

# The RRN Relational Model of Coproduction

Version 1.0





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Restraint Reduction Network.

# What is in this booklet?

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<b>Introduction</b>	<b>4</b>
<b>What is coproduction?</b>	<b>5</b>
<b>The 'ladder of coproduction'</b>	<b>6</b>
<b>Why might a new model be needed?</b>	<b>7</b>
<b>The benefits of balancing power</b>	<b>9</b>
<b>The RRN model of coproduction</b>	<b>10</b>
Making sure that 'power with' does not become 'power over'	12
Relational coproduction: Top tips for front line staff	13
Relational coproduction: Things leaders can do to change the culture of a service	14
<b>RRN Readiness Checker</b>	<b>15</b>
<b>RRN Coproduction Evaluation</b>	<b>16</b>
<b>References</b>	<b>17</b>

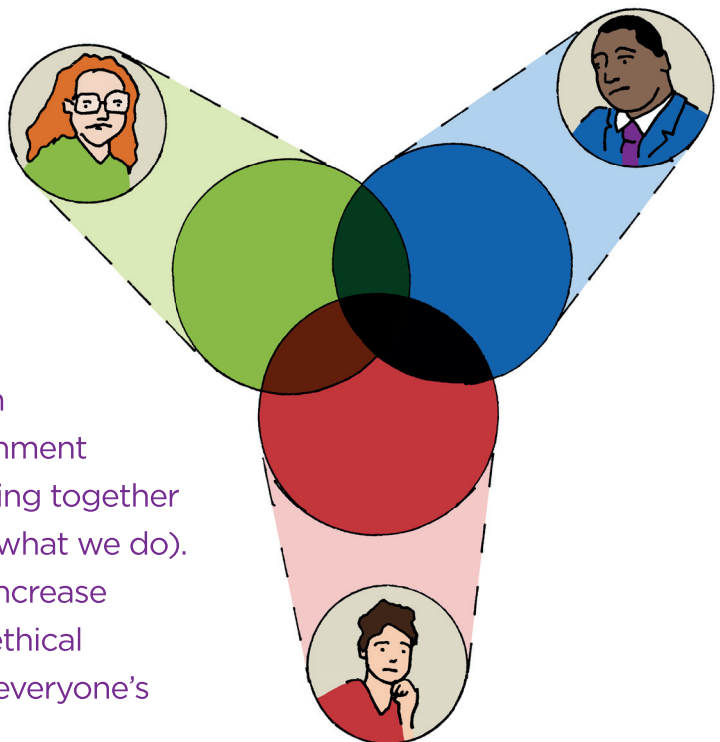
# The RRN Relational Model of Coproduction

## Introduction

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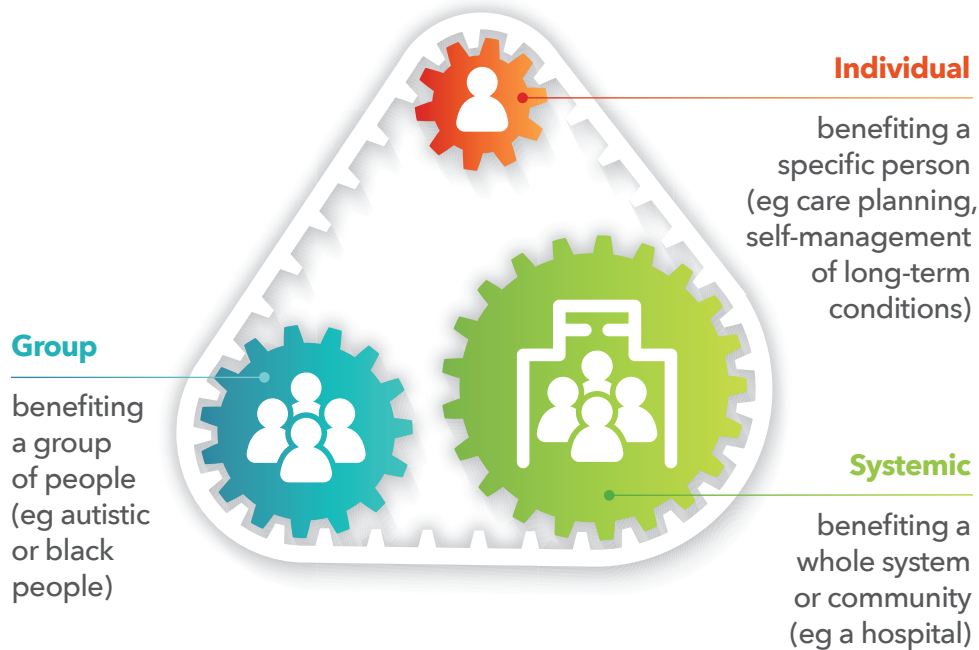
In the simplest of terms, coproduction means professionals working with people with lived experience to do or change something. Coproduction is recommended in law (eg the Care Act, 2014; Use of Force Act, 2018) and has been shown to help services improve care at an individual and system-wide level. However, the concept is often misunderstood or applied without adequate consideration. This can result in services, staff and people with lived experience finding coproduction difficult, ineffective, and even traumatic.

The RRN are pleased to introduce a model of coproduction that focusses on how people interact with one another and the environment (how we work), whilst working together towards shared outcomes (what we do). This explainer aims to help increase people's understanding of ethical coproduction and improve everyone's experience of it.



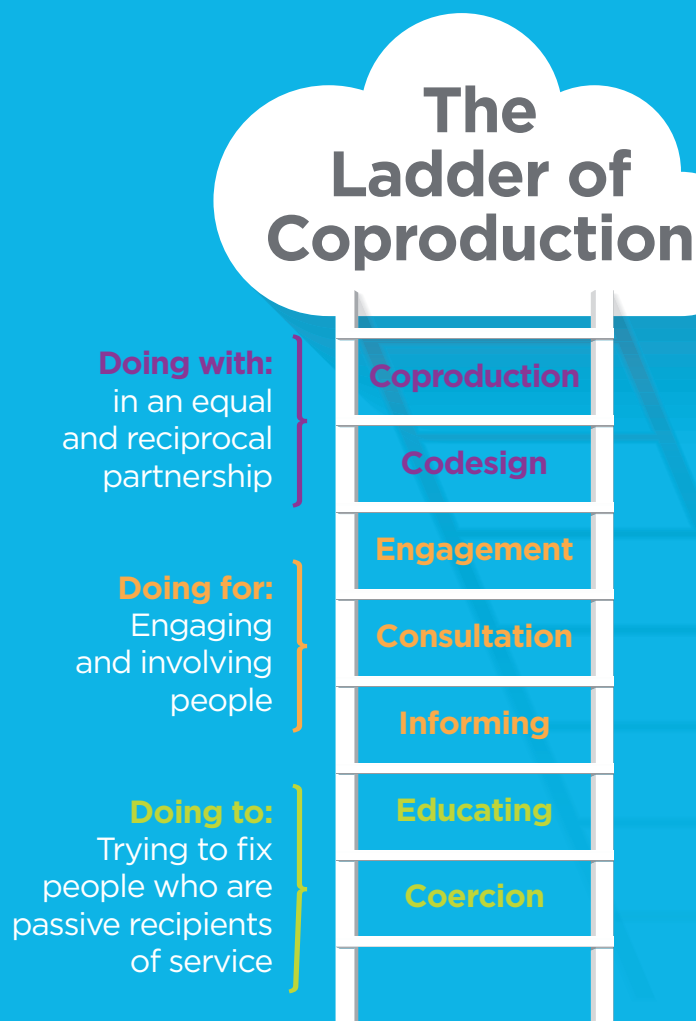
# What is coproduction?

Coproduction can happen at three levels:



Many professionals and people with lived experience recognise that regardless of whether coproduction is taking place at an individual, group or systemic level, there should be 'mutuality'. This means that a person and the professionals supporting them are equally involved in the design, planning and delivery of the task, eg a person's care or hospital based project. It also means that the views of the person with lived experience are valued as much as the professional's views, eg they must be taken seriously and engaged with right from the start of a project until its end. If professionals and services do not think about how they work - with mutuality - coproduction can feel oppressive, tokenistic and leave people feeling used. This can recreate past trauma.

# The 'ladder of coproduction'



Many services use the 'ladder of coproduction' model to think about the ways they work with people (Arnstein, 1969). The ladder shows three progressive levels: 'doing to', 'doing for' and 'doing with'.

Different coproduction activities are placed in a hierarchy. This suggests that the activities at the top of the ladder (coproduction and codesign) are better than those at the bottom of the ladder (coercion and educating).

The strength of this model is that it is simple to understand. Yet, it does not really look at the power structures and systems in which the engagement with people with lived experience takes place. Even at the ladder's highest level (where people might be working alongside professionals), the work being done might contain coercive elements. For example, prisoners producing mailbags could be involved in the design, creation, and evaluation of the final product. They work alongside the staff that work in the service, however there may be many aspects of their work that they do not have a choice about.

# Why might a new model be needed?

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Ethical coproduction is not simply about how much people with lived experience are involved and listened to, or how much they participate and have responsibility. It is also not about staff giving up their power to people with lived experience or vice-versa. Power is not a finite resource. Staff can retain their power and provide an environment where people with lived experience can express and grow theirs.

Coproduction activities themselves are non-hierarchical. This means that one activity, as shown in the Ladder of Coproduction, is not better than another. For example, receiving instructions can be just as important as being involved in shared decision making. And for some people, receiving instructions might be the only way they want to be involved. People should be able to be involved in the ways that suit them and not be forced to move into activities at the higher end of the ladder to suit a coproduction agenda. It is therefore important to recognise that each activity has a purpose and people should be able to choose what works best for them.

Additionally, coproduction is not only about whether professional or lived experience views are more important. The usefulness of each voice is task specific. What matters most is how people relate to each other and where the power lies in their relationships.



In coproduction, it can be helpful to think about power being used in three ways:



### **Power over**

This type of power is built on coercion, domination, and control. It happens when one individual or group has control and makes decisions that affect others.



### **Power with**

This is shared power that grows out of relationships. It is built on respect, mutual support, solidarity, influence, empowerment and collaborative decision making. 'Power with' builds bridges within groups (eg patient-professional relationships in wards and hospitals) or across the differences that people may have (eg gender, culture, class). This kind of power depends on everyone listening, acting, and working together.



### **Power from within**

This happens when professionals and services recognise and value people's abilities, helping them to develop their own strengths and control. Working with staff in a nurturing environment, people develop confidence from improved self-esteem. People believe they have a right to act, occupy the coproduction space, be treated well and that change is possible.

(Proctor, 2017)

Ethical coproduction cannot happen when professionals and services use 'power over'. It can only happen when power is shared, and when each person is able to maximise their innate power and use it to achieve better outcomes. It is therefore important for services to work towards mutuality in their relationships with people - 'power with'. They should also find ways to create nurturing conditions in the work environment that develop people's 'power from within'. It is possible to assess how power is used and how staff work using the Coproduction Evaluation on page 16.

# The benefits of balancing power

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Research has shown that, when services balance power (eg build 'power with' and 'power from within'), this leads to better outcomes for people and the services that support them. These include the following:

“

**When people have more power and control over their actions and their lives, they are more involved in and happier about their care, leading to better treatment outcomes.** ”

Silva et al, 2022

“

**When people and services are equally committed to making a service work, this improves the effectiveness and culture of the service.** ”

(Batalden et al, 2016)

“

**Services get expert knowledge from the experiences of people who use their service and their networks.** ”

(Loeffler et al, 2013)

“

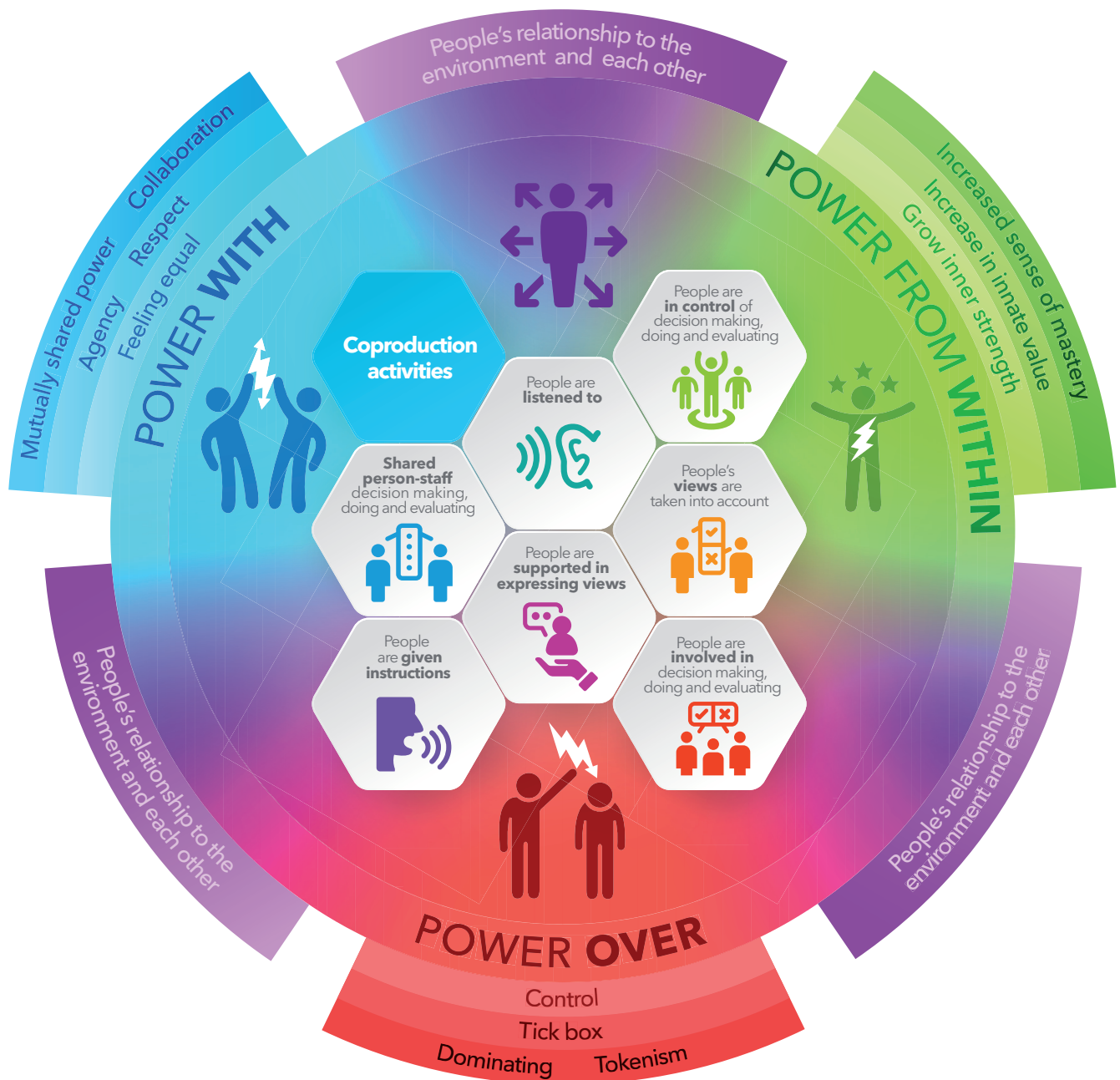
**Services meet people's needs more quickly, successfully and efficiently, reducing waste and cost.** ”

(Loeffler et al, 2013)



# The RRN model of coproduction

The RRN Relational Model of Coproduction aims to help professionals and organisations reflect on, and make positive changes, to the way they work with people with lived experience. Working relationally will impact how decisions are made and how people work with one another in services.



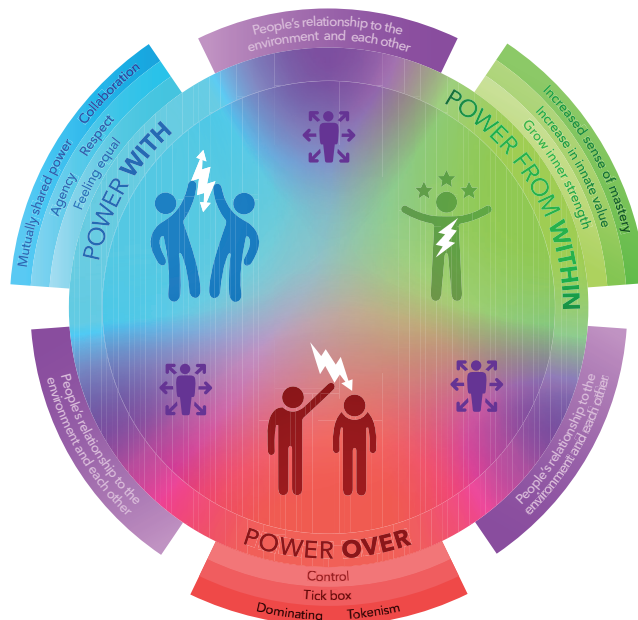
Quinn, A. (2022)

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At the centre of the graphic, there are different types of coproduction activity. These activities have been modified from the original coproduction ladder and put into a non-hierarchical frame. This is because all types of involvement can be experienced positively when people are involved in a way that feels equal, respectful, and right for them.



There is no 'ideal level' of involvement of people with lived experience - there should be no hierarchy. Staff involvement is not thought to be more valuable than lived experience involvement (and vice versa). Instead, people should have choices about what they get involved in and how. This will depend on their motivation, ability and preferences, and the task at hand.



The RRN model of coproduction shows how getting the power balance right - moving from 'power over' to 'power with' and 'power from within' - is vital to people's positive experiences of working together. Services must consider people's relationship to the environment and one another to maximise the benefits of coproduction processes and avoid its pitfalls, eg retraumatisation.

## Making sure that 'power with' does not become 'power over'

It is important to be aware that people can still be dominated when 'power with' approaches are used in coproduction activities.

For example, this is how Luca, a person with lived experience, described her involvement in the planning of her care.

“As long as the professionals thought about me, listened to me, and involved me in my care plan, they thought they had ticked the box. I was involved and I did agree. But really, I didn't have any real control.”



This kind of situation happens if professionals are not mindful of the factors stopping people from having 'real control'. This can be for the following reasons:

- The role and job title of the professional leading the work makes them or others think they know best.
- If professionals value the knowledge of other professionals above the knowledge of the person with lived experience.
- If a person has differences that are not respected or needs that are not met (eg communication, sensory or cultural needs), which stop them from being able to participate fully.
- If professionals only look at a person's 'impairments', thinking they are in some way 'damaged' or not 'working properly' and therefore do not consider their knowledge and strengths.

Instead, staff need to help people develop their '**power from within**'. Staff can do this by spending time getting to know the people they coproduce with and developing positive relationships with them. Luca explained the positive difference this made to her care.

“Only in one hospital did it work this way, and this is where I found myself again. It was the conditions in the place... and the way I was given freedom and agency to be my own master and decide things for myself.”



# Relational coproduction:

## Top tips for front line staff

**1** Prioritise building positive relationships with the people you are caring for

**2** Think about where the power is when you are interacting with people, so you can hear and act on their choices and preferences

**3** Value lived experience expertise in the same way you value professional knowledge

**4** Allow people to change their minds about their care, treatment and involvement

**5** Honestly evaluate people's experience and satisfaction of the support you provide

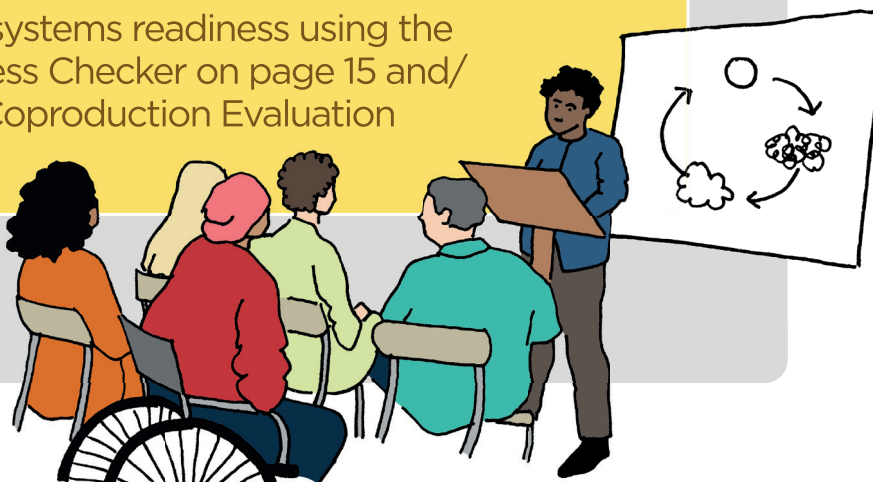
**6** Try not to judge people for their views and treat every interaction as an opportunity to do even better



# Relational coproduction:

Things leaders can do to change the culture of a service

- 1 Prioritise building relationships with people characterised by mutuality and equality
- 2 Nurture values in staff that emphasise mutual respect, equality and support
- 3 Create a culture where the distinction between people and professionals are blurred and where both have an equal claim on expertise
- 4 Train staff to pay attention to how power, control and risk are shared and managed in coproduction
- 5 Ensure practice leaders model effective coproduction and teach the skills needed to realise systems change
- 6 Assess your systems readiness using the RRN Readiness Checker on page 15 and/or the RRN Coproduction Evaluation on page 16



# RRN Readiness Checker

The checker below has been designed to help settings to evaluate their commitment and ability to create a relational coproduction culture. It helps services to consider how staff attitude (readiness to share power), policies (obligation) and implementation infrastructure can support each type of coproduction activity.

Coproducton activity		Settings commitment	Obligation to share power (eg vision, policy, mission)	Readiness to share power	Infrastructure - procedure for shared power (eg communication, resources, training)
	People are given instructions/information		Is there a policy requirement that people must be treated as equals in all areas of communication and involvement in activities?	Are we ready to provide information to people in a way that makes them feel equal in the interaction, safe and secure?	Do we work in a way that enables people to be treated equally and feel that they are equal?
	People are listened to		Is it a policy requirement that people must be listened to?	Are we ready to listen to people?	Do we work in a way that enables us to listen to people?
	People are supported in expressing views		Is it a policy requirement that people are supported to express their views?	Are we ready to support people to express their views?	Do we have a range of ideas and activities to help people express their views?
	People's views are taken into account		Is it a policy requirement that people's views must be given due weight in decision making?	Are we ready to take people's views into account?	Does our decision making process enable us to take people's views into account?
	People involved in decision making, doing, and evaluating		Is it a policy requirement that people must be involved in decision making processes?	Are you ready to let people join in the decision making process?	Is there a procedure to enable people to join in decision making?
	Shared person-staff decision making, doing, and evaluating		Is it a policy requirement for people and staff to share power and responsibility for decisions?	Are you ready to share power with people?	Is there a procedure that enables people and staff to share power and responsibility for decisions?
	People are in control of decision making, doing, and evaluating		Does our policy facilitate people taking control, power and responsibility for a project or their own care?	Are we ready for people to take control of a project or their own care?	Are there structures and procedures that enable people to take control, power and responsibility for a project or their own care?

Quinn, A. (2022)

# RRN Coproduction Evaluation

This assessment is made up of questions that try to help professionals think about how they work with people – use their knowledge and the power from their job role – in their workplace.

These are questions that people with lived experience should answer. The answers to these questions will give staff an idea of where improvements might need to be made.

## When I am working with staff on a task or project:


Not at all  
Sometimes  
All the time


<b>Support</b> 				
	Staff have asked me how I would like to take part			
	I am supported to participate in the ways I find most comfortable			
	I believe staff want to hear what I have to say			
<b>Respect</b> 	I believe staff want to listen to different points of view			
	<b>Respect</b> I feel valued			
	I feel supported to make the best possible use of my ability			
	I think staff trust me to take part and achieve goals of a task/project			
	I think staff believe that I can have good ideas and find solutions			


## When I am working with staff on a task or project:

Not at all  
Sometimes  
All the time



<b>Risk/action</b> 	When I make a mistake, I feel ok to tell staff			
	If I want to do things in a different way, I am supported to do this			
	I make final decisions by myself, or with someone else			
	It feels ok to challenge staff ideas			
	When we talk about things, things change			

<b>Trust</b> 	Staff keep their promises			
	Staff do things that they think will help me			
	Staff treat me fairly			
	Staff tell me the truth			
	Staff are approachable			

<b>Power with</b> 	I believe that my voice is equal to the staff			
	I believe that I have control over what I am doing			
	I believe that I can make suggestions and staff will listen and help			
	I believe that I can make decisions on my own			
	I believe that I can make change			

Quinn, A. (2022)

# References

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