to describe the loss of the distance senses i.e. sight and hearing. There are four types of sensory loss; hearing, visual, deafblind, deaf British Sign Language (BSL) user.

Acronym/Key word	Definition
SERG	Study Expert Reference Group
Voice and Control	Voice and Control is a principle of the Act which aims to put the individual and their needs at the centre of their care and support, using their 'voice and control' over the outcomes that can help them achieve well-being and the things that matter most to them.
Well-being	The Act aims for people to have well-being in every part of their lives. Well-being is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning.
'What Matters' conversation	'What Matters' conversations are a way for professionals to understand people's situation, their current well-being, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them.
WIHSC	Welsh Institute for Health and Social Care, part of the University of South Wales.

1. Introduction

1.1 The Welsh Government commissioned a partnership of academics across four universities in Wales and expert advisers to deliver the evaluation of the *Social Services and Well-being (Wales) Act 2014* (hereafter referred to as 'the Act').

1.2 The independent national evaluation – the [IMPACT study](link)[4] – has been running since November 2018 and is led by Professor Mark Llewellyn, Director of the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales alongside Professor Fiona Verity, Professor of Social Work and Social Care, Swansea University.

1.3 The partnership also includes colleagues from Cardiff Metropolitan and Bangor Universities and PRIME Centre Wales, and it is supported by the [Study Expert Reference Group](link) (SERG)[5] with its three citizen co-chairs.

Context

1.4 The Act sets out the Welsh Government vision to produce 'transformative changes' in social service policy, regulation and delivery arrangements across Wales. These changes are informed by five principles embedded across the Act's 11 parts. Aligned to it are also structures, processes and a series of Codes of Practice.

1.5 It is important to note the nature of the principles and how they are manifested in the experience of service users, carers and the workforce. The five principles do not operate in isolation – they are inter-related and inter-connected. There are overlaps between the underpinning philosophy of each, and as such in the experiences of people it is sometimes difficult to isolate one principle from another.

1.6 For example, it is almost impossible to conceive of how co-production, as a principle, can operate without first ensuring that people have voice and control over their care and support. Similarly, prevention often requires that a multi-agency 'offer' will be in place for people in order that prevention of crisis can occur. Finally, all of the principles ultimately aim to deliver better well-being outcomes for people, which is a principle itself.

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[4] A bilingual introductory film explaining the structure of the study can be found here: [Ffilm gwerthuso'r Ddeddf / Act evaluation film – WIHSC - YouTube](link)

[5] For more on the SERG, see: [Study Expert Reference Group | University of South Wales](link)

1.7 As such, when reading this report, whilst it is focused on a single principle, there are occasions below when evidence concerning other principles is referenced. This reflects the inter-connected nature of the principles as noted above. Such evidence will be synthesised in the Final Report which draws material from this, and the reports produced on the other principles.

1.8 Alongside the five principles, we have identified five domains within which the principles of the Act 'meet' the people or organisations for whom the Act should be having an impact – individuals in need of care and support, their carers and family members, the communities in which they live, the workforce that supports them, and the organisations who have responsibilities and duties to discharge as outlined by the Act and associated Codes of Practice.

Table 1.1: Five principles of the Act, and the five domains of the study

Principles	Domains
Well-being	Citizens
Voice and control	Families and Carers
Co-production	Communities
Multi-agency working	Workforce
Prevention and early intervention	Organisations

1.9 The overall evaluation study represents an independent and objective assessment of the implementation of the Act and the way in which it has impacted the well-being of people who need care and support and their carers. In order to bring this about, we draw upon the approach espoused by Michael Patton (2018) in his 'Principles-Focused Evaluation' (P-FE) framework which we are using as the theoretical and conceptual underpinning of our study. [6] There are three key questions that Patton encourages us to consider as part of any P-FE (2018, pp.27-29):

1. To what extent have meaningful and evaluable principles been articulated?
2. If principles have been articulated, to what extent and in what ways are they being adhered to in practice?

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[6] For more on P-FE see Patton, M. Q. (2018). *Principles-Focused Evaluation - The GUIDE*. New York: Guilford Press. For how P-FE relates to this study, see Chapter 2 in Llewellyn M., Verity F., Wallace S. and Tetlow S. (2022). *Expectations and Experiences: Service-user and Carer perspectives on the Social Services and Well-being (Wales) Act.* Cardiff. Welsh Government, GSR report number 16/2022. Available at: Evaluation of the Social Services and Well-being (Wales) Act 2014: expectations and experiences.

3. If adhered to, to what extent and in what ways are the principles leading to the desired results?

1.10 There is a clear connection between Patton's questions, the areas for inquiry in our study, and the five principles underpinning the Act. These connections are considered in detail on a principle-by-principle basis in a series of reports, of which this is one. This report focuses on the principle of co-production and has been authored by a sub-team within the IMPACT evaluation study group who have a special interest and expertise in this topic.

Co-production

1.11 The *Social Services and Well-Being (Wales) Act 2014* places a duty on Health Boards and Local Authorities to promote the well-being of citizens and communities – and states that 'essential to fulfilling this duty will be an approach which is based on co-production principles'. In the Code of Practice, those principles are explained in terms of an approach which:

a) recognises people as assets, and as having a positive contribution to make to the design and operation of services,

b) empowers people to contribute to their own well-being,

c) ensures that professionals work in partnership with people to achieve well-being outcomes at an individual and service level,

d) involves people in designing outcomes for services,

e) supports and empowers people to get involved with the design and operation of services' (Welsh Government 2014, p. 52).

1.12 Local authorities must:

- put 'robust arrangements in place for encouraging the involvement of people… in order that organisations and arrangements are designed with, and led by, people who need care and support, and carers who need support' (p. 51)

- 'put in place transparent arrangements where people are equal partners in designing and delivering services' (Welsh Government, 2014, p. 55)

1.13 Two prerequisites for co-production are:

- 'culture change' towards relational and reciprocal practice

- citizens & professionals valued equally' (Welsh Government, 2014, p.53).

1.14   Together with the preceding principles and aims, these two concise phrases provide the simplest, most direct yardstick by which to gauge the impacts of the Act so far. We will return to them at the end of this report.

Purpose and scope

1.15   This work was undertaken to address the overarching question carried forward from the Process Evaluation (Llewellyn et al., 2021, p. 120): to what extent is co-production at individual and service levels embedded in social services practice and assessment?

1.16   The implementation of the Act was described there as an 'ongoing journey' (Ibid). Our aim in this report is to assess the stage in that journey so far, from the perspective of those experiencing attempts to embed co-productive practice. During the process evaluation phase, we noted a number of current and potential challenges to implementing co-production, including:

- lack of understanding by practitioners and organisations of what co-production is and requires

- gaps in the support required for service-users and unpaid carers' full participation in co-production processes

- difficulties in accommodating diverse interests among those participating

- securing the kinds of support from senior leadership and organisational 'buy-in' required for a realistic adaptation to co-productive ways of working (Ibid, pp.20-30).

1.17   These points are echoed in findings presented in our report, *Evaluation of the Social Services and Well-being (Wales) Act 2014: Expectations and Experiences* (Llewellyn et al 2022), but also expanded and elaborated upon as our participants discuss their experiences.

1.18   As noted above, the report will primarily focus on co-production, but there may be reference to the ways in which some of the other principles of the Act (prevention and early intervention, voice and control, multi-agency working and well-being) inter-relate with prevention in the evidence considered here. The purpose of this report is to concentrate attention on co-production at individual and service levels. There will of course be some overlap with voice and control. However, co-production is distinctive in its focus on mutual relationships and reciprocal benefit at all levels.

1.19   It draws new material from a series of workshops held during 2020 and 2021 with organisational managers in local authorities and provider organisations, practitioners, service-users, unpaid carers and those supporting them, as a way of addressing the range of services and groups affected by the Act.

1.20   The scope of this report is to draw the evidence around co-production together, providing a focal point on this principle for those who may be interested in it. We draw such themes together in the summary of this document (Chapter 4) and provide recommendations that are specific to co-production. These need to be seen in the context of the overall findings, conclusions and recommendations made in the Final Report (Llewellyn et al., 2023).

2.   Methodology

2.1   In gathering data about co-production in Wales we held a series of workshops during 2020 and 2021 with organisational managers in local authorities and provider organisations, practitioners, service-users, unpaid carers and those supporting them, as a way of addressing the range of services and groups affected by the Social Services and Well-being (Wales) Act 2014.

2.2   In 2020 we held three mixed group workshops, one in person and two online. 24 people took part. We invited participants who were members of the Co-production Network for Wales. Participants in these groups were mainly practitioners and organisational managers, but also included a small number of service-users and carers. In 2021 we engaged with a targeted service-user and unpaid carer audience in 10 online workshops and four online interviews. 64 people took part. We invited participants through the existing networks of service user and carer-led organisations Some of the service-user and unpaid carer workshops in 2021 included practitioners in a supporting role. In 2021, we held 11 workshops, each of which was targeted at one of the following groups:

- blind and visually impaired people
- people living with mental health challenges
- deaf and hearing-impaired people
- people with dementia
- people with learning disabilities
- people with physical impairments
- unpaid carers
- parents involved in child safeguarding

2.3   We selected the sample purposively to ensure representation from a range of subgroups of service users and unpaid carers from across Wales. Although we tried, we were unsuccessful in engaging with children and young people, and older people with high support needs (see 2.6).

2.4   All but two of the workshops and individual interviews took place via online meetings during 2020 and 2021. Ther exceptions were: an in-person discussion with parents involved in child safeguarding, which took place in Cardiff in 2021 and

the first mixed group workshop which took place in Newport before the Covid-19 pandemic in 2020. The time allocated to each session was typically two hours, with a break mid-way through – although this was reduced where there were relatively small numbers of participants. Each workshop was facilitated by the first three authors, either as a team of three or in a smaller combination. The structure of the discussion was the same in each case (i.e. meetings and individual interviews) and framed in the context of the Social Services and Well-being (Wales) Act 2014:

- Welcome and introductions

- **Part 1** – Each participant given 2 minutes to share **positive experiences** of being involved in co-production. Followed by a short discussion

- **Part 2** – Each participant given 2 minutes to share **negative experiences** of being involved in co-production. Followed by a short discussion

- **Part 3** – Group discussion about **what has changed (for better or worse)** as a result of participants' involvement in co-production.

2.5 Each discussion was then transcribed and subjected to thematic analysis, via an emergent coding framework derived manually: a list of codes was drawn from across the texts, and then refined in a way which allowed for recognition of irregularities in the relation between terms used and themes addressed.

2.6 As with any method, there are limitations in this approach, of which three are salient:

- Not all voices were heard. This applies to particular groups – so the views of children and young people, and older people with high support needs were sought but not obtained (see 2.3), And because they were relatively small and participation was entirely voluntary, the groups consulted were not perfectly representative.

- Across the sessions, there was variation in the balance between service user and practitioner participants.

- While there were strong reasons to address groups separately, to focus in on their particular perspectives and experiences, one cost of this was the lack of an opportunity to 'mix' perspectives in a single session – so that participants from different backgrounds could themselves compare and reflect on issues and experiences arising across different contexts.

These limitations have been borne in mind as far as possible, in the analysis of the data and the drawing of conclusions.

2.7   The findings are presented and discussed under three of the four headings originally identified in the Literature Review (Llewellyn et al 2021), interpreted as below:

- organisational understanding and strategy: to what extent, and in what ways, have relevant organisations adopted co-production as an aim, and taken realistic steps towards achieving it in practice?

- participation: To what extent, and in what ways, have service-users and unpaid carers been involved and empowered as partners in the design and operation of services?

- (dis)enabling factors[7]: where co-production has worked, what conditions or factors have helped this happen? Where it has not materialised as hoped, what conditions or factors may have impeded it?

2.8   In each case, we have sought to identify negatives and positives: examples of co-production going well, and examples of it not. At this stage, these are not set apart from each other: they are often intermingled, and any one aspect of implementation will typically carry positive and negative elements at the same time. This is to be expected. A co-productive approach is not something that is adopted as standard practice overnight and in order for co-production to be embedded in a meaningful way, we would expect to see these positive and negative elements of implementation occurring together, as organisations find what works for them. It is also worth highlighting that in this report, the added commentary is deliberately sparse and succinct. The voices of participants, articulately drawing on their own experiences, are typically as effective as any forms of words could be in singling out what is at stake, why it matters, and key areas for further attention.

2.9   In what follows, the voices of participants are identified simply by the heading of the workshop they took part in, abbreviated in this way:

P	Practitioners (2020) (3 groups)
BVIP	Blind and visually impaired people (1 group)

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[7] The original heading 'Enabling factors' has been adapted to '(dis)enabling factors', to allow for the inclusion of impediments.

DHIP	Deaf and hearing-impaired people (1 group)
LD	Learning Disability (2 groups and 1 individual interview)
MH	Mental Health (3 groups and 1 individual interview)
PWD	People with dementia (1 group)
PICS	Parents involved in child safeguarding (1 group)
PPI	People with physical impairments (1 group)
UC	Unpaid carers (2 groups)

2.10   The workshops in 2020 were mainly with practitioners (a term used to cover professionals in all roles, including managers). The workshops in 2021 were primarily with service users and carers. In some of the 2021 workshops, given the nature of the service, practitioners were present along with service-users. In the quotations below, where the voice is of a practitioner, this is indicated by the suffix practitioner' after the group reference, e.g. MH – practitioner)

3.   Findings and commentary

3.1   This section presents findings from the workshops described in section 2. As noted in 2.6, the findings are organised under three headings:

- Organisational understanding and strategy;

- Participation; and

- (Dis)enabling factors.

3.2   These headings provide a way of aligning findings with themes emerging in the Literature Review conducted at a previous stage of the study. They help show how the views and experiences gathered relate to what we know from previous research in this area. They provide a way of separating out the insights arising in a way which allows the issues at stake to be set out in relation to other points with which they share a feature in common. Each is supplemented by subheadings which help pick out more specific aspects of focus and concern.

3.3   For clarity, these headings:

- *Are not all-encompassing*. They do not capture every detail. Rather, they are general signposts, to pick out broad features of the evidence.

- *Are not mutually exclusive*. People's views and experiences do not tend to divide cleanly into separate categories. Given this, there are overlaps between different headings. We decided not to repeat points under different headings. Therefore, there are parallels between issues across headings. So, for example: points about organisation feature across these three subsections; some of the observations included in 3.3 are about participation (heading 3.2); and at places in 3.1 and 3.2, we find reference to factors which have enabled or disenabled co-production.

- *Are simpler than the data gathered*. The evidence from the workshops amounts to a rich, extensive, multi-layered and complex set of insights. Any organisation of them into a small number of overall categories will end up generalising to a degree, and risk exaggerating the extent to which different people were saying the same thing. The intention behind this structure is that it offers a way of conveying the richness of the data and also allowing the voices of participants to come through as much as possible in their own terms.

3.4   Lastly, because co-production happens between service-users and those usually responsible for service provision, the findings are often 'about' both levels of activity. For example, when the focus is on organisation, it is always also on the level of individuals' experiences of how matters of organisation unfold. The approach here is guided by the aim of capturing how co-production unfolds in practice, from the points of view of those participating.

Organisational understanding and strategy

3.5   This section is about the ways in which co-production is understood and organised, by those taking the initiative to bring it about. Co-production represents a distinctive way of working which is often at odds with well-entrenched habits and assumptions. For most of those involved, it requires a change of orientation – and for organisations, we can expect that achieving co-production will involve a degree of culture-change (see 1.10). For the most part, the findings presented in this section are about the extent to which such culture-change has actually happened:

> *To what extent, and in what ways, have relevant organisations adopted co-production as an aim, and taken realistic steps towards achieving it in practice?*

> *Interpretation of the term 'co-production', in general and in the Act*

3.6   Throughout the workshops, a recurring concern emerging among both service-users and practitioners was that often, **co-production is misunderstood**, conveyed in an unclear way, not appreciated for its distinctiveness or its potential benefits compared to existing ways of working (such as consultation), and/or subject to measurement and evaluation in inappropriate ways. We also found references to lack of clarity on the part of those implementing purportedly co-productive practice about how exactly individuals were to relate to each other, and to structures, in order for co-production to take place.

> *"Why does it take you know 20 pages of documentation to make a construct like [co-production] clear?" (MH - practitioner)*

> *"[Every manager] should be locked in a room until they can answer a 45-question paper on what co-production is and give us examples as well, and then they go back and do the job." (PWD)*

> *"At the moment, co-production is kind of flung around when actually, most of the stuff is consultation, you know. It's not co-production – it's consultation" (UC)*

"There's a big misunderstanding about what co-production is, and you know the clue's in the title – co-producing something is producing it together, but I think that's very, very badly misunderstood within the local authority" (UC)

"It felt more like consultation than co-production… They [the LA] wouldn't have decision makers in the room. So, there would be officers in the room, but those officers didn't have any decision-making power." (UC)

"You're often asked to contribute, but you're not really told about what the goal is, what the outcome is going to be and if and when that ever happens, you're not told… there's absolutely no feedback on how your contribution was used." (UC)

3.7 Some service-users and practitioners perceived **vagueness in the requirements and provisions of the Act** regarding co-production – and the implications of this in organisational terms.

"It [the Act] is quite vague… in the sense that you couldn't probably pinpoint what it covers for you [in terms of opportunities for co-production], so they can just dismiss you if you haven't got much more information." (BVIP)

"I don't think the Act itself prior to [our] work was making co-production happen very well, I think the transformation program, because it's got co-production at its heart, has pushed that forward and North Wales, I don't think the Act in itself did. I don't think the Act is being monitored by the RPBs…. who's monitoring the RPB over six local authorities? Who's checking on the ground that voice and control, well-being, early intervention and co-production are happening? No one." (LD – practitioner)

Organisational change and adaptation

3.8 Some service-users perceived that co-production had led to **greater organisational alertness to problems**, even in cases where these were not then resolved.

"Where co-production has kind of changed recently is that people [in big organisations] to some extent they recognise those problems, but they don't fix them, whereas before they were unaware of the problems." (BVIP)

3.9 It was clear throughout the workshops that in the eyes of both service-users and practitioners, implementation of co-production has been **variable** across local authorities, across services within local authorities, and among third-sector providers.

"Does it [co-production] always work in practice? No - it's sometimes a little bit patchy, because it will depend on where you live, for example, your local authority. Some places are more sensitive than others, I think." (UC)

"There are four transformation projects across North Wales… this transformation program [Learning Disability] was the only one that really put co-production at the heart of it [and with reference to the Act]." (LD - practitioner)

"We are finding some local authorities a bit more sensitive than others to some of these ideas and that's, that is, the consistency of that is sometimes frustrating don't get me wrong, but the local authorities that are really buying into this idea are, you know, have taken this time - this period of COVID, to kind of reflect on how things have been done and… thought "You know what - we want to do things differently, and that in that means having parents and carers and their loved ones involved in that process, which is a wonderful thing, I think." (UC)

3.10   This may partly be due to a strongly perceived tendency towards **organisational rigidity**, creating a kind of **lag in adaptation** to what is a new and often quite radically different way of working, with variability partly stemming from a lack of convergence between different organisations and interest groups which tend to remain guided by their previous working habits. This rigidity was seen to stifle the free interaction between those involved on which co-production depends. The lack of room for manoeuvre may been interpreted by participants as a sign that those in ultimate charge are not necessarily sympathetic to what co-production requires.

"It's all very bureaucratic and on their [statutory organisation's] terms, the way they're used to working" (UC)

"[Co-production] brings into question a lot of the ways things are done and I think people find that quite challenging" (P)

"Social services may well say "We've offered support"… but none of it is really helpful… you have to fit into their services" (PICS)

"You know I think we all have had our own kind of dealings with local authorities at some point, and they do some really wonderful work - don't get me wrong, but it's very kind of regimented and structured and there's a clear process to it. Co-production isn't always like that, and I think letting go of that will be something that will be very difficult for people" (UC)

"They write new policies, and they do things, and then the last minute, they involve their local disability groups and disabled people. They say they want consultation, but that's a load of [expletive], because they've already written their papers and nothing ever changes." (PPI)

"Co-production is quite messy and it doesn't really fit with within, you know, like a local authority kind of checklist and process." (UC)

"I'll have to go back to the office and check if the system will allow it" (P)

"The system is controlled by other people… not those people you've been working with who have good intentions [in regards to co-production]" (UC)

"I think what outshines co-production is the fact that we've got to deal with and address all those regulations… so much emphasis around are we meeting the standards… but co-production… it should just be natural" (P)

3.11 **'Silo culture'** – the tendency to work in line with established habits within departments or disciplines rather than across them, leading to a lack of 'joined up', issue-focused practice – was something identified as putting a brake on co-production, but also as being possible to overcome.

> *"It's overcoming the silos… the RPB… we are meeting now to establish… under one program board a good network that flows up and down - you know equal partners around the table and it's so hard - it's so hard isn't it, but it's getting those silos working together and making a difference." (UC)*

3.12 Even where organisations have clearly invested in co-production, the benefits may not always be clear everywhere. Allowing them to emerge may need some **organisational patience**. Findings from one local authority showed that they had invested a lot of time in the development of relationships and a shared vision around care and support at home. They had involved all stakeholders over an extended period of time, but they felt this was time that had been well-spent in terms of improving outcomes for service-users.

> *"There is a sincere willingness [in some senior managers to co-produce] … they wouldn't be doing all the things they're doing if there wasn't… they are beginning to see the benefits, although I don't think we are clear what those benefits are." (MH)*

"They [many policy makers and service managers] don't grasp the benefits of it [co-production]. They don't see the benefits of it, they see it as a distraction from the day-to-day stuff of just getting on with the job." (PWD)

"They [senior managers in statutory organisations] obviously want to see the cost benefit… but I think there's more to be done on that." (LD - practitioner)

"Our co-production approach to homecare led to a 90-year-old lady meeting up with a 70-year-old lady she used to babysit, and they got on like a house on fire… one of the ladies… we used to dress her, but now the carers are turning up to find her already dressed" (P)

"There was a mum who set up [respite] for her daughter… the family were very relaxed and their form of respite was being around animals, and especially horses… so obviously this little kind of idea that kind of grew from a parent having an idea that I want my child, a little bit you know, having a little bit of quality and meaningful respite, which isn't necessarily going to a day centre one day a week… that's, not to say that doesn't work for some people, but it's about that kind of control and flexibility for people. So that required, obviously, you know - local authority third sector, the people themselves to you know, actually to come together and kind of make this work, which again is a lovely example of when people think creatively and there is support there to be able to do that, and everyone has a say in how it's done… That is something that's opened its doors to other people to come in to be able to access this… kind of almost like a small holding" (UC)

Unevenness between sectors and places

3.13   A key finding is that co-production has landed differently in **the third sector and the statutory sector**. Service-users' accounts suggest that in terms of implementation, the former was often considerably ahead.

"One of the other groups in [a particular local authority] is fine… they're very accommodating and the gentleman that chairs that does have a learning disability… he sort of leads that, so he is really good on that side of stuff but it's not coming from [a particular local authority] it's coming from the CVS [Council for Voluntary Services]." (LD)

"[Organisations] like the [national organisation]… are changing the way they work… it's more of a collaborative you know, supporting blind and visually

impaired people more into the organisation and working with them on the support that they can give rather than… doing things to people, so I think the third sector is definitely changing my perspective… they're listening more you know, about what people want." (BVIP)

"Our membership is made of people… voluntary sector groups, people with lived experience and carers… a membership-based organisation with people elected to the committee… For all our projects we have advisory groups made up of all stakeholders… sometimes it works better than others, but it's there." (MH - practitioner)

"I've had 20 years of experience as a service-user. [A particular 3rd sector organisation] empower people… people are encouraged to develop skills, editing videos… [they are] given the platform and empowered to do the things they want… their involvement is not prescriptive... it's true co-production. It's not 'Let us know what you think… we care about your opinion'… it's 'This is roughly what we know and here's our starting point let's build it together'… This has been the basis of a lot of work in the 3rd sector for some time" (MH)

3.14   By comparison, service-users perceived that the **statutory sector** had often moved more slowly and less effectively in implementing co-production – and it was not clear to them how to hold relevant people accountable for this.

"I remember when I first rang the local authority for Direct Payments and it was like they've got a team… and all their job is to get rid of you. It's not to support or help or move you along to what you kind of need… it's not, it's not a level playing field which it should be, it should be" (BVIP)

"Working with them [people in the LA] is often a battle - it shouldn't be, you know." (PPI)

"We shouldn't have to, but we have to battle. Yeah, and we shouldn't have to." (UC)

"One of the problems we have, to our shock, is that even when we complain about this [lack of co-production] and say something with reference to the Act, it seems to be to people [statutory services]… that it's 'their way or the highway', where they say "We're not doing it, we're not doing it" with no recourse to them - so that's one of our struggles - even challenging it, we don't seem to have any teeth to challenge anything that's going on." (LD)

3.15   While **the policy move towards regionalised planning** may promise bringing decision-making closer to **small community groups** and encourage interaction between **individual stakeholders** at the local level, participants' accounts suggested that it had not necessarily had these effects. Regional Partnership Boards may not be breaking down barriers to co-production as much as would be hoped.

> *"We…a small, tiny community organisation – we managed finally, managed to get a space on the Regional Partnership Board back in the autumn after months and months and we kept getting pushed off… I went along with one of my citizens… it went well. One of the health folk chased us out of the room to get our contact details, but it still felt like "Oh, that's a nice story, thank you very much. Bye bye" and they'll carry on regardless" (P)*

> *"And it's also quite isolating because they [professionals] are all working together and building up relationships and able to speak to one another, quite regularly outside meetings, whereas we [unpaid carers]… if we want to talk to one another we've got to do it in our own time and set up meetings in our own time in cafes or whatever. This is what happens for the Regional Partnership Board reps - we have to go off and sort ourselves out, you know. There's no facility for us to meet and chat… over the water cooler or whatever" (UC)*

The roles of power and influence

3.16   Within statutory organisations, there are **power imbalances and hierarchies**, which may inhibit all concerned from being able to say what they think and hear each other out. This can take the form of a sense, among those with an appetite to pursue co-production, of lack of permission from those higher up to appropriate the resource required to do so.

> *"[There is] power imbalance… particularly within the mental health system. So doctors and psychiatrists still hold all the cards really… we're trying our best to share out the cards… share the cards and to play the cards together, but they keep pulling them back." (MH)*

> *"It's very sad but they have a… picture board… of all the people who work on the Ward. At the top of the board is the psychiatrist and at the bottom of the board is the cleaner. I [as peer mentor] come just before the cleaner and just after the OT technicians." (MH)*

"I think the problem tends to arise with that kind of middle layer, you know, the sort of middle management executives who are willing, but need more coaching if you like, about the benefits of co-production and how systems need to be changed to enable it to happen properly" (P)

3.17   There is in some places evidence of **meaningful involvement of service-users,** for example in the recruitment of practitioners, and in service evaluation and re-design. Where this had happened, service-users felt that they had wielded real influence.

> *"Being involved in recruitment and recruiting various people to post, whether it be liaison psychiatrists, senior nurses etc… has been a very positive experience – moving from just being in the room, ready and asking set questions to being given a bit more leeway to actually enter into dialogue, a bit more as well and be treated more as an equal."* (MH)

> *"I really enjoyed taking part in 15 steps, which is something we also did where we got to go around some of the local wards, the low secure… and really looked at the impact on a person going in for the first time on…. all those things that can make you not want to walk through those doors or how it affects your experience - so visually, smell [etc]… you know, all these things like walking into it. So, that was a really great project… to be able to be a part of and they [service managers] took it on board… there's a real sort of conversation around it and yeah, they really work."* (MH)

Participation

3.18   This section is about participation in co-production at an individual and service level. This refers both to the inclusion in the design and delivery of services of those who would not normally contribute to how they are shaped, and also to the quality of the interactions between service-users and service providers, especially where these foster mutuality and reciprocal benefit.

> *"A lovely example of co-production was shared by one of our homecare workers when she shared this 'magic moment' at a workshop in Porthmadog: One of our service users loves cross-stich and her walls are covered in all sorts of samplers that she has made. One day I went to visit her and noticed that my tabard was coming undone. I asked her if she could lend me a needle and thread, to which she replied, "Give it to me and I will mend it for you". She did a great job and*

obviously enjoyed doing this for me. She then asked me if any of my colleagues needed anything mended. We now look out for things she can mend" (P)

3.19 Co-production at this individual level goes beyond voice and control. It is relational and reciprocal and moves away from one-way care transactions. This can often go unnoticed or may be hidden when care workers feel obliged to follow or say they followed prescriptive tasks set out in a care and support plan, rather than co-productively responding to the needs and opportunities of the moment. The ethos of co-production should be a golden thread running though individual to service levels.

3.20 Participation at an individual and service level is importantly associated with the need for citizens and professionals to be valued equally, cited by Welsh Government as a prerequisite for co-production (see 1.10 above). This is because participation is partly about 'being there' as services develop, but also about contributing to their development on an equal footing with others, through relational, responsive and reciprocal practice. Thus the role of participation and the terms on which it takes place are pivotal to co-production, and definitive of what makes the approach distinctive from alternatives, both as a process and in terms of its potential outcomes. The scale of participation will vary, in terms of numbers of people involved. But for a process to count as co-production, participation needs to be a feature throughout:

> *To what extent, and in what ways, have service-users and unpaid carers been involved and empowered as partners in the design and operation of services?*

The value of participation for the service-user

3.21 We found that the role of being a full participant was especially valued by service-users, and also that they were mindful of the importance of *who* is invited to participate. 'Being there' – and being seen to be there, as a participant – has a value in itself.

> *"It's when people are physically present, and they're physically seen in the community…that's how you change negative perceptions."* (P)

> *"It [co-production] shouldn't be an event, it should be baked into the entire process and that's really, really misunderstood… it's not about getting people in, listening to their tiresome stories and then filtering that through so that we get a little bit of something in the end to say we listened - that's not co-production."* (UC)

"Some of [the] events that I've been involved have been really amazing and they work really well on the day, but I don't necessarily feel it is the right people who attend those groups… you need the bloke who's just come out of jail; you've got to get the guy who is smashing windows because he's angry… [co-production] is more than just everybody agreeing, so you can write-up a nice paper about it." (PPI)

"I think it's really important that the service-user feels that they are included in their own care - in the whole process and not just having the professionals, as it were preaching, if you like, to them and saying "You know, we think you should do this, this and this and that - that'll make you feel better". And, certainly from my own experience I've always found it very, very good and very, very motivating that I've always had a say in in my in my own care." (MH)

Participatory virtues

3.22   We found that the value of participation, and what makes it work well, were often expressed in terms of **principles and virtues**, such as **respect** and **inclusion** and **good listening**.

"[1 to 1 co-production] was a really positive experience, because I really felt like I'd been listened to… and then, getting a couple of calls to check that the sessions had gone OK and that I was happy… and did I have any questions or problems or anything and for something really, really personal I felt that I had been really listened to" (BVIP)

"What I noticed was how they [practitioners] were very respectful and understanding… a careful invitation into participation." (MH)

"The people in [third sector organisation] say "What do you want?" rather than "This is what you're having." (PICS)

"It made me feel really good. It made me feel worthwhile, at last, and that somebody was listening to my voice." (MH)

"The other amazing thing about co-production… my opinion is valued… welcomed and not seen as criticism." (MH)

"They [people supported by services] really value somebody who's giving them time. They feel valid, they feel listened, they feel seen, they feel like their

experiences and their concerns are of value and that's I think we need to do more of that for people and co-production is surely the way to do it." (MH)

"[I have a positive experience] with reference to protecting myself from the outbreak of COVID-19. There are several elements… [but] basically it's the attitude… the way the person [from the LA] interacted with me in a co-production style… they're not just asking questions that are from a piece of paper… they talk in a way that brings me into the conversation." (PPI)

"If I've got something to say or to share, [at third sector organisation] I feel heard – listened to and no judgement. Usually you feel judged." (PICS)

"You don't have be in agreement, but you have that respect and also be sharing the same goals… and you know, when projects have failed in the past, in co-production, is where you both have different agendas and it's been pulled in a different way." (MH)

Costs of (lack of) participation

3.23 Service-users and carers described being involved in co-production as **emotionally demanding.** Participants need emotional as well as practical support.

"Because you've got a person with lived experience who's coming at it emotionally. It's really affecting their life" (P)

"You're fighting… and then you feel like an outsider. I've got a big buy-in. I've got to stay alive for my son" (UC)

3.24 Similarly experiences of a **lack** of participation were articulated in terms of feeling **marginalised**, **discriminated** against, or being **'done to'** rather than respected.

"I haven't sadly had any [good experiences of co-production]. I was a carer for my father and the experience that I went through… was all a very negative experience… The professionals would turn and talk to my father - because I was deaf, they would talk to my father and ignore me, even though I was his next of kin. I saw that professionals themselves prefer to talk to hearing people, which makes me feel, it made me feel like I was insignificant, I wasn't important in his care." (DHIP)

"And she just wrote everything down how she wanted to present it, not how I actually said anything." (PICS)

"[in meetings] I was always the last person to be invited to speak… Everyone said their points … and then in front of everyone, she [the person chairing the meeting] said... 'C [me] has bipolar.' I said' 'what?!'" (PICS)

"There's no negotiation – it's 'This is what we expect of you'…. They come into your home. They have a book that they work from." (PICS)

Factors key to how participation unfolds

3.25   Many of our participants recognised a vital role for **knowledge**, in terms of how participation happens and the value that comes from it. This knowledge includes lived experience and understanding of your rights.

"Wow, how lucky we are that we've got all these people, that we can get all this information, all this knowledge from" (MH)

"What makes you the expert [in mental health services] - is your lived experience of mental health [the very thing that makes you feel inadequate] and… how it feels to be in a in a difficult place is not something that you can learn from studying" (MH)

"I did a co-production course and that's given me knowledge… It has helped me to know about, almost like my rights. It helped me, so that when the social worker comes to my house and says, oh no we don't do that and I said, "well actually…" and that's the knowledge and again… bringing people together, because a lot of people in the course are now the disability activists that I work with." (UC)

Individuals – perhaps particularly carers, and those in most vulnerable situations – may be subject to differential engagement according to how well they know their rights. Knowing your rights puts you in a stronger position to engage in co-production at an individual and service level.

"Once the local authority or the health board know that you understand your rights… it makes a difference." (UC)

"Unless you've got somebody to fight for you… the ones who most need the support are the ones who just can't cope with doing that" (BVIP – practitioner)

"They don't fight for their rights, and they don't, they don't challenge anything so then someone says "No" to them and then they just let that happen" (BVIP)

"The relationships that they [uninformed carers] form with a social worker is different because the social workers know that they don't know what they should

be receiving and they treat them differently. That's the sort of thing I'm hearing you know, from carers who don't understand [their rights]… but when you do understand, there's a kind of mutual respect there, then you know when you are more likely to be able to co-produce meaningfully, but if you don't know your rights and you don't understand what should be happening, I think that's a slightly different situation." (UC)

3.26   The role of **families** can make participation in co-production more complex. On the one hand, examples were given of family members presuming to speak on behalf of service users. On the other, some family carers described coming second in the co-production process, if they were involved at all.

> *"It's an issue with the family being involved in co-production, because they will speak on the behalf of deaf people which isn't necessarily a good thing." (DHIP)*

> *"I think it's just, it's difficult - it adds another layer of complexity to something that's already quite complex… the struggle comes when you've got what the family think is best… in the best interest of the family… and that can be different from the views of the [cared for] person, and that is a hugely complicated situation to deal with" (UC)*

> *"But often, the carers are not seen as necessarily part of the co-production thing and that's an interesting challenge. It's almost like a hierarchy of who co-produces first, which for me always feels a bit odd because the whole point of co-production is there's no hierarchy" (P)*

> *"They won't talk with me, his mother because of confidentiality. I care about my son, but whilst he is in treatment [for mental health] they keep me at arm's length" (UC)*

3.27   **Gender** was perceived by some to be a factor influencing the dynamics of co-production.

> *"I just thought there's some discrimination still and the discrepancy with relationships - not between the professional and the service-user actually, [but] about the sexes… about the equality. So if you're a man or a woman your experiences are completely different… that's made me really upset." (MH)*

3.28   Participation, particularly for people who lacked confidence was clearly strengthened though professional and peer advocacy (see 3.38). For some

participants there was under-appreciation of the role of **advocates and support workers**:

> "[In one particular planning meeting there is] a nominated person and he has a learning disability, which is fine - that's what I would like, but I'm not allowed to speak … I'm just there to support, but sometimes I do speak… I just sort of say 'No, this isn't good enough'…. However, if he can't attend I'm not supposed to attend and yet for older people, the representative is a young woman in her 30s – they are OK with that and that seems unfair." (LD – practitioner)

> "We mentioned this non instructed advocacy and nobody [in the meeting] had heard about it. It was like but like tumbleweed going through the room, you know" (UC)

> "It's only those that have somebody on board or can find somebody like an advocate or know about somebody in the game, that can actually do anything co productively. If you're lost you're on your own you're still done to." (LD – practitioner)

3.29 Where participation had not fulfilled its promise, we often found a perception of **tokenism** and of relevant organisations 'talking the talk but not walking the walk'. This contributed to a sense that participation is not always as full – or the invitation to participate is not as genuine – as might be the case.

> "A lot of us can see through it straight away, we know when it's tokenism - we know straight away. When there's 15 of you and 1 of us – we know." (PWD)

> "For many years, there was a group that sat under our Regional Partnership Board before the RPB was formed as part of the Act… Like so many of these groups, which was a bunch of senior managers… somebody, at some point had gone "Oh, we need to have a service-user on the Board." So on this group, there were three extraordinary able and in two cases, extraordinarily compliant people who sat there in extremely dull meetings, that spent many, many years… I am not exaggerating… deciding what their format should be." (LD – practitioner)

> "It seemed to be more of a box ticking thing… at the end of that six weeks we've shown them this this and this therefore they're OK." (BVIP)

> "I think the most negative experience I've seen at the moment… is [local authority] where basically, they talk about self-advocacy, but there is a [self-

advocacy] group that's actually having its funding taken away... basically things are imposed on people from what I know." (LD – practitioner)

"Then in 2016 … the Social Services and Well-being (Wales) Act came into being… this led to more meetings. We were drinking a glass of wine and we had some nice food and they said "You know, it's going to take at least a couple years before this works" and now I feel let down, because all my hard work and investment seems to have changed nothing… so I am very cynical of co-production." (PPI)

"Pardon my French but… but [co-production] is like person-centred planning to me, it can be 'bastardized' very easily… and if people can't deliver it, it can be used as a marketing tool like person centred planning… a good way to market your service, but you don't actually deliver it." (LD – practitioner)

3.30   Co-production is more readily achieved in services that are based on the **social rather than medical model**, especially, in the view of participants, for those using mental health services.

"A space to work in a very different way… outside the medical model" (MH – practitioner)

"The local authority are seen as junior partners… keeping LA identity alive is hard and keeping those social values going is hard… the money is with health. Social services share our [third sector] values, but joint planning is run by health" (MH – practitioner)

"It [co-production] is a bit difficult to say the least, because we got a disproportionate power imbalance in Wales, as regards dementia care. The medical model rules and it should have no place. I've said it to people I don't understand why it's there [under mental health services]. I do understand why it's there because nobody else wanted it in days gone by." (PWD)

The centrality of process

3.31   When co-production goes well, participants described a sense of something **uniquely valuable** having taken place in the **process** as well as the **outcomes**, especially for people who are often marginalised or demonised.

"There were 30 of us in the room – unpaid carers, service-users, social workers, managers, commissioners, planning offices - all of us in the room … and when

you're all sitting there, and you can see that some people are grumpy and checking their watches, thinking "Why am I here?" ... and then suddenly, you realise that you're all on the same page. So, we all have these different perspectives, but actually you realise that you all want the same thing; you all just want a good service and it's almost like penny dropping - it's like magic. So, that's really valuable". (UC)

"[In] the sharing of our different stories that we have between us… you get that emotion, the feelings. Being there together, you get to listen in and you get the engagement and you get the change." (MH)

"We reduce the division between us." (MH)

"[A third sector organisation] have supported me in ways that I could not have imagined… a focus on me and what I need… they gave me a realisation that it's Okay to be you – they make you feel that you are an individual, not a case… you're a woman who is strong" (PICS)

"What I really like about it… for me as a service-user having this role… is it gives value to all the negative experiences I've had in my life which just kind of makes it easier to bear it's almost like oh OK, I can do something good with this" (MH)

(Dis)Enabling factors

Where co-production has worked, what conditions or factors have helped this happen? Where it has not materialised as hoped, what conditions or factors may have impeded it?

3.32   A range of factors have been identified as impacting co-production. Organisational culture change is key with a greater emphasis on building trusting relationships and developing a common language. This requires empowering leadership, continuity in staffing and appropriate training to enable collective creativity across all levels within an organisation or partnership - bottom up and top-down. Practical support to facilitate participation and co-production is also required, along with the provision of consistent and relevant feedback. All of this takes time.

3.33   A number of factors have been identified as impacting co-production, which include: the cultures of relevant organisations and the need to change culture to accommodate co-production; relationships and the building of trust; the use of language and communication; the role of leaders in providing support; the scale of co-production; the staff involved and the training they have had; the provision of

feedback to participants; the availability of relevant advocacy; the time and resources available to engage in co-production and the wider support available to facilitate it.

Culture change

3.34 Repeatedly, across all conversations, our participants noted the importance of **organisational culture-change** to the implementation of the Act. Typically, in doing so, they were noting that working cultures among relevant organisations had not changed as much as might be hoped – so for example, that bureaucratic requirements were not conducive to or compatible with a co-productive way of working. Too much bureaucracy may be perceived as a barrier to staying involved, with a lack of recognition that this places greater burdens on non-practitioners than on those who are used to working in that way. But on occasion, substantial culture-change is also what successes were put down to.

"I think sometimes y know it will take, it will take a long time to change… we're changing cultures and it will take a long time to change that." (UC)

"I think when the Act [came in] … I think one of the problems was that Wales wasn't ready for it, culturally, but… one of the positives is that it's on people's tongues now, and even if people don't quite fully understand it, they know they're meant to be doing stuff… they're meant to be thinking about it, and I think that's not amazing, that's not brilliant, but there has been a time when that wasn't even in their mindset." (LD – practitioner)

"The bureaucracy is immense… and the Minutes that came out – I had a book of minutes as thick as the Bible from every meeting, and you were supposed to read these and digest them before the next meeting… I was on that about 18 months, and I decided to come off it for the sake of my own mental health, to be honest with you." (MH)

"The other thing that I think has really changed culturally is the… Dream Team… facilitate alternate meetings… we don't just facilitate, we set the agenda, if there are issues that we feel that this group of senior managers is [ignoring]… There is a meeting every month… so every two months, the meeting is entirely run by the Dream Team, which has grown to become around about 30 individuals with learning disabilities." (LD – practitioner)

Relationships

3.35   The quality of **relationships** – and a strong appreciation of the value of good relationships among those involved – were frequently invoked as playing a crucial part in how co-production unfolds. Notice here that in terms of co-production, the value of relationships can be seen in different contexts, simultaneously: in the quality of interactions between individuals involved, between individuals and organisations, and between organisations.

> *"And that makes all the difference, when someone takes the time to know get to know you and listen and then they're able to support you, without disabling you if you know I mean. It's like enabling you… [F]or me [co-production] is about relationships and time for relationships and everybody investing in those relationships." (MH – practitioner)*

> *"I've been supported by social care for the last 25 years and during that time, my local authority… have been very, very difficult. The way they work with me is not co-production… it's not reaching out… it's not relational and responsive… I wish they would listen to me because that would be amazing, and my life would be a lot better." (PPI)*

> *"The relationship building during that time [co-producing a strategy] was great and it felt, because it was done quite slowly and steady… that was really good, but some of the other stuff we've been involved with has been very, very fast and furious... I think slowing things down is quite important, and I think what G said about listening… you know, when people listen to your story and validate your story, and they are actually, what's the word... they're basically saying that's your qualification, that's your experience - that's important". (UC)*

> *"A sense of balance… of reciprocity… each course is shaped by the people on it" (MH, practitioner)*

> *"Involving people with lived experience in [recruitment]… can work well and it can work not well… it totally depends on getting… the system's going to [provide] support and also the management of it … [to] enable people to get the best out of that experience… it's building up the structures and… nurturing the relationships" (MH – practitioner)*

"I don't feel as if I had any working relationship with my social worker. It just felt like [she was saying] "You must do this or do that" [and then] "Oh, that's not good enough." (PICS)

3.36 **Time** spent together building **relationships of trust** and a **shared vision** for how things should be can be transformative, as illustrated by the development of homecare in one local authority.

"By bringing in the staff and really working on that relationship between the care staff and the people receiving the care, they worked out among themselves what needs to be done, how it's going to be delivered and when it's going to be delivered… and that's the bit we worked quite hard on." (P)

Language

3.37 **Ways of speaking and use of language** really matter for both service-users and practitioners, because of the ways in which co-production hinges on communication.

"One of the problems I think, is that the medical profession speak one language and the people they are looking after speak another" (MH – practitioner)

"You've got… the unpaid carers and disabled people on one side and then your councillors on the other side… and they don't speak the same language, you know… and, and there are all these different groups… it's really slow." (UC)

"The professional did a fabulous presentation about self-advocacy and all the different aspects of it and after about 20 minutes, one of the self-advocates said "I'm sorry, but I just haven't understood a word you said" (P)

"And it's a lot more complicated to have a collective voice, when you have a variety of different people with different understanding, different levels of confidence, different needs and different aims… and then you find that people have actually misheard completely" (P)

"[Much co-production] is really dependent on the spoken or written… word. We're not great at using other ways to help people share how they feel. We need ways of sharing their experiences so that we can make them useful, [so] we can direct those experiences in the right ways" (MH – practitioner)

"I said [to the social worker] "Lots of times you misinterpreted or misquoted me you know… she [the social worker] said one thing and I said, "No, that was exactly the opposite of what I was saying." (PICS)

Leadership

3.38 **Support and permission from leaders** is essential in the eyes of practitioners and some service-users – although even when present, systemic barriers slowed things down in some cases.

> *"There is willingness at a higher level… perhaps more recently. I think they find it hard… they have structures and fitting it into those structures is hard" (MH)*

> *"It needs people to push it in the right places, and to know what they're talking about, so they [statutory services] don't just slip back to consultation." (LD – practitioner)*

> *"I feel, because we have had this two-year project, and we're going into our third year - some of the senior people are really getting it…. [These] are the leaders, the decision makers - unless we get those folks on board it's not going to be supported in a large-scale way." (LD – practitioner)*

> *"Sometimes it starts at the top but doesn't filter down." (MH)*

> *"And what you really need is a senior civil servant to control the process, who is actually on your side." (PPI)*

> *"I think co-production only works if it comes from the top. It's all about good leadership it's all about the decision makers' understanding." (PWD)*

3.39 Expanding on this point, participants perceived that when co-production happened, this was often **down to enterprising and principled individuals** with enough motivation, knowledge and energy – and influence.

> *"In [health board], they have got an officer at a very senior level, who is responsible for co-production within the organization and therefore, it seems to be taken far more seriously." (UC)*

> *"In [local authority] they've got a chap who heads [direct payments] who is very progressive and forward thinking with stuff like this and he has got himself into a position where you know, they do work a little bit and … this is not to say it's all kind of sunshine and rainbows, but he has got himself into a position where he is able to kind of convince people that actually the uptake of Direct Payments… is*

actually a cost-saving measure because people are happier in their community."
(UC)

"You need somebody in charge of making co-production work, and not say "Oh, who's going to do the co-production? Oh, I'll tell you what, we'll give it to it to…. the patient experience group… or to a group of social workers who've got to make it a priority." (PWD)

"[as a new Director of Social Services] he did something remarkable… the first thing he did when he came into power was… he insisted that managers of every single department plus all the senior social workers, some junior social workers, people from the local health board and others [like me] … about 300 people must get together around big round tables. And on each table, everybody was mixed up - so you didn't get people from social services just sitting with each other…and he said "I want you to have a chat with each other and to get to know each other" … he said "There's food at the back… I want you to move around and get to know about each other's lives" … and it was brilliant. He was only there for 3 years and during that time everything worked" (PPI)

"Often change has happened, not because of some amazing network, but actually because of the contribution of one person" (P)

3.40   An example of **support from senior managers** for co-production to work is the remodelling of day services in a local authority.

"We (a local authority) took a co-production approach to remodelling day services …. We commissioned a partner agency to do some of the work on our behalf to have some independence… we wanted to be authentic…. We chose this organisation because they proposed to go about it through lots of small face to face meetings with people in context, rather than massive one-off consultation event…. We have come up with a model now, that will save me money, but I'm not going to have protests around it… So you can trust the process, but you need to take time to set it up properly and be authentic to the co-production… you need to invest in people and give them the time and space and renumeration… you need to be honest and transparent" (P – Head of Adult Services)

Scale

3.41   For many, co-production works best when the focus of action is **bottom-up** and/or **smaller-scale,** perhaps emerging from spontaneous co-operation or focused on

very specific issues of concern – for example, those identified by carers or care workers.

> *"Co-production works best when it's not imposed from particular organization and then kind of diffused. It works better off than when there is a need that is expressed by a community group or a group of carers who then take it to a statutory body, who will then… work with that." (UC)*

> *"In my experience, people who have high positions in authorities tend to do the talking while other people do the listening and you know, that predicates against good co-production." (PWD)*

> *"I have found that co-production… the things that I've been involved with, have worked well when it's small, when it's small groups… and when everyone has the same interest in in getting something very particular done." (UC)*

> *"Individually, carers were having a little trouble with respite… and then the group came together, and it was a common issue. And we took a common issue to the local authority - we looked at what should have been happening; we told them what actually was happening. And we worked together to ripple effect and empowered that group and the service… you know began to change… they changed the way the booking process was done, and it was an open dialogue between us and the local authority and things began to improve. Then we definitely saw that, you know it just shows how it can work." (UC)*

> *"Some of the most interesting co-production solutions have come out from the care worker at grass roots… From tiny, tiny seeds of sort of innovative ideas which two or three care workers have kind of gone and done something in their own space" P)*

Staffing and training

3.42 Several participants highlighted how **constant churn in staffing** makes co-production difficult.

> *"By the time the baby went for adoption, I'd had 7 social workers and he was 13 months old when the adoption got finalised. So, there's no communication, absolutely no communication between each social worker. I had one social worker telling me that they were going to work with me and the baby, and then the next social worker didn't have a clue… about that at all… and then the next*

social worker after that was an agency social worker who actually lied in court… the next social worker was newly qualified [and] didn't have a clue what he was doing…. the final social worker barely spoke any English. I was being pushed, pulled and torn… told one thing and then another. I just didn't know what I was doing or where I was going… [there was] no relationship whatsoever, no kind of relationship" (PICS)

"It is hard to get it [co-production] understood and through the whole… the willingness is there, but then it's sort of keeping that flame going isn't it… because your staff change and systems change and things come down from above that oppress people a bit and they have to meet these outcomes and targets and all that sort of top down stuff… turning things on its head and keeping that going is hard work" (MH)

"That's the way it is – the good ones [social workers], they leave" (PICS)

3.43   Where practitioners and service users are willing to co-produce, they do not always know how to go about it. Full implementation of co-production takes **training and practice**, and provision here may be patchy. Learning in mixed groups is seen as beneficial as it cuts across silos.

"We've got this wonderful legislation in Wales, that… we're all in agreement that the principles of it are really, really strong… but in practice it doesn't always it doesn't always happen… people know why it's important… what's missing is the how, how do we do it?" (UC)

"If you don't mean it, it doesn't matter what systems you put in place or how much training you have and so that is a really big problem" (P)

"Co-production… personally I haven't really done nothing with it… simply because I haven't had any training on it and I want to know which is the right path to go through... so the whole point of coming here is to find those contacts, those pathways." (LD)

"[Training is delivered] alongside people with lived experience… and we see, literally that lightbulb moments… [where] the mindsets change for the people who are attending the training - particularly in relation to police and town councillors. I have done some town council training over the years and often they come with quite a fixed mindset [about what] they think of mental health problems and what should happen, and you can literally see things changing in front of you, and if it

wasn't for co-production, that wouldn't be happening, they would just attend the training and go away again " (MH – practitioner)

"We got everyone in the same training room and it was really, really interesting. We had feedback from them and providers were saying "Oh, I didn't realise this" and social workers were saying "Well, I never thought of that"" (P)

"A mixed training audience, that works well to sort of share practice, break down barriers and understand each other's role and just sort of, you know, enable the foster carer to feel as though they are a professional" (P)

3.44 **A wider, general lack of resources** and **pressures on the workforce** were seen as inhibiting implementation of co-production and the scope for best practice here, in both the third and statutory sectors.

"I find them burnt out and turned over… you know what I mean? They've gone through the mill and then come out the other side thinking, the most restrictive things they can do are the safest." (MH)

"Welsh Government will liaise with and give spectacular amounts of money to [large organisations]… and it's not fed down… If you want co-production, it has to be, it has to be grassroots." (LD – practitioner)

"You need cold hard cash… if people are going to give up their time they need to be paid. We have another ICF project - we now have five LD champions within [the county] who are paid for their work and that's been a game changer." (LD – practitioner)

"In {a particular local authority]… our People First groups they're completely run by volunteers now with no money whatsoever." (LD)

"We have local authorities who kind of, say "Welsh Government can say what they want"… We refer them to the Act - what it says, but… local authorities will turn around and say "Welsh Government can say what they like, but we don't have money to do it"… It feels like we are in a losing battle in many ways." (LD)

"The National Lottery project funding is… unfortunately coming to the end now… and unfortunately we haven't got much money to carry on with a lot of it. Some of it, we can carry on with, but a lot of it we can't, and it made such a difference to everybody's lives." (BVIP - practitioner)

3.45   Particularly from the point of view of carers, good co-production was seen as requiring **thoughtful attention to the costs and practical challenges of being involved, as a participant.** Relatedly, **payment for involvement in co-production** was valued, but may be impeded by systems and may interfere with benefits.

> *"It went well because they trying to make it as accessible as possible in terms of making sure you know, that there was transport… and you know, there was renumeration for our time." (UC)*

> *"I mean, I've been to co-production meetings that haven't even had travel expenses… we've been in one where we didn't even have a glass of water. It's really poor. They just treat you like you're a bit of a nuisance" (U)*

> *"They actually offered to pay me for that training… I didn't take the money, because it would do interfere with my benefits at the time… but the offer was important." (MH)*

> *"We don't get paid – we get transport, our travel costs are covered, but then you need other resources in place so that people are able to participate, you know. They may need respite care… it should be easy for people to sit on these groups and represent, but there's got to be structured supported, which is often missing." (UC)*

> *"That's quite an interesting one, because there's a consensus of agreement - yes, people should be paid… and we've done work around this, what we think the hourly rate should be and looking at the levels of payment… [but] what we haven't been able to get past so well, is who pays and how is that going to be paid and when are people going to be paid?" (MH)*

3.46   A common source of discouragement for service-users and carers was the **lack of substantive feedback and follow-up information** following co-production activities.

> *"You need to show people that what they've fed in has an impact… they need to recognise that change has happened, even tiny changes are OK and valid, but they don't hear." (P)*

"The first co-production project was in 2017. And nothing has come of that… and that was quite a small-scale project in one day centre…. And since then, I have been involved in much more widespread projects… some of them are still ambling on, but nothing really has come from any of the hours and hours of time that I've given to these things, or if it has then no one has told me" (UC)

3.47   Participants perceived that co-production requires **openness** and **confidence.** Both can be challenging for people supported by services, especially those who feel threatened, stigmatised or marginalised

"If we are working in a co-productive way, people need to be able to say what they feel; they need to say whether that is the service-user or the head of the health board. Everybody should be able to express themselves, because otherwise co-production is meaningless if people aren't acting with honesty." (MH)

"You need to train people to have confidence to work together" (CVAMH - practitioner)

"I've only been working with [third sector organisation] since December and so much has changed… I am much more confident… looking at this meeting [an evaluation workshop] like this, I would have said "No way", but after meeting the girls and talking online… it has built my confidence, to speak my mind and say what I want" (PICS)

"One of the big things that we have at [third sector organisation] is to build people's confidences after they've had, you know that the loss of sight, which is a trauma… and all of a sudden, they have to fill in a form for the DWP and… by the end of filling in the form like that [with all the things you can't do], that person's confidence has been knocked to zero… Social Services works very much like that as well…" (BVIP – practitioner)

"[it has given me] confidence to be able to speak - once you get over something that is… these people [service managers] are, like, approachable… they sort of come down and yeah I suppose makes, makes you feel that what you have to say is valuable" (MH)

"I think it takes a certain level of knowledge and confidence to approach people in statutory services and say "Hang on, I actually think I know better than you on this one" (MH)

3.48   Promoting co-production as a minority voice or lone proponent is difficult, especially in people who lack confidence. **Professional and peer advocacy and associated collective action** can be crucial in building confidence and strengthening co-production, but only, as participants suggest, if done in an appropriate way which meets people where they are.

> *"To understand and implement co-production… that is quite hard and when you're a little band [who 'get it'] to do that, you have to sort of pick your battles." (MH)*

> *[Regarding a deaf person with mental health problems]… we had been brought in as special service at the last minute, because what had been provided in the beginning was a hearing person who only had Level One sign language ability, which meant that they weren't able to converse with the deaf person in the correct way… they weren't able to alter their language or not and language structure in order to match the person that they were trying to advocate for… the deaf person, even though they were suffering with their mental health, had to change their language ability in order to fit in with the advocate that that they'd been given" (DHIP)*

> *"In [another LA], there is an established group of carers and it's great… a group of parents who know each other quite well, so they could come at it as a sort of block. Whereas, here… most of the carers have never met each other before… they're not really a united front… many of them have never been involved in any co-production before and… I can see that they are being led along and steered into certain way, you know by the [LA]". (UC)*

> *"And we [members of peer support group] will say if we're not happy with what they [the LA] are putting in place. We will go "No… sorry, you can't tell us what the vision for the transformation program is - how can you have a vision that's [only] your vision and not our vision?" (UC)*

Time

3.49   Service users and practitioners all agreed that co-production requires **time** to work, both in terms of giving sufficient overall time for projects to work, but also the day-to-day mechanics of their operation. **Short term funding** of transformation projects undermines this.

"The courses are truly co-produced, but… they take time to develop, and then when people (peers) go and new people come, they are not happy to just follow what was previously developed… they want to co-produce again… this all takes time." (MH)

"Co-production is very, very time intensive and I don't think statutory and certainly Welsh Government understand that as yet… for me to organize one meeting… I field upwards of, probably upwards of 50 emails and Facebook messages." (LD – practitioner)

"And then, there's the paperwork [for meetings] we're supposed to have it read it through numerous times, but I didn't get chance to and then… you've got 10 minutes [to read it through] before the meeting, but it's about that thick!" (PICS)

"I don't think a lot of people really understand that it's a slow process, they seem to think that, if they talk now then next week, they should be seeing changes, and it is not that easy to implement a change when it's policy, you know after policy." (LD – practitioner)

"Time - it takes time to be able to put together co-production effectively and it takes time to listen." (MH)

"You know… you can't transform things in a couple of years, but I think we're a good way along." (LD - practitioner)

The Welsh context

3.50   Some participants perceived **Wales to be a constructive place for engagement with those in power in a co-productive vein** – for example, in the case of developing dementia standards. For all the frustrations, participants were very positive about Welsh Government's intentions.

"[working with Social Care Wales and Improvement Cymru on developing Dementia Standards] there's an equal space as well as a dialogical space, where everybody is treated exactly the same, whether they're a consultant psychiatrist, or the head of a highfalutin department, [or] a university, or a burnt out ex-marine living in [a certain part of town]. I mean we're all treated exactly the same, and our opinions and preferences are valued." (PWD)

"[I was at an event and] [an Assembly Member] said "the voices of people with dementia has changed Welsh Government's mind regarding the national dementia policy" and I thought 'Wow!'" (PWD)

"I think we have a strong voice in Wales… we're everywhere, you know. We like to play, you can't keep us out of anything." (PWD)

COVID-19

3.51   In significant and unsurprising ways, the **COVID-19 pandemic** has undermined co-production.

"Prior to Covid, their [the RPB] intentions were good and people were involved [in working on a carers' strategy] but when Covid hit, instead of putting it on the back burner or trying to do it via Zoom they just tried to sort of shrink it and use some of the information they got from the early consultations with a very few carers and use that to base the whole strategy on… then an officer in the RPB actually produced this very lengthy, in my view, not a very good carers' strategy, with very minimum opportunity to feed into and change it " (UC)

"During the lockdown I had one phone call right at the beginning, from a social worker, who didn't know me, who I had never heard of or ever seen… and she asked me if I was OK, and I said "No, I am not… I have had to cancel my homecare because of Covid… and this is a real strain on my wife because she is now having to do the work of 2 carers everyday" I would love to have been listened to a bit more." (PPI)

"I think, during Covid, things definitely went back to the old way of thinking, of protecting people and making decisions for them… when the [expletive] hit the fan, we went back to that way of thinking." (LD)

"There are a probably a smaller group of people [who champion co-production] now than there would have been without a pandemic… who are willing to… really involve themselves in this process, because a lot of people are just at their wit's end." (UC)

"Some of our members have real problems accessing Teams - they are unable to do that, for whatever reason… There's been no attempt [by social workers] to put them in any other platform. It's a case of "If you use can't use Teams, we can't

meet with you", and that has been an ongoing complaint since we started lockdown by many of our members." (LD)

3.52 However, **adapting to the** COVID-19 **pandemic** has also brought some positives, for example in terms of awareness of factors affecting service-users, and perceptions of the scope for and value of participation:

"I've got some members that are never going to return back to day services because they've now got more control over their lives, and then I've got other members that have actually realised that they've lived their entire lives in a lockdown situation and it's only when everyday people started moaning about things that they actually realise that had lived this all for life, and they want change - so the pandemic has come with some really great things." (LD)

"All of our projects have had to go on to Zoom and most of them still succeeded in achieving things." (LD – practitioner)

"Zoom is strangely inclusive in various ways for particular people who have been excluded in the past, who perhaps now do not have to travel and can sit in their kitchen or living room with the kids in the background and Zoom… or people who rather than being in an intimidating situation of having to come into a massive room" (P)

4.   Summary

4.1   We noted early in this report that in Part 2 of the Act, co-production has two key prerequisites:

- 'culture change towards relational and reciprocal practice

- citizens and professionals valued equally' (Welsh Government, 2014, p.53)

4.2   It is clear from our findings that the realisation of these conditions has been partial at best, and variable. On both counts, there are examples of exceptionally good practice, alongside cases where progress has been negligible, towards either relational and reciprocal practice, or the valuing of all as equals. The very promotion of co-production has in some cases led to disappointment insofar as it highlights the gap between how things might be, and how they are – as experiences fail to match up to what was promised both in the legislation and an initial commitment from organisations to deliver in line with it. There is a good deal of learning to be had from these accounts.

4.3   Among the themes most salient across these findings, we would highlight five, expressed here as positive statements:

- co-production depends on **resources and relationships**. It will not establish itself without adequate funding and organisational support – but it will also not succeed without careful attention to the ways in which relevant relationships come into being and flourish.

- co-production depends on a **culture change towards more participatory, reciprocal, and relational ways of working** and enabling people to be 'change makers', in terms of regarding themselves as entitled to have a say on the scope for different ways of working, and on how to evaluate what ensues. Among the most prominent of inhibiting factors are the attitudes and habits which are legacies of previous eras and ways of working at individual and organisational levels. Not deviating from these may be easier, in short-term ways. But this will often thwart co-production or mean that it is set up to fail.

- **co-production is values-based**, and those values reflect skills and competencies which will involve **dialogic learning** (Escobar 2011) on the part of all those participating – service-users, carers and practitioners at all levels of seniority. It depends on respect, listening, a spirit of cooperation, building on people's strengths, and the capacity to relate to others as both equal and

uniquely valuable. There is value for participants in the process, as well as in the outcomes.

- **statutory services** may have a good deal to learn from how pioneering **third-sector organisations** have implemented co-production. This could lead to better practice and the development of networks across silos.

- even where stakeholders are frustrated, tired out or disappointed that things are not better than they are, there is an almost unanimous, strongly held view that co-production is **full of potential and part of the solution** to focusing on people's lives not systems in terms of social services and well-being in Wales.

4.4   Finally, the following recommendations have emerged as a result of reflections on the evidence gathered by the research team:

1. **Adequate and sustained funding (i.e. long-term) needs to be found for:**

   - **Investment in the groups and settings that support co-production.** This includes service user and carer peer support networks; and

   - **Transformational work that allows time for effective dialogue and deliberation involving all stakeholders.** Co-production is grounded in relationships and the development of shared understanding and vision, all of which take time to develop and are compromised by organisational churn and short-termism. 12-month funding cycles are a real barrier to this work.

2. **Widespread learning and development opportunities for the workforce is needed, which has to include programmes on:**

   - **Values and principles that underpin co-production and interdependent well-being, thus helping the workforce to appreciate the value of building relationships as well as providing the core service.** Social pedagogy approaches to learning and development that are holistic – developing the personal and relational as well as the professional aspects of social care – can be of value in this process;

   - **Practical methods to support dialogue-learning, deliberative democratic decision making and participatory evaluation.** What is vital here is helping people to move from good intentions to good practice in co-production. The Health and Care Research Wales funded [Developing Evidence Enriched Practice](#) (DEEP) programme is working with Social Care

Wales to promote story and dialogue approaches to learning and development and training provided by the [Co-production Network for Wales](). This is a model which should be sustained and spread; and

- **Enabling less hierarchical decision making that supports relationship-building, self-organisation, agency, responsivity and co-production at the frontline.** Building on the leadership programme in Social Care Wales and learning from elsewhere, this additional development and learning could be based on the UK-wide Human Learning Systems (HLS) network and Leadership for Learning (LfL) programme in education, and Buurtzorg model of community nursing.

3. **Good practice in co-production across Wales should be celebrated and publicised as a source of inspiration for others.** This should build on previous co-production publicity initiatives such as the 'All In This Together' case studies and the showcasing work of the Co-production Network for Wales. It should highlight and promote the work of those who have found effective ways of realising co-production and support them in furthering their work. Also, encourage people should be encouraged to share lessons learned from experimental failure as well as success.

4. **Emotional and practical support should be available in a robust and consistent way to service users and carers who share the personal and often painful in co-production activities.** The emotional labour of co-production must be recognised and addressed, building on lessons from the 'compassionate care' movement and existing participation guidance such as UK Standards for Public Involvement in research.

5. **Greater co-production should be promoted and supported – for example, with people who are most in need of recognition so they can benefit from co-productive approaches, such as:**

- **Those often marginalised– like people with sensory impairments and parents involved in child safeguarding.** These people appear to benefit the most from co-production, but often lack confidence. This can be

addressed through investing in peer advocacy and building on good practice;[8] and

- **Unpaid carers, in order to recognise their massive contribution to care and support and ensure they are centre stage in co-production.** There is a need to support a step-change in working in partnership with unpaid carers, and this could include building on good practice.[9]

6. **Approaches to care and support which are consumerist, paternalistic, and divisive between 'us and them' should be challenged, and a culture of reciprocity, mutual support and collective action promoted.** This could involve promotion of the Senses Framework (Nolan, 2006) which outlines the interdependent well-being of service users, unpaid carers and practitioners. The reciprocal nature of relationship-centred care and support should also be strongly encouraged. Building on good practice would be advantageous.[10]

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[8] See for example the Barnardo's Reflect Project.

[9] See for example The Grapevine Peer Support Group, Rhondda Cynon Taff CBC.

[10] See for example the Cardiff and Vale Mental Health Recovery College, where all of the training courses are co-designed and co-delivered.

5.   References

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