CO-PRODUCTION IN PRACTICE GUIDANCE DOCUMENT

2018 - 2020

Supporting the Implementation of 'A National Framework for Recovery in Mental Health 2018-2020'

ARI Advancing Recovery in Ireland

HSE Mental Health Services

Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service

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Co-Production in Practice: Foreword

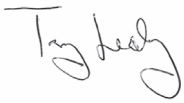
The recently published A National Framework for Recovery in Mental Health 2018 – 2020 seeks to ensure that Mental Health Services become more recovery-oriented. One of the four principles underpinning the Framework is co-production. Co-production is a defining feature of a recovery focused Mental Health Service.

The concept of co-production is simple enough. It requires the stakeholders in a project or enterprise to work together to achieve their desired outcome. With our strong and rich tradition in Ireland of the Gaelic Athletics Association, most of us have an idea of the huge communal effort involved in fielding a sports team at any level. That's a good example of co-production in practice while reminding us that it requires considerable investment and effort.

In Mental Health Services the big challenge to the implementation of co-production in practice is the older model of service from which we are still emerging. Traditionally, Mental Health Services were provided mainly by doctors and nurses. In more recent decades there has been a growth in multi-disciplinary service provision involving a wider range of health professionals, including psychologists, social workers, occupational therapists and speech and language therapists. More recently still we are now recognizing the critical role of service users, family members and supporters in the design, delivery and evaluation of services. Because of the incremental nature of these developments, the structures to support the full engagement of all the stakeholders in an equitable manner are slow to develop. Emerging structures will need to focus more on things like inclusive decision making processes, valuing the contributions of different stakeholders and distributed leadership.

Co-production in practice requires each stakeholder to understand and offer the distinctive contribution that they bring to the process. It also requires them to be generous in facilitating the other stakeholders in making their distinctive contribution to the process. When all parties come to the table with that approach then co-production can happen.

We hope that the guidance provided here will be helpful to those many thousands of service providers, service users and family members who are eager to pursue new and better ways of working to ensure user-friendly and effective mental health services into the future.



Tony Leahy
General Manager
MHD Service Improvement

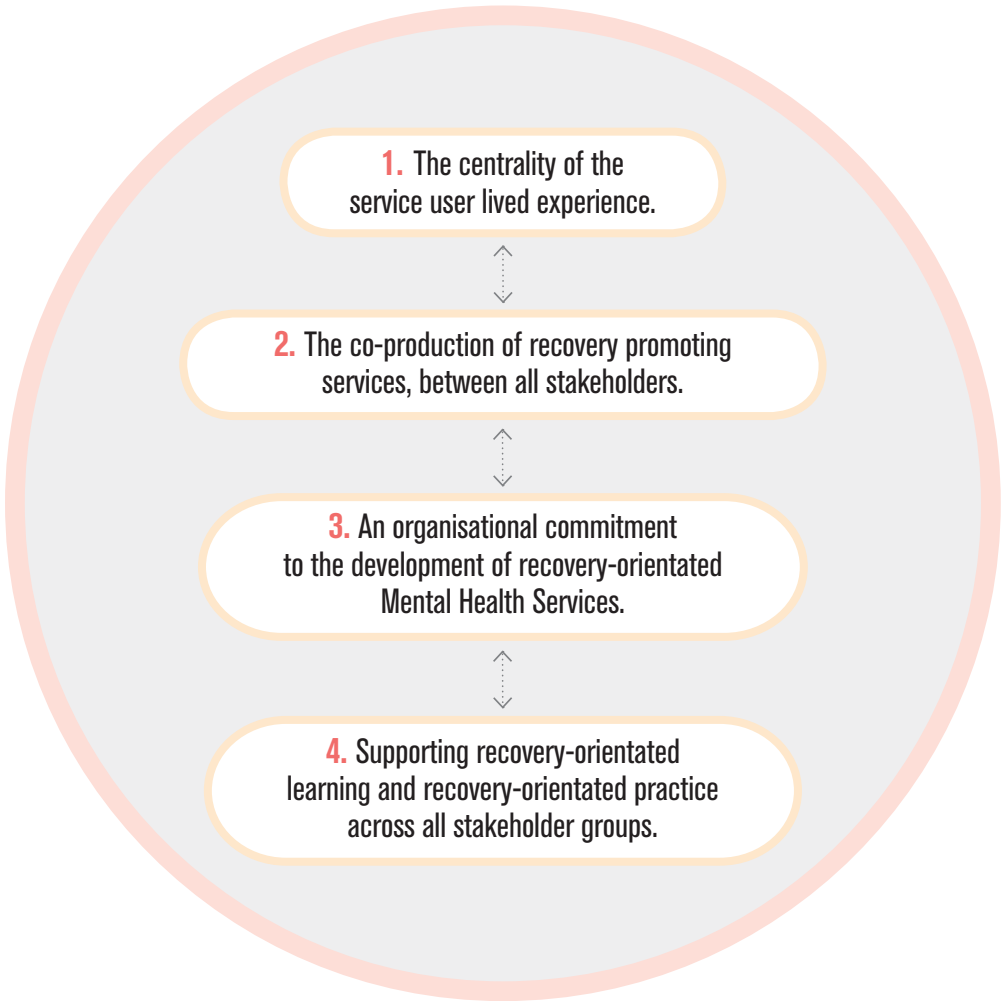
Introduction

The Co-Production in Practice Guidance document has been developed to support mental health services in the implementation of the National Framework for Recovery in Mental Health 2018-2020, to strengthen the delivery of a quality person-centred service and to provide mental health services with a practical guide to co-production in practice. This document will support service providers already working in co-production with service users, families, supporters as well as the voluntary sector and those looking for more guidance to support their recovery practice.

Recovery-orientated services promote working in a holistic and respectful manner ensuring that everyone is valued and acknowledged for their unique experiences. This offers a way of working where the expertise of service users, family members and service providers is accepted equally and valued to ensure better recovery outcomes for all. This is relevant across all services; Child and Adolescent Mental Health Services, General Adult, Psychiatry of Later Life, Community and Voluntary sector services.

This document outlines actions under the four principles of A National Framework for Recovery in Mental Health, 2018-2020.

These recovery principles are:



Context

Co-production has emerged and been identified as a concept that helps in the delivery of recovery-orientated services within the mental health arena (Bovaird 2007; Dunston *et al.* 2009). In the 1980's co-production was introduced into the United Kingdom through the work of Anne Coote (Realpe and Wallace 2010). In Ireland, co-production is becoming a feature of Irish mental health services and is recognised as a valuable element of quality and service improvement. This is reflected in the National Framework for Recovery 2018-2020 and the development of this guidance paper.

Significant progress has been made towards developing Irish mental health services that are more recovery-oriented with national developments such as the *Office of Mental Health Engagement, EOLAS, Enhancing Teamwork and Advancing Recovery in Ireland [ARI]* as well as numerous recovery initiatives at local Community Healthcare Organisation [CHO] level. Since 2013, the recovery movement has strengthened, supported by ARI both nationally and at local level. There are now many recovery initiatives in existence including Peer Support, Recovery Colleges, Recovery Principles and Practices Workshops, Peer-Led Involvement Centres, WRAP and Trialogue. This document acknowledges the many existing recovery practices, which work effectively and will support a more consistent national approach. Many of the practices in the community and voluntary sector also reflect this recovery approach. The Service Reform Fund [Genio & HSE partnership] since 2017 has significantly increased the capacity of the HSE to work with other sectors of the community in a co-productive way through partnerships with the voluntary and statutory sectors on housing and employment initiatives.

The aim of this document is to help services implement co-production into an already changing mental health service. This is in place in some areas, as noted above, through the introduction of Recovery Colleges, the appointment of Peer Educators and Peer Support Workers along with the creation of the Office of Mental Health Engagement. The appointment of Area Leads seeks to drive the collaborative process of co-production through the establishment of local and area forums within the mental health services.

What is Co-Production?

A National Framework for Recovery in Mental Health 2018-2020 uses the following definition of co-production taken from the New Economic Foundation (2009) which states that co-production is defined as *"delivering public services in an equal and reciprocal relationship between professionals, people using the services, their families and their neighbours."*

Through co-production service users, family members and service providers become active participants and equal partners at all levels within service design and delivery at an organisational level and also at an individual level. At an individual, level co-production occurs in the development of care and recovery plans for example. At organisational level, co-production is beneficial in the design, delivery and evaluation of services by ensuring that service users and family members are involved at all levels of the organisation including at Area Management Team level and as part of service development committees, governance committees and service evaluation groups. Co-production also works well in the design and delivery of recovery education programmes such as in Recovery Principles and Practices workshops and Wellness Recovery Action Planning [WRAP], where the professional and lived experience serves to enhance and enrich the experience of learning for everyone, both participants and facilitators. The academic literature also incorporates the following key points as set out in Table 1 below.

Table 1: Co-Production is?

Co-Production Is	Explanation
Creation of an Exploratory Space	This is where all stakeholders come together in order to create new knowledge.
Collaborative Process	All stakeholders share their various perspectives with a view to reaching desirable outcomes.
Power Sharing	A sharing of power between all stakeholders based on recognising different areas of expertise, and resulting in shared ownership of decisions
Enhancement of Knowledge	Recognising, understanding and utilising the various sources of knowledge.
Relationship of Equals	Relationships that are based on mutual respect.
Non-Linear	A journey with ups and downs from which we learn.
A Continuum of Practice	Supporting recovery and service improvement at all stages of service provision.

Supporting Co-Production in Practice

The Process of Co-Production: What's Involved?
The process of co-production can occur in various different ways. Many areas around the country have been successfully working in co-production. To find more information on how to relate co-production to the areas outlined below please see appendices 1 & 2:

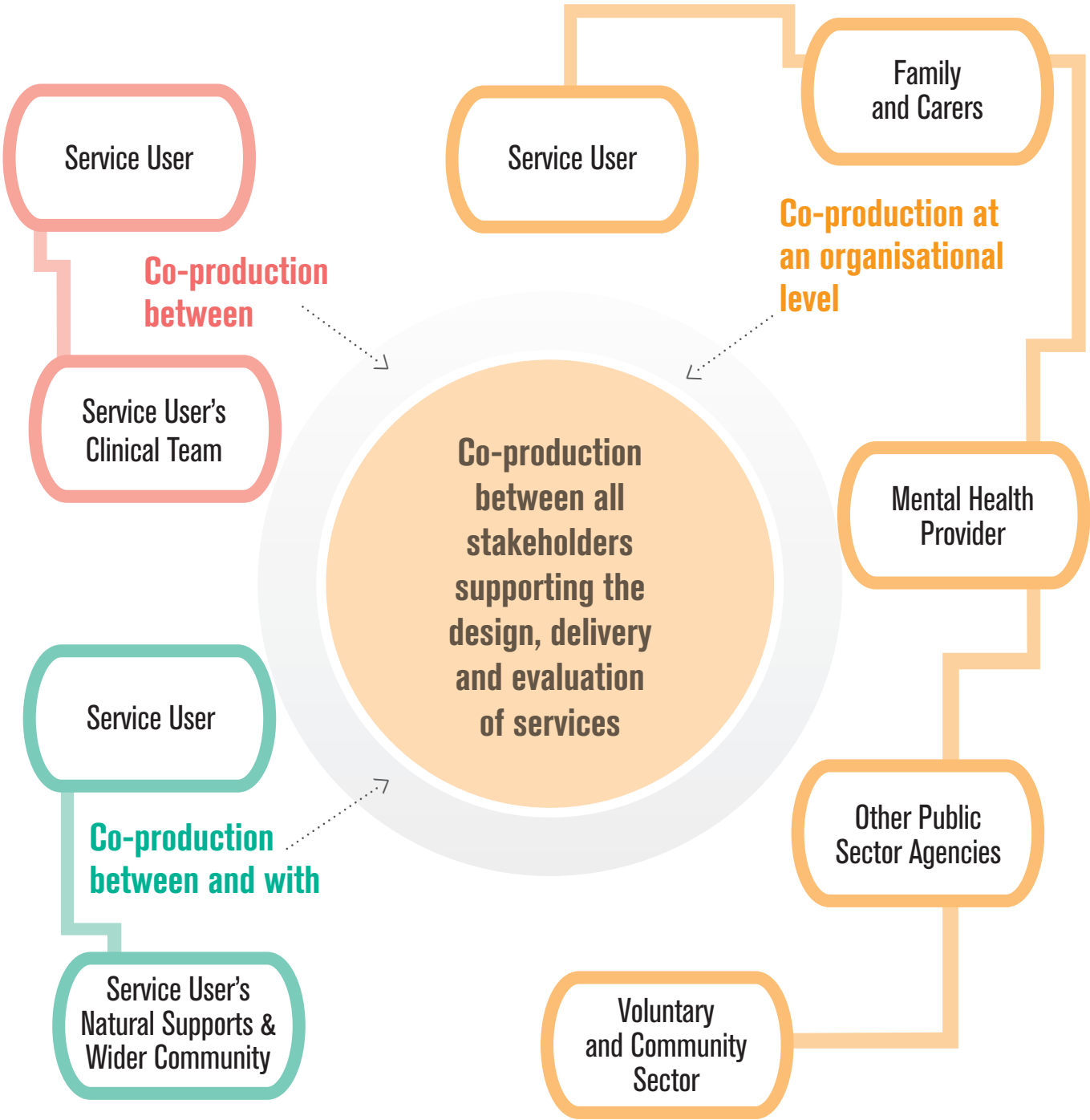
- **Co-design/Co-governance: This is where service users/family members/service providers are involved in initiatives relating to the planning/design of the mental health services. Examples include where all these stakeholders are involved in mental health fora, Area Management Teams [AMT], Service Reform Fund [SRF] Committees and local governance meetings.**
- **Co-implementation: Here, service user/family member/service provider become involved in the delivery of mental health services. This can already be observed in some CHOs through the employment and implementation of peer support workers on Multi-Disciplinary Teams [MDTs] and through the development of recovery committees.**
- **Co-evaluation: Finally, co-production also incorporates service user/family member/service provider involvement in the audit and evaluation of services. This can be achieved through the employment of peer researchers and through the development and implementation of service user and family member satisfaction surveys such as *"Your Service, Your Say".***

[Dunston *et al.* (2009); Realpe and Wallace (2010); Batalden *et al.* (2016)]

To remain faithful to the principles of co-production and to ensure co-production is effective, it is important to focus attention on the quality of the co-production process. This will be impacted by a number of variables. These include participants' understanding of recovery and co-production, the capacity and accessibility of individual participants, the quality of the relationships between participants and the level of commitment of the various stakeholders. The service management and delivery structures and the power dynamics operating within these will also influence the quality of the co-production process. The National Framework for Recovery in Mental Health 2018-2020 has also incorporated the above process into its own plans for undertaking co-production as depicted in Figure 1. Co-production can occur in three ways:

- **Co-production between: Co-Production at an Individual Care Level:** This can be seen in the care planning process. Here the service user works alongside their multidisciplinary team [MDT] to identify recovery goals and how to achieve these goals.
- **Co-production between and with:** Here the service users and family members engage with their support networks and the mental health community in order to help themselves and others in their recovery journey through the use of experiential knowledge and first person narratives. Examples of this include co-facilitating recovery workshops in Recovery Colleges.
- **Co-production at an organisational level:** This is where service users, family members, service providers service providers and community and family groups reshape the existing services and make new and lasting change. Examples include: involvement in ARI and in Local/Area Fora. This requires that service users are involved in all levels of the organisation [service design, delivery and evaluation] e.g. Area Management Teams [AMT], service reform committees, governance committees and service evaluation groups.

Figure 1: Methods of Co-Production – (Health Service Executive 2017)



Co-production is an essential element of recovery-orientated practice but not sufficient by itself. In order for co-production to be developed and integrated into the services, it needs to be rolled out in conjunction with the other three principles mentioned within A National Framework for Recovery in Mental Health 2018-2020 as demonstrated below.

Principle 1:

The Centrality of the Service User's Lived Experience

Co-production cannot occur without the lived experience of service users and family members being respected, valued, present and actively involved in the process. Co-production places the service user at the heart of recovery and acknowledges the value of experiential knowledge. Lived experience is essential for recovery orientated mental health services to become a reality. Please see action 2.1, 2.3 and 2.4 below [Page 14] which identify how co-production can help in the achievement of this principle.

Principle 3:

An Organisational Commitment to the Development of Recovery-Orientated Mental Health Services

As part of the services organisational commitment to recovery, the organisation must commit to co-production. This is essential because co-production is vital in the creation of a recovery-orientated service. This is espoused within A National Framework for Recovery in Mental Health 2018-2020. This principle recognises an essential component of co-production: the diverse expertise of all stakeholders and their value at all levels of the organisation including the therapeutic relationship. Overall actions 2.2 and 2.4 as identified below [Pages 14], demonstrates how co-production can aid in the organisational achievement of this principle.

Principle 4:

Supporting Recovery-Orientated Learning and Recovery-Orientated Practice across all Stakeholder Groups

Co-production is vital for the concepts discussed within this principle to be put into practice. This is because this principle focuses on cultural change through recovery education and recovery-orientated clinical practice. All stakeholders should be supported through recovery education to build their recovery and co-production capacity. Service users/family members and other relevant stakeholders should be central to the design and delivery of recovery education e.g. consumer academics within third level institutions and facilitators in Recovery Colleges and recovery educational programmes such as WRAP, EOLAS and Recovery Principles and Practice. These examples of educational initiatives must be co-produced and co-delivered in order for these programmes to live up to the recovery-orientated service standards outlined within A National Framework for Recovery in Mental Health 2018-2020. Please see action 2.1, 2.2 and 2.4 which identifies how co-production can help in the achievement of this recovery principle [Page 14].

Lead Roles in Supporting Co-Production

There are a number of key characteristics that facilitate co-production in practice. Thus, there is a need to identify which stakeholders are responsible for the implementation of each co-production characteristic. This is important as each stakeholder brings their own knowledge and expertise to the table, with some stakeholders better placed to implement certain characteristics as depicted in Table 2 below.

Table 2: Characteristics Supporting Co-Production in Practice

Co-Production Characteristics	Explanation	Lead Role
Recovery Approach	Inclusion of experiential knowledge is valuable in service design, delivery and evaluation.	Service Providers, Clinical Directors, Nurse/Allied Health Professional Management, Third Level Institutions, Service Users.
Strengths Based Model	Focussing on the person's strengths rather than deficits.	Service Providers
Mutual Responsibility	Viewing all stakeholders as equal partners, sharing responsibility and accountability.	All Stakeholders
Active Citizenship	Ensuring service users/family members are equal partners in service provision.	Service Providers, Family Members, Service Users.
Breaking Down Barriers	Fostering an environment of collaborative working and addressing/overcoming challenges.	Service Providers, Family Members, Service Users.
Towards Collaborative Working from Professional Led	Service providers and service users should ensure that they facilitate/allow for the delivery of co-produced recovery objectives.	Service Providers, Clinical Directors, Nurse/Allied Health Professional Management, Service Users

Co-Production Characteristics	Explanation	Lead Role
Public Services as a Change Agent	Services will lead in identifying best practice and partnership for change.	Service Providers, Area Management Teams, Third Level Institutions.
Mutuality and Reciprocity	Interactions are on a mutual basis where all parties can give and take from the relationship.	All Stakeholders
Flexibility	Services must be responsive to the needs of stakeholders in ways that are meaningful to them.	Service Providers, Clinical Directors, Nurse/allied health professional Management.
Peer Support	Participants of co-production should have access to support and perspective of their stakeholder group.	All Stakeholders
Redefining Roles	Empowering participants to engage differently.	All Stakeholders

Implementation of this Guidance Document: How to Achieve Co-Production in the Mental Health Services

Co-production as a concept underpins a recovery-orientated service. This document was created to support A National Framework for Recovery in Mental Health 2018-2020 in making co-production a reality. It is imperative for the future of recovery-orientated practice and the provision of quality mental health services that co-production is ingrained into health care culture and practice. As identified below, there are certain actions which must be carried out in order for co-production to become part of everyday practice.

OVERALL ACTION	MEASURE	TASKS
2.1: *Service users are supported to co-produce their own recovery objectives.*	**2.1.1:** There is evidence in the clinical file that service users are supported in the co-production of their care plans.	**1.** A consistent co-produced protocol on care planning will be developed. **2.** The service will provide training to support the implementation of the care planning protocol for service providers, services users and family members in line with the Mental Health Commission Guidance Document on Individual Care Planning. **3.** It must be evident that the goals and objectives in each care plan are reflective of the individual's strengths and needs. These strengths and needs have been determined through a co-productive process. **4.** Services will audit the process of care planning on an annual basis and these results will be analysed in order to develop a plan to address process gaps. **5.** Service users under involuntary admission or with fluctuating capacity should be supported to participate in their care planning process as much as possible.
2.2: *The service will have capacity building measures on co-production and opportunities for all stakeholders to participate in co-production.*	**2.2.1:** The service will provide access to co-production training. **2.2.2:** The service will provide evidence of the uptake of the co-production training.	**1.** The services will co-produce a module on co-production. This can be achieved through the recovery education process. **2.** This training will be made available and be accessible to service providers, users and family members. This is important as in order to practice true co-production, the same training should be offered to **all stakeholders**. **3.** Training offered should incorporate not only the essential elements/ principles of co-production, but also in learning how to use the stakeholder's personal narrative in a useful and meaningful way. **4.** Every CHO will ensure that service providers are supported to attend this training. **5.** Every CHO will have a training register to record attendance at this training.
2.3: *The contribution of all stakeholders is recognised as having a value attached and the stakeholder is rewarded appropriately.*	**2.3.1:** A mechanism will be developed to recognise and value the respective contribution of all stakeholders partaking in co-production.	**1.** Every CHO will ensure that service providers are supported to partake in co-production in practice. **2.** A system will be developed to recognise and value the input of service users and family members in the design, delivery and evaluation of services.
2.4: *The service has or will develop a strategic approach to co-production, shared decision making and recovery promoting relationships.*	**2.4.1:** There is evidence that operational plans are co-produced with service users, family members and carers.	**1.** Each CHO will ensure that service users and family members will co-produce the annual operational plans. **2.** Every CHO will provide capacity and competency training for service users and family members to ensure they have the skills to participate in the design, delivery and evaluation of services. **3.** Every CHO will develop structures to support service users and family members' participation in this process. **4.** The CHO will support service providers to adopt co-productive practices within their working environment.

Additional Information

Glossary of Terms

Advancing Recovery in Ireland (ARI): A national HSE initiative aimed at bringing about the organisational and cultural change in mental health services necessary to support services to become more recovery-orientated based on a partnership approach between service users, family and carers and service providers.

A National Framework for Recovery in Mental Health: The National Framework for Recovery in Mental Health [2018-2020] is a document outlining 4 principles underpinning recovery and the actions required to develop more recovery oriented mental health services which has been developed by the Mental Health Division of the HSE.

Area Forum: This forum collects feedback from all the Local Fora within its catchment area and presents same to the Area Management Team/the National Management Team for deliberation (Mental Health Engagement office).

Area Lead: A HSE employee with specific responsibility for expressing the views of service users, family members and carers to the management teams (Mental Health Engagement office n.d.)

Capacity: The ability of an individual to weigh up information in order to make an autonomous decision (Stovell *et al.* 2016).

Community Healthcare Organisation (CHO): There are 9 CHO regions across Ireland providing services in Primary Care, Social Care, Mental Health and Health & Wellbeing. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes. (Health Service Executive 2017).

Consumer Academics: Service users who have professional qualifications and are actively involved in research in mental health/addictions (Griffiths *et al.* 2003).

Co-Production: In mental health, sustained recovery involves a wide range of supports including clinical supports and services, community supports, housing, employment and social integration. Co-Production is where key stakeholders work together to deliver these supports. (Health Service Executive 2017).

EOLAS: A project providing two separate mental health information and learning programmes for service users and family members with a focus on assisting participants in their recovery journey.

Experiential Knowledge: This is knowledge accumulated through lived experience.

Family Member & Carer: This includes relatives, friends and other supporters who care about and are supporting people who use the mental health services. Throughout the document the term Family Member will be used. It is agreed that this term will be inclusive of supporters, friends, relatives, carers, parents, sibling and children.

Lived Experience: People who have or have had a mental health condition and who engage with services have a unique insight into the actual experience of:

- Having that condition,
- Using mental health services and
- The impact of both on their lives. (Health Service Executive 2017)

Local Forum: A group comprised of service users, family members and carers who meet up on a regular basis to discuss and deliberate on issues relating to the planning, delivery and evaluation of services (Mental Health Engagement office).

Multidisciplinary Team (MDT): A group of health care workers who are members of different professional disciplines (e.g. psychiatrists, nurses, social workers, occupational therapists, psychologists and peer support workers) each providing specific services to patients and service users. (Health Service Executive 2017).

Peer Educator: A person with lived experience who is employed to co-develop, co-facilitate and co-evaluate recovery educational programmes which are often based within recovery colleges.

Peer Support Worker (PrSW): An individual who has had personal lived experience of mental health issues, now enjoying a good level of recovery and employed in a professional role, using their expertise and experience to inspire hope and recovery in others who are undergoing their own mental health experiences.

Recovery: Recovery is best understood as being about the person in their life. It is about how they want to live a life of their own choosing to achieve self-determined goals, dreams and ambitions, with or without the presence of mental health challenges, and regardless of the severity of those challenges. (Health Service Executive 2017).

Recovery College: A facility where all stakeholders and the wider community can come together to engage in recovery promoting education based on an adult education philosophy.

Recovery Education: Recovery Education is the process by which individuals explore, assimilate and create the knowledge required for recovery to occur in their own lives or in the lives of those they support or provide services to and the communities that sustain them. It is based on an adult education approach which offers the choice to engage in learning opportunities. It is underpinned by the values of self-direction, personal experience, ownership, diversity and hopefulness. (National ARI Recovery Education Working Group, 2017)

Recovery Principles & Practice Seminars: Sseminars on recovery which are co-produced and co-delivered in line with true partnership, collaboration and co-production.

Service Users: Those who are either current or past users of mental health/addiction services.

Stakeholders: An individual, group, professional or organisation who has an interest or who actively participates in promoting recovery at an individual or organisational level. This includes service users/ family members/carers/service providers/management/community mental health groups etc.

Therapeutic Relationship: The relationship between professionals and service users, family members/carers.

Tokenism: Where services look for involvement of service users but do not take such involvement seriously or allow it to become effective in the services (Ocloo and Mathews 2016).

Wellness Recovery Action Plan (WRAP): A peer based, self-help recovery programme in which participants discover external as well as internal resources to aid them in their recovery (Cook *et al.* 2010).

Resources to Support the Implementation of Co-Production in Practice

A National Framework for Recovery in Mental Health (2018-2020)
A National Framework for Recovery in Mental Health (2018-2020) is a document outlining 4 principles underpinning recovery and the actions required to develop more recovery-orientated Mental Health services which have been developed by the Mental Health Division of the HSE. It builds on the committed efforts in recent decades of Irish service users, family members, carers and service providers to develop a more recovery-orientated mental health service that is worthy of those who use and provide that service.

The Framework was developed based on our current understanding of recovery and how mental health service provision supports recovery. In keeping with the recovery ethos, it was co-produced with service users, family members and carers and experts by experience.

A National Framework for Recovery in Mental Health is for service users, family members and carers, mental health service providers and the voluntary and community sector. It will facilitate the development of recovery-orientated services from 2018-2020, at which point it will be reviewed.
www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/

Guidance documents to support the implementation of A National Framework for Recovery, 2018-2020 for Recovery Education and Family Recovery

Advancing Recovery Ireland
ARI is a National Mental Health Division initiative that brings together people who provide our services, those who use them and their families and community supports, to work on how we make our mental health services more recovery-focused.
www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/

ARI Recovery Committees
The Recovery committee is established as a structure to support the implementation of recovery objectives identified within mental health services. The membership includes those who provide services, service users, family members as well as community and voluntary agency representation.
www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/

Best Practice Guidance for Mental Health Services
This publication consists of best practice guidance, checklists and a self-assessment framework, which are intended to support and guide further quality improvement within mental health services.
www.hse.ie/eng/services/list/4/Mental_Health_Services/mental-health-guidance/

Community and voluntary supports
The community and the voluntary sector provide a range of recovery supports that are available to service users and family members to support their recovery processes. Additionally these supports are a co-production resource to services. These can be accessed through your local mental health service.
www.yourmentalhealth.ie/supports-services/find-services/

Peer Support Workers
Peer support workers are typically individuals who have had personal lived experience of mental health issues and who now enjoy a good level of recovery. They are generally employed in a professional role to use their expertise and experience to inspire hope and recovery in others who are undergoing similar mental health experiences. The role of the Peer Support Worker has been recently introduced within the HSE and the aim is to integrate this role into MDTs in the mental health services across the country. Community and Voluntary Organisations have employed peer support workers for a number of years.
www.hse.ie/eng/about/our-health-service/making-it-better/mental-health-peer-support.html
www.hse.ie/eng/services/list/4/mental-health-services/mentalhealthengagement/news/peer-support.html

Mental Health Engagement
The office of Mental Health Engagement has established the role of Area Mental Health Engagement Lead to establish a network of local Fora across the country to ensure local and national engagement with service users, family members and carers.
www.hse.ie/eng/services/list/4/Mental_Health_Services/mentalhealthengagement/

Service Reform Fund
The Service Reform Fund (SRF) has been created by the Department of Health Ireland, the Health Service Executive Ireland (HSE) and the Atlantic Philanthropies in collaboration with Genio to implement mental health and disability service reform in Ireland. These reforms will focus on ensuring that person-centred and recovery-orientated services and supports are embedded in mental health services, in line with government policy.
www.genio.ie/meeting-the-challenges/mental-health-srf

Team Recovery Implementation Plan (TRIP)
TRIP was developed by the UK recovery programme: Implementing Recovery through Organisational Change [ImROC] and is a tried and tested instrument designed to support recovery through working with the whole team. Successfully embedding recovery ideas and practice into the day-to-day work of individual teams requires two parallel processes:

1. Empowering teams (their staff and people using services) to translate abstract ideas about recovery into practice.
2. Utilising the skills and resources of everyone at the front line (staff and people using services) to develop innovative ways of promoting recovery and recovery environments.
https://imroc.org/resources/team-recovery-implementation-plan/

Contributors and Acknowledgments

This guidance document has been developed in keeping with recovery principles through co-production with all stakeholder groups. The co-production working group was comprised of members from various stakeholder groups including:

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- **Amanda Quigley,** Peer Educator, Recovery College South East.
- **Brenda Healy,** Programme Coordinator, Centre for Adult Continuing Education, UCC.
- **Catherine Brogan,** National Manager, Advancing Recovery in Ireland, HSE.
- **Francis Walsh,** Recovery Coordinator, Mental Health Services, CHO 2.
- **Gina Delaney,** National Manager, Advancing Recovery in Ireland, HSE.
- **James O Shea,** Director of Nurse Education (Mental Health Services) & National Lead for Mental Health Nurse Education.
- **Jutta Kirrkamm,** Principal Peer Educator, Mayo Recovery College.
- **Michael John Norton,** Peer Support Worker CHO5 Mental Health Services.
- **Michael Ryan,** Service Improvement Lead, Mental Health Division.

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1. Members of the ARI Steering Group.
2. ARI Recovery Consultants.
3. Members of the HSE Peer Support Worker Facebook Page.
4. Facilitators for the Recovery College South East.
5. Participants of the co-production workshops during ARI CHO 1 & 2 Learning Set in Sligo and ARI Recovery Fair in Kilkenny during 2017.

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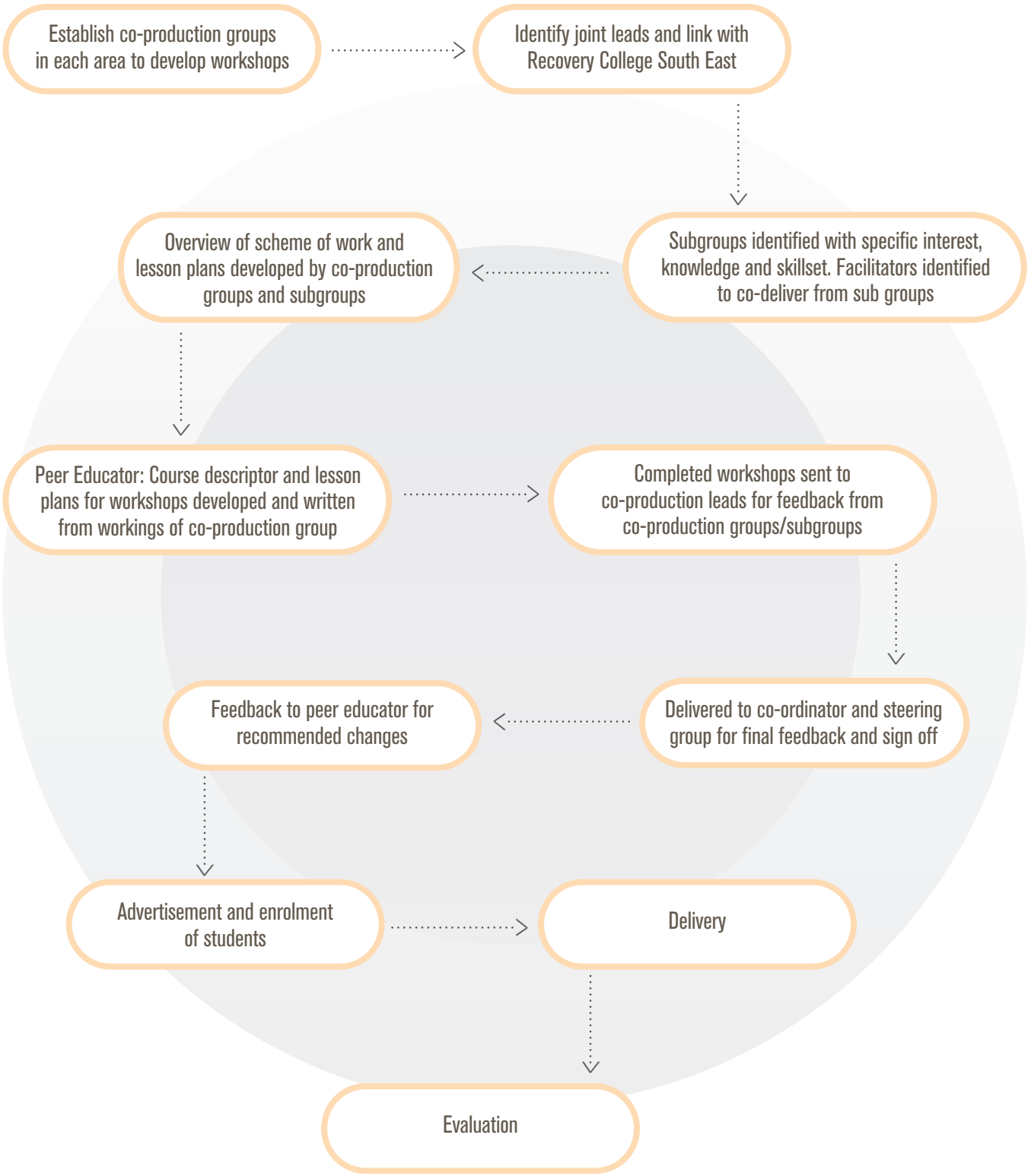
Appendix 1: Steps to Co-Production – Recovery College South East



Appendix 2: How to do Co-Production: A Checklist

The following checklist has been developed to help facilitators/all parties to successfully achieve co-production. Although a lot of what is mentioned here is focused on the educational side of co-production, some of the checklist can be applicable to other settings, such as in the therapeutic relationship. These are highlighted below.

Preparation – Before Co-Production Occurs	YES	NO
Is there any conflict between facilitators/stakeholders or is there anything that may prevent effective co-production from occurring? *(All Co-Production Activities)*	☐	☐
Have facilitators/stakeholders enough time to properly prepare for the co-production activity? *(All Co-Production Activities)*	☐	☐
Is professional hierarchy evident between facilitators/stakeholders? *(All Co-Production Activities)*	☐	☐
Are facilitators/stakeholders willing to work together equally? *(All Co-Production Activities)*	☐	☐
Are facilitators/stakeholders willing to accept new recovery ideas and roles e.g. Peer Support Workers/Peer Educators/Recovery Colleges and their importance in co-production? *(All Co-Production Activities)*	☐	☐
Can this co-produced activity occur in a mutually accessible location e.g. rural communities etc? *(All Co-Production Activities)*	☐	☐
Have service provider facilitators/stakeholders been given support by their line managers/supervisors etc to partake in the co-production activity? *(All Co-Production Activities)*	☐	☐
Have facilitators/stakeholders received adequate training in facilitation and co-production? *(All Co-Production Activities)*	☐	☐
Have facilitors/stakeholders developed a plan on how they will co-produce? *(All Co-Production Activities)*	☐	☐
Delivery – Things to be Mindful of during Co-Production		
Have the facilitators/stakeholders adequately prepared for the programme? *(All Co-Production Activities)*	☐	☐
Are there refreshments available for participants on arrival and at scheduled breaks? *(Education Only)*	☐	☐

	YES	NO
Are the facilitators sitting at all times during the co-produced activity (exception is if facilitator is using flipchart)? *(Education Only)*	☐	☐
Have all tables been removed from the co-produced space? *(All Co-Production Activities)*	☐	☐
Have facilitators welcomed the participants to the co-produced activity? *(Education/Audit Activites Only)*	☐	☐
Has an ice-breaker been performed? *(Education Only)*	☐	☐
Has a group agreement been created between facilitators/provider and participants/other stakeholders? *(All Co-Production Activities)*	☐	☐
Has each facilitator/stakeholder been given equal opportunity to speak? *(All Co-Production Activities)*	☐	☐
Have the participants been given the space to interact with the co-produced activity/ask questions and have a proper discussion on the subject matter being explored? *(All Co-Production Activities)*	☐	☐
Have facilitators and participants utilised their lived experience and personal narratives to provide a deeper understanding of the topic being discussed? *(All Co-Production Activities)*	☐	☐
Was the activity evaluated by participants? *(Education Only)*	☐	☐
Have participants completed and returned evaluation forms from the co-produced activity to the facilitators? *(Education Only)*	☐	☐

Evaluation – How well did facilitators/stakeholders engaged in Co-Production and Co-Delivery of the Material

Did the co-production activity go as planned? *(All Co-Production Activities)*	☐	☐
If not, could this be due to the facilitators/stakeholders lack of belief in mental health/addiction recovery or in the topic being discussed? *(All Co-Production Activities)*	☐	☐
Is there support for facilitators/stakeholders after the co-production activity e.g counselling, debriefing etc? *(All Co-Production Activities)*	☐	☐
Have the facilitators completed and returned their evaluation form to the peer educator? *(Education Only)*	☐	☐

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