



Co-production for Care Homes

A guide to co-production
and how it can benefit your
care home

Alive's aims

Alive is the UK's leading charity enriching the lives of older people in care and training their carers.

Alive:

- Engage older people creatively through meaningful activity sessions
- Train and support care staff to enhance older people's wellbeing and deliver outstanding care at every opportunity
- Reduce older people's social isolation by connecting them to their local communities
- Speak up for the rights of older people in care to those with the power to improve their lives
- Depend on charitable donations to deliver our work.

Alive's Vision

Our vision is a world where older people live lives full of joy, meaning and opportunity.

Alive's Mission

Our mission is to put older people's mental health and wellbeing at the heart of care across the UK.

Alive's Ambition

Our ambition is to provide meaningful engagement for older people, and inspirational training for those who support them, in care settings right across the UK.

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Introduction to co-production

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Co-production is the process of involving the end user of a service or product in its creation.

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The aim of co-production is to empower residents to have as much control as possible over the way their care is delivered. Below is what is called a participation ladder. Have a look at the statements below. Before continuing to read on, think about where you currently sit on this ladder and where you are aiming to reach.



Why do it?

Empowering residents

Co-production enables residents to take control of the little things in their lives that show their personality. Simple decisions about what they would like to eat, what colour they would like their walls and how they would like to spend their day are reflections of who they are. By enabling residents to have greater control over these decisions, you empower them to have greater control of their lives.

Delivering more effective activity

Co-producing activities allows you to tailor your activity schedule to your residents' wants and needs. This means the effort you put into an activity has a much greater impact on a resident's wellbeing.

Gaining a better understanding of the residents' needs

Knowing what someone likes and enjoys is crucial in providing person-centred care. Following the tips and tricks in this booklet will allow you to turn discovering a resident's personality into a rewarding activity.

Proof of person-centred care for CQC inspections

Through this process, you will end up with a wealth of evidence to show CQC inspectors that you are doing your best to put the residents' wellbeing at the heart of their care.

To assist with community engagement

If you are looking to increase links between the community and your home, then the first step should always be to talk to your residents to understand who and what they would like to connect with. Knowing what residents enjoy doing can give you a great starting point for creating links. Focussing on groups and individuals that share skills and interests with residents can lead to longer and more meaningful engagement.

Co-production is an ongoing process

Who will lead on it?

It needs to be someone who:

- Has the support of management and colleagues
- Has the confidence to get people involved
- Has the time and motivation to keep moving things forward.

Plan how it's going to run

- Identify what budget you have to cover any costs.
- Identify and use existing resources, people, knowledge and skills that you can draw on within your setting (and your provider group if appropriate).
- Involve everyone who's going to be taking part right from the start.
- Think about how you're going to communicate what's happening and what you need from people.
- Identify what support particular individuals may need in order to fully participate.
- Identify how often you will be consulting with residents.
- Think about how you are going to share and implement the outcomes of the co-production process.

Be inclusive

Make sure that:

- People are included so that everything in the process is accessible to everyone involved.
- Everyone has enough information and support to be able to take part in co-producing and making decisions.

How often will it be run

Co-production is an ongoing process. Once started it needs to be continually updated. How often you run co-production exercises will depend on your home. The main factors to consider are:

- How quickly your residents change
- How often there might be a change in residents' preferences
- How often you update your activity schedule or if you have recently made a change in the home
- If you have had an influx of new staff who may benefit from getting to know the residents.

Alive recommends that you run some form of co-production exercise annually. However, if you are thinking of running exercises more often it is important that you think about the following:

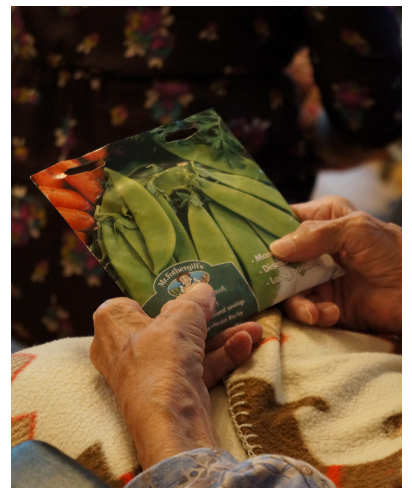
- **Are you able to carry out the requests of the residents?** Too much asking without any results can result in residents becoming disillusioned with the process.
- **Do you have the staff capacity?** Both for running the exercises and implementing outcomes.
- **Do you have a question to ask?** If your residents or routines within a home have not changed significantly since the last exercise, decide if it is necessary.
- **Have you properly evaluated the last exercise?** Think about how your last activity was received and how effective it was in creating a beneficial change in the care home. Make sure you update your methods if it is necessary.

Keep learning from what happens

- Carry out regular reviews to make sure that co-production is making a real difference and that it is still following the process and principles that have been agreed.
- Identify who is going to be part of those reviews – it needs to be a representative spread of everyone involved (residents/service users, staff, volunteers, families, etc).
- Agree on how the reviews will take place and how they will be shared.
- Use findings from the reviews to improve the process.
- Use the reviews and findings to show the difference your co-production project is making.
- Share and celebrate as widely as possible!

Keeping it going

The more everyone has a shared understanding of the values that underlie the process and why you are doing it, e.g. getting to know your residents, transforming mealtimes, building community ties, the easier it will be to keep the momentum going.



Co-producing with groups

The most fun and time-effective way of including your residents in the co-production process is to run a group activity. Co-production sessions make great activity sessions, as well as giving residents the space to express themselves and learn about others.

It allows residents to build on each other's suggestions

Encouraging residents to speak to each other in a way that is as close to a natural conversation as possible allows you to glean information with minimal input. This means the information you collect is as unaffected by your input as it can be.

It is more time-effective

Working in a group will allow you to understand how a lot of people feel about a particular activity all at once. For example, you may find out that half of your home loves poetry or that Jon likes golf but everyone else hates it!

By allowing people to react to other people's suggestions it means you have an instant idea about which activities might be suitable for group work and what is best kept for a one-to-one.

It doubles as an interesting activity for residents

A well-planned co-production session can be just as rewarding and enjoyable as a planned activity. Using collages, music, painting, reminiscence objects and many other techniques already used in group work can greatly enhance the experience for the residents.

It enables people to find out things they have in common

Talking in groups about hobbies, likes and interests is also a great opportunity for the residents to get to know each other. This could be through finding out about a shared hobby, memory, location or skill.

Group sessions: What to consider

Setup and layout of the room

The setup and layout of the room can have a dramatic impact on how sessions play out. Key criteria are as follows:

- **Use of a large table** so that resources can be laid out for all to reach and see.
- **Brightly coloured objects and sensory objects** help cater for those hard of sight and/or hearing.
- **Participants sat within close proximity** of one another to promote discussion and to ensure all members of the group are within hearing distance. The closer the residents are to one another, the more likely people are to feel included, alert and engaged.

Key learnings

No more than ten residents per session – so that everyone has a chance to feed into the discussion. The larger the group the more likely some people are to get distracted, lose interest or be left out.

Use objects to gauge interest – some people may be non-verbal communicators or uncomfortable contributing to a discussion. Where possible include objects, visual and audio prompts that represent the topics covered. Pay attention to who responds to what objects or stimuli as well as noting those who contribute verbally.

Pause for thought – give residents plenty of time to contemplate a topic before moving on – avoid interrupting or changing the subject. Some participants need more time than others to put forward suggestions or contemplate the question at hand. Slow down the pace.

Staff numbers – have at least two members of staff present to:

- Observe and help discussion flow
- Record names of participants and take notes
- Assist with the physical needs of the residents
- Repeat things when necessary

Individual needs – does anyone have any specific requirements i.e. a hearing loop, reading glasses etc. Prepare these in advance.

A bright and quiet room – the fewer distractions the better. Think about how best to use the space in advance. Consider lighting and acoustics. Does the room echo for example?

Pre-session briefing – inviting and briefing participants in advance so people have a chance to contemplate the topics of discussion and their views beforehand.

Structure – having a structure to the session helps give residents context and a greater understanding of what the session is hoping to achieve.

Remain flexible – although it is good to have an agenda to guide the group, it is key to allow for flexibility. Each individual and group is different and will have unique needs. Adapt the style of the sessions depending on what happens on the day.

Avoid one-to-one breakouts – it is best to keep the conversation flowing within the group. This way participants remain engaged, feel a part of the session and want to remain seated at the table.

If a one-to-one discussion becomes inevitable – have one staff member talking to residents and another person shadowing to take notes, this way no feedback or input from residents is lost.

Do not use microphones – speak loudly and clearly but avoid using a mic. This enables those who are hard of hearing to lip-read and take note of facial expression. The microphone can create a barrier between facilitator and participants. Co-production is a joint exercise, and everyone should feel able to participate equally.

Tools for group co-production

It is important that you design your workshop to fit the interests and needs of your participants. Below are a few exercises that are suitable for group co-production work in care homes.

Reminiscence sessions

Using reminiscence objects around a theme, (e.g. activities, sports, arts) can help stimulate resident-led discussion. The presence of the objects can either facilitate a non-leading discussion or steer the discussion in a particular way. The objects need to be thought about carefully in advance. Make sure there are a good variety to cover all possible views and suggestions, for example, people may not remember they enjoy fishing if there are no fishing stimuli.

Photos can also be extremely useful and an iPad is a brilliant way to have thousands of images at your fingertips. However, using iPads should be used as a tool to facilitate the conversation, not a distraction or a replacement for it. The question, “what do you want to look at?” is likely to be received with an “I don’t mind”, whereas placing objects in front of people and saying “which one do you enjoy?” is likely to receive an enthusiastic response.

This is especially useful when looking to communicate with people living with advanced dementia or who are non-verbal, as they are able to use objects to communicate. In this case, it is useful to have books with pictures on a subject so the participant can point to the exact thing they are trying to communicate.

Due to the noise in a reminiscence session, it is important that you have a second person collecting information as recording audio is often ineffective and time-consuming to write up.

Story Boarding

‘Storyboarding’ or ‘storytelling’ is a useful tool for people living with less advanced dementia. For example, asking people to draw their ideal day, their ideal holiday or a day at work can help you see what the participant holds most important about that particular activity. So, if you are looking to understand how to make mealtimes more comfortable, you could ask people to explain how they would throw a dinner party.

This could be communicated in a number of ways; you could ask to talk through the story step-by-step, provide a printed storyboard for people to draw onto, act out a roleplay, or use the iPads to make a short film.

This method works well with only one staff member, as the exercise records its own outcomes.

Collages & artworks

Using magazines, newspapers or printed photos, you can ask participants to create a collage based on a theme or idea. iPads can also be used to do this but, as before, physical and immediate stimuli should be present to provide varied stimuli for participants.

Further reading

The following resources are available for you to find other ideas to try and modify:

- **The VSO guide** http://www.participatorymethods.org/sites/participatorymethods.org/files/VSO_Facilitator_Guide_to_Participatory_Approaches_Principles.pdf
- **Service design tools** <http://www.servicedesigntools.org/taxonomy/term/1>

Enabling and including people

The main barriers to group based co-production in a care home setting are cognitive and physical impairments. Below are a number of easy things you can do to make sure everyone has the best chance to be fully involved.

Supporting someone with a hearing impairment

- Does the room echo?
- Is the room bright enough for people to see you?
- Are you in a good position for people to see you, interpret your body language and lip-read?
- Are you using visual prompts?

Supporting someone with a visual impairment

- Is someone available to explain and describe what is going on?
- Can you use sound prompts and effects?
- Are there objects that people can handle?
- Are there things people could smell?

Supporting someone with a physical disability

- Are they able to enter and leave the room independently, or do they need support?
- Can they reach or access all the materials you are sharing with the group?

Supporting someone with a cognitive impairment

- Are you using clear language?
- Is there someone to support and explain what's happening when needed?
- Can you use objects to bring things to life for people?
- Keep activities short and focused.
- Allow people time to process and share their thoughts.

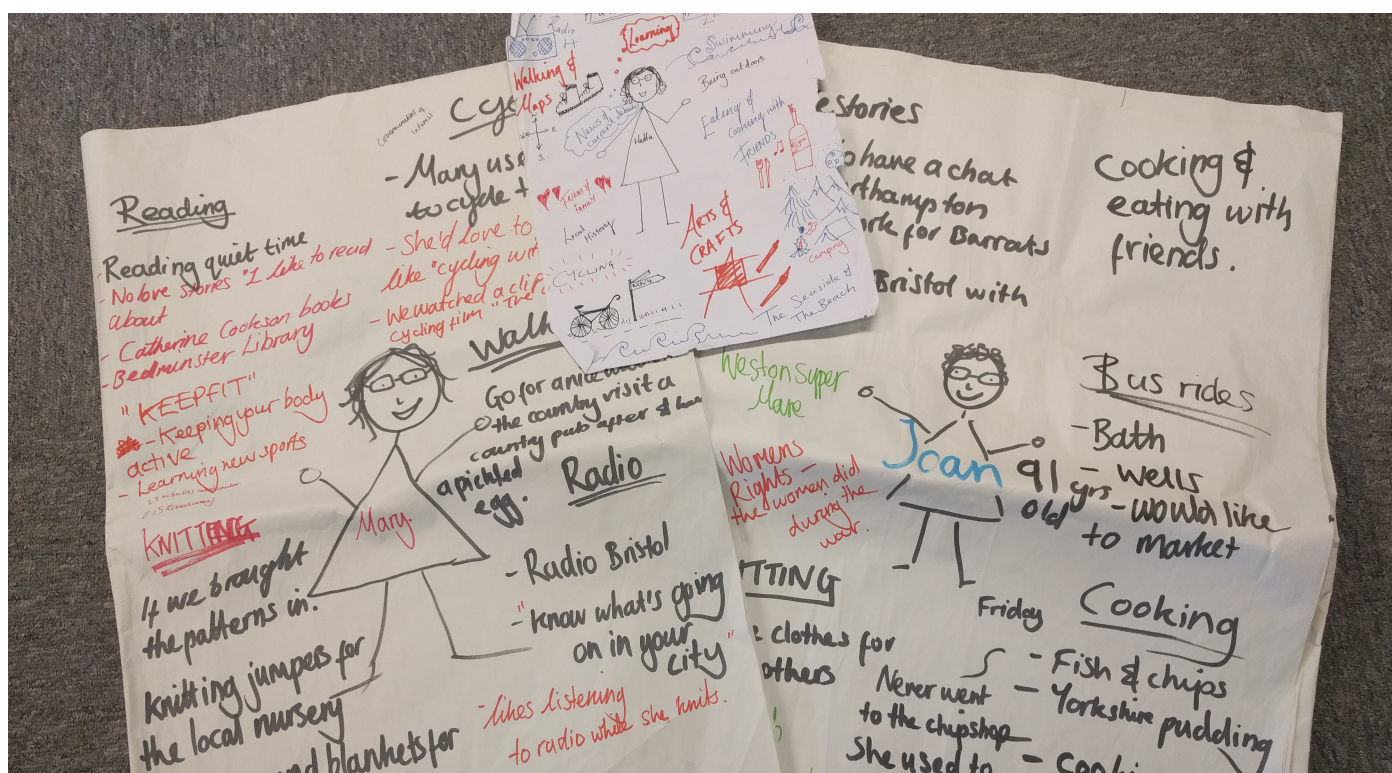


Case study: Mary

During a group co-production workshop, we saw that one participant, a lady called Mary, wasn't engaging. Mary sat through the session but did not contribute and seemed relatively withdrawn.

We returned on a separate occasion to work one-to-one with Mary as it was clear that in a group situation it would be difficult to properly connect with her. During this visit Alive was informed that Mary had trouble hearing and preferred to lip-read. This information enabled us to change our approach; we sourced a hearing aid and sat close enough to Mary in a well-lit room for her to lip-read what we were saying.

The difference was phenomenal! Mary came to life during the discussion. She was animated, engaged and happy to share her interests and hobbies with us. She asked Alive to visit again and wanted to be involved in future co-production sessions. We drew a 'story of self' chart which helped develop some of the ideas we had discussed throughout the one-to-one.



One-to-one co-production

There are many reasons why you will need to supplement your group work with one-to-one work. Though it takes a little more time, it is important to consider if it is needed in your home, as not everyone will be able to contribute fully in a group setting.

The main advantages of using one-to-one work are listed below:

- Beneficial to residents who are less able or comfortable contributing in a group or whose voice may get lost in a group conversation.
- Beneficial to non-verbal communicators as visual prompts can be utilized more easily.
- Allows staff to build up rapport and a trusting relationship with residents.
- Slower paced discussion can allow residents more time to reflect and input.
- Beneficial to residents with hearing difficulties (one-to-ones allow for lip-reading and body language to be read with ease).
- Discussion is led by the individual and takes place on their terms.
- A discussion can take place in a private or quiet location rather than a public setting if the resident prefers this.
- Includes participants who were unable to attend group workshops.

One-to-one: What to consider

Time and setting

- A quiet setting away from distractions. Private enough for the residents to talk freely. Somewhere participants feel comfortable.
- The mornings or early afternoons are best to avoid fatigue.
- If possible arrange a time with residents in advance which suits them best.

Equipment

- A dictaphone can be useful if the participant is comfortable with this.
- Note taking equipment (if appropriate, you want the one-to-one to feel like a joint discussion rather than an interview).
- An iPad if available to search for relevant information/look up references to aid discussion.
- Any individual requirements: hearing aids, glasses, sensory objects etc.

Duration of each session

No more than 20-30 minutes to ensure that the meeting is productive and that you and the participant are able to stay focused and engaged.

Key challenges

- Sometimes residents may be taken out for the day or be ill, disrupting your agreed meeting time. This can mean that arranging the one-to-one is a more time-consuming process.
- Other residents will occasionally be eager to be involved in a one-to-one discussion which can lead to a small group discussion. Try to avoid this so that the resident you are working with can talk candidly.
- Sometimes events or activities taking place elsewhere can disrupt or end a one-to-one prematurely. Avoid this by selecting a quiet and private setting.

Tools for one-to-one work

Story of self

This is useful as an icebreaker if you are getting to know a new resident. It helps to establish the passions, needs, interests and hobbies of each individual.

Begin by greeting a resident, making conversation on their terms, ensuring they feel comfortable and explaining a little about why you wish to conduct the one-to-one. If the resident is happy to continue, take a large piece of paper and draw yourself. Around the edge include images and words which reflect your own interests and things you consider important: cycling, reading, learning, gardening etc. Then examine the diagram alongside the participant explaining why each hobby and activity are meaningful to you.

Allow the participant to ask questions about the chart and to say if they shared any of the same hobbies or interests. Next work with the resident to produce their own 'story of self' based upon the things that are important to them, currently and in the past. Talk through the chart and establish how the information it reveals enables you to understand a little more about the needs and values of the participant. Ensure that the resident knows that they are able to carry on this conversation after the exercise.

Story of self kit

The 'story of self' chart is not appropriate for all residents. Some residents prefer to handle objects, look at photographs or use sensory objects as opposed to conducting work on paper.

The story of self kit is a tangible version of the 'story of self'. It should include objects, photography, music or film clips that represent your own interests.

Lay out and discuss this kit with residents. The objects will act as stimuli encouraging the participants to reflect upon their own hobbies and interests. Practice your active listening skills throughout these conversations so that you do not miss information that participants have disclosed. Be aware of facial expression and body language when discussing objects and what this might reveal about an individual.

Suggestion boxes

Suggestion boxes are great for getting all staff involved with one-to-one work and embedding the question, “what would you like to do?” into the everyday conversation of the home. They enable residents to feedback whenever they would like and allow relatives the opportunity to feedback on behalf of their loved ones.

They are simple and cheap to set up and can take many forms, from the usual box and slips format to things like a ‘Wishing Washing Line’ or ‘Wishing Tree’. This is a physical board or tree where residents can hang wishes. These methods are more constructive than a suggestion box as it allows residents to see other people’s wishes and start a conversation about them.

It’s important that this approach is backed up with the infrastructure to respond to these wishes, or residents will begin to lose interest in interacting with the boxes.

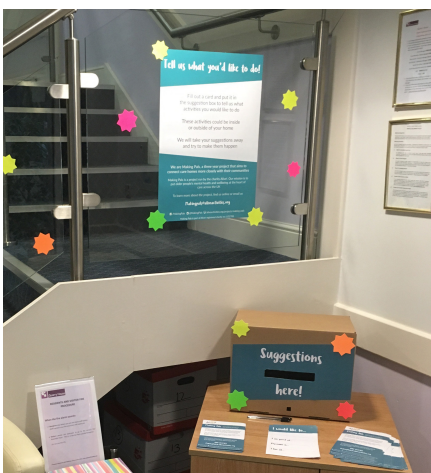
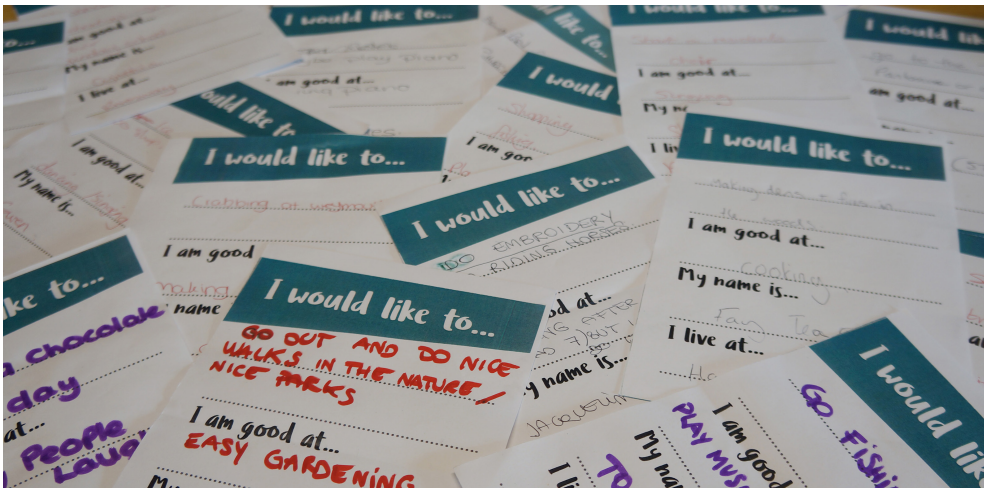
Informal chats

Sometimes neither of the above formats are appropriate and a quick informal chat is the most suitable option.

For example, if any of the following apply:

- Residents are short of time or feeling unwell
- People living with more advanced dementia
- If residents have particularly poor eyesight
- If the resident prefers simply to have a verbal discussion
- If the conversation had to be cut short for any reason.

In these instances, simply spend some time building rapport with the resident and explain why you are there and what you would like to achieve. Explain why you want to include the individual in the co-production process, then let the conversation develop organically on their terms.



Case study: George

George lives in a care home in Weston-super-Mare. He is not able to communicate verbally.

While taking part in an Alive co-production session George was asked what he enjoys doing. The carers told us that “George likes fast cars”, so we found him a book of transport through the ages.

When George was handed the book, he pointed out to us all of the pictures of trains, ignoring the pictures of cars to the surprise of his carers.

This shows the importance of using objects and stimuli to bring back memories or to enable residents to communicate when they find it difficult.



Leading questions

What are leading questions?

Leading questions are questions that imply an answer in their delivery. This can be through encouraging someone to agree with a statement:

“You like painting, don’t you?”

It can also be through not giving someone the opportunity to express an alternate preference:

“Why do you like painting?”

Or it could be through giving someone a limited choice of options to choose from:

“What do like most, painting or gardening?”

These questions impose the opinion and preferences of the person asking the question onto the person answering. It takes a lot of conscious effort to make sure that you are not asking leading questions.

Why should you avoid leading questions?

Most people when asked a leading question will not correct the person asking the question. People rarely will respond to “why do you like painting?” with “I don’t like painting”. Therefore, to make sure that your co-production exercise is as effective as possible, you need to make sure your questions are open-ended and not leading.

It is tempting to use leading questions, especially if you are facilitating a quiet group, or if someone you are talking with is not being very responsive. However, it is better to leave having collected no information at all, than leave having collected false truths.

Some examples of non-leading questions

There are ways of stimulating discussion without the use of leading questions. Open-ended questions are good to use if you can, but they can often be difficult to respond to. You may need to use more closed questions to start a discussion. The good news is that closed questions do not have to be leading ones. Below is a selection of closed and non-leading questions that have been used by Alive facilitators during co-production work to get the conversation going:

**“Talk me through ... what you do on a Saturday / Sunday / ...
... how you like to have your dinner / lunch / ...
...what you like to do in the garden / kitchen / ...**

**“Tell me who ... you like to visit
... you enjoy having to visit**

**“How do you like to spend your time ... indoors / outdoors / ...
... with friends / family / ...
... when it's sunny / rainy / ...
... in summer / winter / ...**

**“What makes you ... happy
... excited
... laugh
... annoyed**

**“ Tell me about ... a place you like to go
... your favourite food
... a day you enjoyed**

All of these questions use a situation, emotion, place or person as a stimulus but do not mention a particular activity or a specific answer. Always remember that if you mention something in your question, it will automatically be in a person's mind.

Active listening

Active listening is a conscious process. It is different from simply hearing someone. It involves listening with all of your senses, giving full attention to the speaker and being 'seen' to be listening.

To actively listen you must disregard any assumptions or presuppositions about what an individual might share or disclose. You must hold a heightened awareness of what your body language and facial expression might tell others.

How to actively listen

It takes a lot of concentration and determination to be an active listener. Here are five key techniques to help you become a more effective listener:

- Pay attention
- Show that you're listening
- Provide feedback
- Defer judgment
- Respond appropriately.

Pay attention

- Give the speaker your undivided attention, and acknowledge the message
- Recognise that non-verbal communication also 'speaks' loudly
- Look at the speaker directly
- Put aside distracting thoughts
- Don't mentally prepare a rebuttal!
- Avoid being distracted by environmental factors e.g. side conversations
- 'Listen' to the speaker's body language.

Show that you're listening

Use your own body language and gestures to show that you are engaged.

- Nod occasionally
- Smile and use other facial expressions
- Make sure that your posture is open and interested
- Encourage the speaker to continue with small verbal cues like yes and "mmm".

Provide feedback

Our personal filters, assumptions, judgements and beliefs can distort what we hear. As a listener, your role is to understand what is being said. This may require you to reflect on what is being said and to ask questions.

Reflect on what has been said by paraphrasing. “What I’m hearing is...” and “Sounds like you are saying...” are great ways to reflect back.

Ask questions to clarify certain points. “What do you mean when you say...” “Is this what you mean?”

Summarise the speaker’s comments periodically.

Tip: If you are finding it difficult to interpret/understand what someone said, try asking for more information. “I may not be understanding you properly. What I thought you just said was ‘XYZ’. Is that what you meant?”

Defer judgment

Interrupting is a waste of time. It frustrates the speaker and limits full understanding of the message.

- Allow the speaker to finish each point before asking questions
- Don’t interrupt with counter arguments
- Respond appropriately
- Active listening is designed to encourage respect and understanding
- You are gaining information and perspective. You add nothing by attacking the speaker or otherwise putting them down
- Be candid, open and honest in your response
- Assert your opinions respectfully
- Treat the other person in a way that you think they would want to be treated.

Based on a page from <https://www.mindtools.com/CommSkill/ActiveListening.htm> Accessed 12/4/2018

Do's and don'ts of co-production

Do ask a mixture of open and closed questions.

Do encourage residents to talk amongst themselves with minimum input from you.

Do use a mixture of approaches.

Do encourage residents to record their own ideas and opinions.

Don't ask leading questions.

Don't make assumptions about what a resident might say or think.



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