

Carer Co-production at Carers Support West Sussex

We believe all carers have a right to be respected, valued, and supported equally in their caring role, as experts for the person they care for and as individuals in their own right.

Who is a carer?

A carer is anyone who spends time looking after or helping a friend, family member or neighbour who, because of their health and care needs, would find it difficult to cope without this help regardless of age or whether they identify as a carer.

Having a Voice - Carers as Equal Partners

- Carers are 'experts by experience' and are valued, respected and recognised as such. Carers can also have dual roles in needing to be cared for themselves.
- As equal partners in care, carers are involved in the co-production and co-design of carer services through meaningful, accessible consultation and engagement opportunities.


What is Co-production?

[The Care Act statutory guidance](#) defines co-production as follows:

'Co-production is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered'.

Or to put it simply, co-production is where patients, carers and professionals come together and share power equally to plan and deliver services.

Below is a diagram setting out the different levels of participation and ways for carers to be involved, which ranges from coercion (bottom of the ladder) to co-production (top of the ladder).



Levels of Participation	What does it mean?	What does it look like?
Co-production	Doing with - in an equal and reciprocal partnership	Example: <i>Co-designing and/or delivering training.</i>
Co-design		
Engagement	Doing for - engaging and involving service users	Example: <i>Gathering views via surveys, focus groups or public meetings</i>
Consultation		
Informing		
Educating	Doing to - trying to fix people who are passive recipients of service	Example: <i>Circulating information via social media, online (website) or by post to help you understand the decisions made.</i>
Coercion		

Principles of Co-production

The Social Care Institute of Excellence (SCIE) has also helpfully outlined four main principles, which should be used as a reference point to ensure that co-production is done well.

- 1. Equality** Everyone has something to contribute, and no one is more important than anyone else. It is important to empower people to challenge communication and processes.
- 2. Diversity** Underrepresentation (especially from marginalised and overlooked groups) must be proactively tackled to ensure that no one is excluded or ignored. Respecting one another's differences and culture of acceptance including language from the community.
- 3. Access** Accessibility is about giving equal access to everyone. This might be physical, but it could also be about ways of working and communicating information.
- 4. Reciprocity** Everyone involved should get something out for putting something in. As equal partners, service users should be rewarded for their input. This could be payment for their time, a gift, or a payment in kind or an exchange.

Carer Co-production in Action

Example: Carer Health and Training (CHAT) Project at Carers Support West Sussex (CSWS)

What we wanted to do: Co-produce and deliver training workshops for family carers of people with learning disability (LD) and autism 16+.

Steps on how we did this:

- Step 1 - Funding:** CSWS Identified as a partner with Sussex Partnership NHS Foundation Trust (SPFT) and applied for funding for the training project.
- Step 2 - Membership:** Contacted and invited local carers and NHS LD clinicians to join the CHAT planning group.
- Step 3 - Consulting:** Consulted widely with carers in the county through a survey and consultation day session about the proposed project.
- Step 4 - Planning:** Co-designed a bespoke programme of shared learning, access to health professionals and wellbeing, for carer facing events.
- Step 5 - Revision:** Updated the model of delivery as a result of the consultation and co-design, identified four key subjects of discussion and agreed values of peer learning for the event, changing our original plans in response to the co-design.
- Step 6 - Delivery:** Carer-led co-delivery of the events facilitated by LD clinicians and CSWS staff.
- Step 7 - Evaluation:** Co-produced a set of central questions and methods to capture and evaluate feedback across the difference stages of the project. Outcomes included learning for health professionals as well as carers.

Step 8 - Review: Co-produced review, planning for future carer events and promoting CHAT approach. CHAT changed to Carers, Health, All Together.

To find out more about the CHAT project, including the learning from the project and future events, please get in touch by emailing network@carerssupport.org.uk.

Further Reading

- **Social Care Institute for Excellence (SCIE): Co-production**
www.scie.org.uk/co-production
- **Oxfordshire County Council: Co-production Programme Handbook**
www.oxfordshire.gov.uk/residents/co-production-programme
- **Think Local Act Personal: Co-production in Commissioning**
www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/