

# The co-creation and co-production processes and outcomes in the implementation of Safewards

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## Rationale and aim

Co-creation and co-production is a way to develop value in terms of involving staff and service users in improvement processes and then deliver the service or product. In practice, co-creation and co-production are central processes when implementing Safewards, an evidence-based program with 10 interventions aiming to reduce conflicts and coercive measures in psychiatric inpatient care. However, empirical research has rarely focused on these processes. Thus, the aim of this study was to describe the co-creation and co-production processes and outcomes in the implementation of Safewards.

## Design and setting

The design was a process evaluation on one psychiatric ward based on the Medical Research Council's Guidelines with a focus on co-creation and co-production. The setting was a ward caring for patients with affective disorders, which according to their own follow-ups had succeeded well in the implementation. Their follow-ups showed a reduction of coercive measures of 75 % and staffs' sick leave by 30 %.

## Participants, interview guide and analysis

The participants were interviewed; a ward manager, a doctor and ten patients individually, and eight staff members in two focus groups. Semi-structured interview guides were used focusing on:

1. *Co-creation*; initiation, co-design and co-implementation.
2. *Co-production* of the interventions.
3. *Outcomes*; effectiveness, applicability, satisfaction, involvement.

The qualitative content analysis of interviews is ongoing and the framework method will be used to contrast different stakeholders' perspectives.

## Preliminary findings

To implement some of the interventions, co-creation has been used to make major adjustments, such as the Soft Words intervention where staff use role play instead of cards or posters. At the same time the majority of the interventions had been implemented as described in Safewards. The co-production process was evident in some of the interventions, like Discharge Messages. Staff described difficulties maintaining the quality and regularity of certain interventions with high relevance to co-production, for example Mutual Help Meetings. Patients were satisfied with the way many of the interventions were co-produced together with staff, but despite Safewards, the ward environment could still be perceived as challenging for service users.

