Setting up a Café using Co-production Principles in a Forensic Mental Health Service: A Case Study

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Abstract

Introduction:

Forensic mental health services provide care, treatment, and rehabilitation for people who have entered the criminal justice system as a result of mental illness or who have become mentally unwell whilst serving a prison sentence. People in the care of forensic mental health inpatient services are subject to many occupational challenges due to a number of external factors such as lengthy leave restrictions and tension between custodial care and therapeutic rehabilitation paradigms. There is a need for service strategies that address occupational deprivation in institutional settings and strengthen protective factors that contribute to successful rehabilitation and recovery outcomes. One such service strategy is to involve service users in collaborative design such as co-production of occupationally-based solutions and programmes.

Aim:

The aim of this study was to describe a project that used co-production principles to create an onsite café in a forensic mental health setting. The study aimed to provide a description of the project setting and process, identify facilitators and barriers of co-production in this case, and describe how involvement in the co-production project impacted participants.

Method:

A qualitative case study methodology was used to capture the phenomena of the project through a description of the case. Semi-structured interviews were conducted with six participants (two staff and four service users) and constant comparative analysis was used alongside project documentation to establish findings.

Results:

Six main themes were identified. These were: 1) ‘needs of tāngata whai ora in forensic mental health settings’, which identified needs for accessible vocational training opportunities, the desire of tāngata whai ora to prove themselves and challenge negative expectations, and the need for empowering environments and approaches; 2) ‘group dynamics and process’, which described the processes of becoming a team through making decisions together and which led to the creation of a distinct experience of power and agency within the secure environment; 3) ‘a learning experience’, which highlighted learning phenomena within the co-production working group; 4) ‘grappling with co-production’, which identified challenges in defining the project within the current service

structures as well as the pressure of accountability to co-production experienced by the facilitators; 5) ‘facilitators and barriers’, which revealed the role of supportive staff, opportunities and challenges when navigating processes, and staying motivated through delays to project progression, and; 6) ‘impacts’, which highlighted the rewarding nature of the co-production experience and impacts that aligned with recovery factors.

Implications:

The first implication is that co-production can be integrated with other strengths-based offender rehabilitation models and aligned with collectivist approaches. Second, forensic mental health programmes that focus on psychoeducation can also be strengthened by integrating adult learning theories into their design to support transformational change. Third, co-production projects require substantial time and energy commitment to meet their aims therefore strategies to ensure sustainability need to be established. Fourth, occupational therapy and lived experience workers appear to be well positioned philosophically to support co-production initiatives and require resourcing. Finally, there is scope for future research to focus on eliciting managerial perspectives of co-production as well as the development of guidelines specific to the implementation of co-production in forensic mental health settings.

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Attestation of Authorship

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Signature: Romelli Rodriguez-Jolly

26 July 2024

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Ethics approval was granted from AUTEC 20th August 2021 21/26

Ehara taku toa i te toa takitahi, he toa takitini - my strength is not as an individual but as a collective (Whakataukī/Māori proverb).

Glossary for Te Reo Māori words[1]

Ako	(Verb) to learn, study, instruct, teach, advise.
Aroha	(Verb) to love, feel pity, feel concern for, feel compassion, empathise.
Hui	(Noun) gathering, meeting, assembly, seminar, conference.
Iwi	(Noun) extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory.
Kaiwhakaora Ngangahau	Occupational therapist. Whakaora meaning to restore health and ngangahau meaning active, spirited, zealous; therefore, whakaora ngangahau is restoring to health one's active self (Hopkirk, 2013).
Kaupapa	(Noun) topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.
Kaumatua	(Noun) adult, elder, elderly man, elderly woman, old man - a person of status within the whānau.
Kawa	(Noun) marae protocol - customs of the marae and wharenui.
Koha	(Noun) gift, present, offering, donation, contribution - especially one maintaining social relationships and has connotations of reciprocity.
Kōrero	(Verb) to tell, say, speak, read, talk, address.
Mana	(Noun) prestige, authority, control, power, influence, status, spiritual power, charisma - mana is a supernatural force in a person, place or object.
Manaakitanga	(Noun) hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.
Marae	(Noun) courtyard - the open area in front of the wharenui, where formal greetings and discussions take place. Often also used to include the complex of buildings around the marae.
Māori	(Noun) Māori, Indigenous New Zealander, Indigenous person of Aotearoa/New Zealand - a new use of the word resulting from Pākehā contact in order to distinguish between people of Māori descent and the colonisers.
Pākehā	(Noun) New Zealander of European descent - probably originally applied to English-speaking Europeans living in Aotearoa/New Zealand.
Pepeha	Pepeha is an introduction for the purpose of making connections in te ao Māori (Opai, 2021).
Rangatira	(Noun) chief (male or female), chieftain, chieftainess, master, mistress, boss, supervisor, employer, landlord, owner, proprietor
Tāngata Whai Ora (pl.)/ Tangata Whai Ora (sing.)	This term is used to refer to the person who is the subject of care, assessment and treatment processes in mental health. Tangata whai ora means a person seeking health (Ministry of Health, 2000).
Tāngata Tiriti	People of the Treaty (literal translation) (Network Waitangi Ōtautahi, 2023).
Tāngata Whenua	People of the Land (literal translation. (Noun) local people, hosts, Indigenous people - people born of the whenua, that is, of the placenta and of the land where the people's ancestors have lived and where their placenta are buried.

[1] Note: Translations sourced from Te Aka Māori Dictionary unless otherwise indicated www.maoridictionary.co.nz

Tari Kaupapa Māori	Tari Kaupapa Māori service is located within the forensic mental health service and provides a forensic mental health model of care that is responsive to the needs of Māori through blending Te Ao Māori cultural paradigms and clinical paradigms.
Tauiwi	(Personal noun) foreigner, European, non-Māori, colonist.
Taurawhiri	Māori Cultural Advisors within the Forensic Mental Health Service (non-literal translation).
Te Ao Māori	Māori World.
Te Reo Māori	The Māori Language.
Te Tiriti o Waitangi	The founding document of New Zealand signed in 1840 between representatives of the British Crown and Māori iwi (Te Rua Mahara o te Kāwanatanga Archives New Zealand, 2024).
Tika	(Verb) to be correct, true, upright, right, just, fair, accurate, appropriate, lawful, proper, valid.
Tikanga	(Noun) correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context.
Tinana	(Noun) body, trunk (of a tree), the main part of anything.
Tino Rangatiratanga	(Noun) self-determination, sovereignty, autonomy, self-government, domination, rule, control, power.
Wairua	(Noun) spirit, soul - spirit of a person which exists beyond death. It is the non-physical spirit, distinct from the body and the mauri. To some, the wairua resides in the heart or mind of someone while others believe it is part of the whole person and is not located at any particular part of the body.
Wāhine	(Noun) women, females, ladies, wives – plural form of wahine.
Whakaaro	(Verb) to think, plan, consider, decide. (Noun) thought, opinion, plan, understanding, idea, intention, gift, conscience.
Whakapapa	(Noun) genealogy, genealogical table, lineage, descent - reciting whakapapa was, and is, an important skill and reflected the importance of genealogies in Māori society in terms of leadership, land and fishing rights, kinship and status. It is central to all Māori institutions.
Whānau	(Noun) extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.
Whanaungatanga	(Noun) relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship.
Wharenui	(Noun) meeting house, large house - main building of a marae where guests are accommodated. Traditionally the wharenui belonged to a hapū or whānau but some modern meeting houses, especially in large urban areas, have been built for non-tribal groups, including schools and tertiary institutions. Many are decorated with carvings, rafter paintings and tukutuku panels.

1 Introduction

Forensic mental health is a specialty practice area that has developed over the past few decades and occupies an intersection between criminal justice and mental health sectors (Ministry of Health, 2010). Forensic mental health services aim to address both the alleviation of mental illness and the reduction of reoffending behaviour as treatment of the mental illness in conjunction with rehabilitation programmes can reduce offending and support wellbeing and quality of life on discharge (Ministry of Health, 2010; 2017). In Aotearoa New Zealand, people under the care of mental health services, including forensic mental health services, can be referred to as tāngata whai ora[2] (Ministry of Health, 2000).

Tāngata whai ora can be vulnerable to occupational challenges due to factors such as the institutional nature of forensic mental health hospitals, long lengths of stay, leave restrictions and seemingly paradoxical custodial and care/recovery paradigms (Barnao et al., 2015; Tomlin et al., 2020; Whiteford et al., 2020). Therefore, there is a need for service strategies that address potential occupational deprivation[3] in such institutional settings whilst also strengthening protective factors that contribute to successful rehabilitation and secure recovery[4] outcomes for tāngata whai ora and their communities (Senneseth et al.,

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[2] Tangata whai ora (singular) /tāngata whai ora (plural) refers to a person/people who are the subject of care, assessment and treatment processes in mental health. 'Tangata whai ora' means "a person seeking health" (Ministry of Health, 2000). This term will be used throughout this thesis as it is considered more enriching language than the terms client, patient, or service user (Opai, 2020).

[3]Occupational Justice is a concept within occupational therapy and occupational science discourse with a number of occupational injustices having been identified and described in the literature (Whiteford et al., 2020). Occupational deprivation is one type of occupational injustice that has been identified and is described as "a state of preclusion from engagement in occupations of necessity and or/meaning due to factors that stand outside the immediate control of the individual" (Whiteford, 2000, p. 201).

[4]'Secure recovery' describes the approach that combines recovery paradigms and traditional forensic mental health models of care (Simpson & Penney, 2011). It is an adaptation of recovery principles that reflects the additional challenges of risk for those in forensic mental health services. "Secure Recovery acknowledges the challenges of recovery from mental illness and emotional difficulties that can lead to offending behaviour. It recognises that the careful management of risk is a necessary part of recovery in our service but this can happen alongside working towards the restoration of a meaningful, safe and satisfying life" (Drennan & Alred, 2012, p. x).

2020; Whiteford et al., 2020). *He Ara Oranga: report of the government inquiry into mental health and addiction* (Paterson et al., 2018) encourages services to innovate and co-produce recovery oriented, evidence-based approaches. Therefore, one potential strategy is to involve tāngata whai ora currently in the forensic mental health service in the collaborative design and production (or co-production) of occupationally-based programmes.

This thesis reports the findings from an exploratory case study (Merriam, 1998) of a co-produced, occupationally-based programme within a forensic mental health service. The study aimed to explore the experience, facilitators, barriers and impacts of using a co-production approach for those involved in setting up a café run by tāngata whai ora in the forensic mental health setting. This introductory chapter provides an overview of the context and key concepts relevant to the study. It begins by describing my positionality as a researcher, before providing historical context on forensic mental health services in Aotearoa New Zealand. It then moves onto an overview of recovery paradigms, the role of occupational therapy in forensic mental health services, as well as vocational programmes in forensic mental health settings. An overview of tāngata whai ora perspectives of forensic mental health services is then provided. Lastly, an overview of co-production is provided before concluding with a description and justification for the current study.

1.1 Positioning Myself as the Researcher

Tēnā koutou katoa

Ko Ingarangi, ko Kōtirana, ko Aerana, ko Tenemāka, ko Peina,

ko Quechua te whakapaparanga mai

Ko Kirikiriroa te whenua tupu

Ko Tāmaki Makaurau te kāinga

He Kaiwhakaora Ngangahau au

Ko Romelli Rodriguez Jolly tōku ingoa

Tēnā koutou, tēnā koutou, tēnā tātou katoa[5]

I was born and live in Aotearoa New Zealand and position myself as Tāngata Tiriti[6] in relation to Te Tiriti o Waitangi, the founding document of New Zealand signed in 1840 between representatives of the British Crown and Māori[7] Rangatira.[8] On my mother's side I am Pākehā[9] descended from English, Irish, Scottish, and Danish colonist settlers who arrived to Aotearoa New Zealand in the mid-1800s and mainly settled in the Waikato. My father emigrated from Peru to Aotearoa New Zealand in the 1980s, and from his side I am descended from Spanish and Quechua[10] ancestors. I grew up in Kirikiriroa Hamilton, where I navigated the dynamics of a multicultural upbringing and experienced a mix of Christian and Indigenous worldviews, embarking on a lifelong journey of understanding my own cultural identities, ways of being, and positionality in Aotearoa New Zealand. I have my own experiences with depression and anxiety, Attention Deficit Hyperactivity Disorder (ADHD), and an autoimmune disorder. I am agender and use non-gendered identifiers (that is, they/them third person pronouns).[11] My valued occupations include being a post-graduate student, musician, riding bikes, learning handicraft, being in the native bush, climate justice non-governmental organisation (NGO) board member, family member, friend, cat guardian, and occupational therapist.

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[5] Pepeha is an introduction for the purpose of making connections in te ao Māori (Opai, 2021).

[6] People of the Treaty.

[7] (Noun) Māori, Indigenous New Zealander, Indigenous person of Aotearoa/New Zealand - a new use of the word resulting from Pākehā contact in order to distinguish between people of Māori descent and the colonisers.

[8] (Noun) chief (male or female), chieftain, chieftainess, master, mistress, boss, supervisor, employer, landlord, owner, proprietor

[9] (Noun)New Zealander of European descent - probably originally applied to English-speaking Europeans living in Aotearoa/New Zealand.

[10] Quechua people are Indigenous ethnic groups from the Andean highlands in South America.

[11] Agender is a form of gender identity where someone does not align with any gender (Horne, 2023).

I trained and registered as an occupational therapist in Aotearoa New Zealand. I have worked in mental health services for ten years, specifically in forensic settings for six years, with experience in Tari Kaupapa Māori[12] services (Wharewera-Mika et al., 2023). Through my studies, my thinking and practice has been influenced by the decolonial theory (Smith, 2012; Quijano, 2007), transformational justice (Nocella II, 2011), the social model of disability (Oliver, 1983), Boston Model of Psychiatric Rehabilitation (Anthony & Farkas, 2009), recovery paradigms (Deegan, 1988; 1996), and Māori models of health and assessment frameworks (Durie, 1998; Pitama et al., 2007). I value practicing in a reflexive way that aims to be experienced as culturally safe (Papps & Ramsden, 1996), and that aspires towards decolonising emancipatory occupational therapy praxis (Emery-Whittington & Te Maro, 2018). This is essential for me as an occupational therapist practicing in a colonial capitalist context as “without a critical consciousness of how everyday occupational therapy practice is connected to macro level social structures of power, practice remains highly dangerous” (Silcock, 2020, p. 37).

I am writing this thesis as a researcher participant, as the experience of facilitating this co-production project left me wanting to explore the collective experiences of those involved. My intention behind the study has been to highlight forensic mental health tāngata whai ora experiences of participating in a co-production project and to provide a resource for practitioners in the forensic mental health area. Contributing to research literature on innovative approaches in forensic mental health services that support the aims of recovery and community safety could be a valuable resource for those with similar aspirations who are also navigating the complex power dynamics and risk management priorities of secure settings.

[12] Tari Kaupapa Māori service is located within the forensic mental health service and provides a forensic mental health model of care that is responsive to the needs of Māori through blending Te Ao Māori cultural paradigms and clinical paradigms.

1.2 Forensic Mental Health Services in Aotearoa New Zealand

In Aotearoa New Zealand, forensic mental health services are responsible for the care and treatment of people who have been charged and/or convicted of an offence and who also meet criteria to be treated in hospital for a mental health condition under legislation (Criminal Procedure (Mentally Impaired Persons) Act 2003; Mental Health (Compulsory Assessment and Treatment) Act 1992). The current national regional forensic mental health service was established in 1992 in accordance with the recommendations of the Mason Report (Mason, 1988). This report was commissioned by the Ministry of Health after several serious incidents involving people caught between mental health and criminal justice systems which lacked the structures to provide appropriate supports and address serious safety risks. The report was released in the context of a zeitgeist consumer rights movement working to transform mental health services, addressing maltreatment, human rights abuses and embracing recovery paradigms and deinstitutionalisation (Pinches, 2004). These days, forensic mental health models of care across services both internationally and nationally focus on therapeutic security, rehabilitation, recovery oriented approaches, and priority populations, and are increasingly moving away from custodial models to models that balance risk assessment with recovery oriented approaches (McKenna & Sweetman, 2020). However, research shows that tāngata whai ora are still at risk of experiencing significant structural and symbolic violence due to system failures and incongruence between policy and practice within forensic mental health settings (Daniels, 2015). For example, there is heightened risk of daily life being comprised of a continual series of disempowering interactions with staff and the institution through normalised violence and punitive and restrictive attitudes (Bourgois, 2009; Daniels, 2015; Tomlin et al., 2020). There are also long-stay quality of life issues due to the high occurrence of tāngata whai ora staying with forensic mental health services for longer than five years (Kennedy, 2022). In Aotearoa New Zealand, the Ombudsman is tasked with ensuring

forensic mental health services are adhering to international human rights standards such as the Optional Protocol to the Convention Against Torture and other Cruel, Inhuman and Degrading Treatment of Punishment (Boshier, 2024; United Nations General Assembly, 2003).

Pertinent to the context of Aotearoa New Zealand is the traumatic impact of ongoing colonisation and related breaches by the Crown in regards to Te Tiriti o Waitangi (the founding document of New Zealand). Institutional racism in governmental policy has resulted in inequitable health outcomes between Pākehā and Māori (Clark et al., 2022). Māori experience higher rates of psychosis compared to other major ethnic groups in Aotearoa New Zealand and this is reflected in the demographic makeup of the five forensic mental health hospitals throughout the country (Indig et al., 2016). Māori make up 14.9% of the national population and approximately 50% of the prison and forensic mental health service population (Mason Clinic, 2011; Statistics New Zealand 2013). These statistics are worrying, as when indigeneity intersects with disability there is heightened vulnerability to harm and human rights violations by the state and its agents (Harpur & Stein, 2018). However, there have been some efforts to address these statistics and associated vulnerabilities. For example, within the largest forensic mental health service there has been the establishment of a medium and a minimum secure unit that integrate together Te Ao Māori[13] paradigms with western clinical paradigms for the purposes of providing culturally responsive and safe support whilst decentring Eurocentric approaches (Rogers et al., 2006; Wharewera-Mika et al., 2023).

[13] Māori worldviews.

1.3 Recovery Paradigms and Forensic Mental Health

Since the deinstitutionalisation movement of the 1960s to the 1990s, it has been common for recovery paradigm principles to inform Western mental health service delivery models including Aotearoa New Zealand (O'Hagan et al., 2011). Anthony (1993), a key figure in the mainstreaming of the recovery paradigm into general mental health services, articulated recovery as being able to live a meaningful and satisfying life even with the presence of symptoms and resulting limitations caused by mental illness. Within the recovery paradigm there is a strong focus on strengths, the personal journey that one undergoes throughout the experience of mental illness and distress, and principles such as autonomy, hope, and self-acceptance (Barnao et al., 2015). Essential components in recovery-oriented services are identified as treatment, crisis intervention, case management, rehabilitation, enrichment, rights protection, basic support, self-help, and wellness/prevention (Anthony & Farkas, 2009).

Whilst the recovery approach originated in a more individualist, biomedical, and mono culturalist context shaped by the hegemonic powers of the United States of America (USA), the recovery literature has continued to undergo critique and evolve the paradigm to recognise diversity of views and experiences and the impact of socio-cultural-political factors (O'Hagan et al., 2011). For example, from collectivist culture perspectives such as Māori, Lapsley et al., (2002) identified the role of developing personal resourcefulness and receiving support from others for recovery journeys leading to profound personal changes, liking oneself more, and being able to empathise with others. More recently, an ecological model of mental health recovery recognises that the process of transformation from a place of despair to psychological wellbeing also requires access to basic resources and safety, development of a sense of autonomy with personal responsibility, roles and relationships that facilitate belonging, and acceptance and integration of mental health conditions into ones sense of self (Dell et al., 2021).

Forensic mental health hospitals, however, still remain institutional environments where tāngata whai ora face unique challenges and barriers for recovery (Senneseth et al., 2022). ‘Secure recovery’ describes the approach that combines recovery paradigms and traditional forensic mental health models of care (Simpson & Penney, 2011). For forensic mental health tāngata whai ora, the recovery journey can be more complex due to the addition of offending behaviour, thus requiring more specialist models of service delivery (Mezey et al., 2010; Simpson & Penney, 2011). Furthermore, forensic mental health tāngata whai ora are more likely to have experienced serious trauma, lengthy inpatient care, and significant stigma (Simpson & Penney, 2011), with the majority experiencing a triple stigma of mental illness, race, and criminal history (West et al., 2014). Not only do tāngata whai ora in forensic care need to address their mental illness and consequences of offending, but also navigate the additional social obstacles of public perception and media depictions that inform community attitudes (Nairn et al., 2006). In addition, those who also have a cognitive disability have an increased complexity of support needs and an increased risk of institutional racism and discrimination if Indigenous or racialised (Baldry et al., 2015; McCausland et al., 2017).

To address the need for a unifying framework for recovery in forensic mental health services, Senneseth et al. (2022) developed the CHIME-S model, adapting Leamy et al.’s (2011) CHIME (connectedness, hope, identity, meaning in life, empowerment) recovery model to include an additional focus on safety and security. According to Shepherd et al. (2016), supporting recovery processes in forensic settings require: safety and security as a basis for recovery; the dynamics of hope and social networks to support an individual’s recovery process; and working on developing a positive identity as a feature of the change process. Further explorations of tāngata whai ora perceptions of recovery have also identified connectedness, sense of self, coming to terms with the past, freedom, hope, health and intervention as being important (Clarke et al., 2016). Recovery can also be

facilitated by the development of trusting relationships between staff and tāngata whai ora to increase quality of life and support the aim of self-actualisation and self-transcendence (Kennedy, 2022). While implementing recovery approaches can be challenging in forensic contexts due to restrictive and coercive dynamics, "there are benefits to prioritising approaches that promote principles such as collaboration, power sharing, inclusion, self-determination, and a focus on strengths" (Barnao et al., 2015, p. 1039). Simpson and Penney (2011) encourage further research and clinical innovation in the area of recovery informed care delivery and improving forensic mental health tāngata whai ora experience through "a spirit of partnership, respect and involvement" (p. 304) despite the restrictive and coercive nature of institutional detainment.

1.4 Occupational Therapy in Forensic Mental Health Settings

Occupational therapy is a health profession that focuses on the link between health, wellbeing, quality of life experience and occupation (Whalley Hammell, 2018). Occupation is defined as the activities and tasks that people do in their everyday lives that lead to participation in a satisfying and meaningful life (World Federation of Occupational Therapists, 2006). Occupational therapists work with people and communities to address the barriers to engaging in their occupations, which may arise from personal, environmental, or occupational factors (Law et al., 1996; Townsend & Polatajko, 2007). Occupational therapy was established in Aotearoa New Zealand in 1940, integrating itself with colonial medico-legal hospital and health institutions (Silcock, 2020). Whakaora ngangahau[14] occupational therapy professional competencies in Aotearoa New Zealand include understanding bicultural practice, robust clinical reasoning and reflective practice, and strong clinical supervision practices (Occupational Therapy Board of New Zealand Te

[14] Whakaora ngangahau is Te Reo Māori translation for occupational therapy. Whakaora meaning to restore health and ngangahau meaning active, spirited, zealous (Hopkirk, 2013).

Poari Whakaora Ngangahau o Aotearoa, 2015). In forensic mental health settings, occupational therapy has a key role in advocating for and facilitating recovery-oriented approaches, rehabilitative opportunities, and quality of life through occupational engagement (Couldrick & Alred, 2003; Kennedy, 2022).

In Aotearoa New Zealand, there are a range of occupational therapy models and frameworks alongside core mental health practitioner assessment and intervention tools that inform and guide occupational therapist practice in forensic mental health settings, which purport to support practice that is holistic, relational, and person-centred, and that acknowledges and is responsive to the context, risk, values, experiences, priorities, and goals of tāngata whai ora (Egan & Restall, 2023; Kielhofner, 2008; Law et al., 1996; Townsend & Polatajko, 2007; Iwama et al., 2009). However, most of these models are not explicitly relevant beyond eurocentrism and individualism, and therefore need to be utilised critically and reflexively for culturally safe practice (Ahmed-Landeryou et al., 2022). A range of other models and frameworks pertinent to the context, such as Māori health models (Hopkirk & Wilson, 2014), and Boston University Psychiatric Rehabilitation models (Anthony & Farkas, 2009) are also commonly integrated into practice whilst guided by lived experience recovery paradigms (Deegan, 1988; 1996)

More specifically, occupational therapy in forensic mental health services involves strengths focused occupational goal setting, occupational performance assessments and developing interventions with tāngata whai ora and their support people that enhance wellbeing and quality of life through occupational engagement. This may include facilitating access to and participation in meaningful occupations that mitigate the impacts of institutionalisation, and identifying, developing, and strengthening valued roles, routines, and skills that facilitate safe community transitions and integration (Couldrick & Alred, 2003).

Within forensic mental health settings, however, there is tension between coercive custodial care paradigms and rehabilitation and recovery paradigms, which consequently impacts access to meaningful occupation (Whiteford et al., 2020). Therefore the profession also draws on occupational justice frameworks[15] to identify and address occupational alienation, deprivation, marginalisation and imbalance, which are of particular high risk to people in secure settings (Townsend & Wilcock, 2004). Tāngata whai ora must regularly navigate between socially acceptable and unacceptable occupations within settings where they can experience unique power imbalances between staff and service users (Morris, 2020). Compounding this is the misconception that the aims of risk management and rehabilitation work oppose each other, when in actuality protective factors against risk can be enhanced by engagement in meaningful occupationally-based rehabilitation pathways (Nicholls & Goosens, 2017). For example, the good lives model (Ward & Brown, 2004) and the Structured Assessment of Protective Factors for Violence Risk (SAPROF) emphasise the role of protective strength-based approaches in forensic mental health risk management and in strengthening collaborative therapeutic alliances (de Vries Robbé & Willis, 2017).

In order to mitigate institutional harm and improve community re-integration outcomes, barriers to the implementation of protective, strength-based approaches must be addressed (Farnworth & Muñoz, 2009). How well resourced and accessible occupational opportunities for rehabilitation and recovery are depends on the priorities and values of services where institutional hegemonic discourse of assertive risk management prevail (Pereira et al., 2020). The disconnect between the philosophical aspirations of a service and inadequate resourcing and opportunity for capability development, combined

[15] Occupational justice is a concept within occupational therapy and occupational science discourse. A number of occupational injustices have been identified and described in the literature (Whiteford et al., 2020). The five original occupational injustices were identified as deprivation, alienation, marginalisation, imbalance, and apartheid (Stadnyk et al., 2010).

with the potential lengthiness of these restrictions, creates real risk for occupational deprivation, undermining capability development (Pereira et al., 2020). Multi-disciplinary teams need to understand and consider overall occupational balance for someone living within the restrictions of a forensic environment (Morris, 2020). As highlighted by Farnworth et al. (2004), it is important that tangible opportunities are afforded; made possible by equitable and dignified options and choices for participation that enable “freedoms being exercised together” (p. 164). Further to this, it is important that there is support for occupation focused practice and an increased institutional valuing of occupational therapy services to address occupational justice issues within secure settings (Whiteford et al., 2020). As such, an increased contribution from occupational therapy to address the profession’s current paucity of contributions to the forensic mental health literature has been called for (Chui et al., 2016).

1.5 Vocational Programmes in Forensic Mental Health Services

Occupational therapists’ practice can include a focus on vocation and return to work when that is a goal of the person they are working with (Couldrick & Alred, 2003). Tāngata whai ora tend to value early opportunities to address vocational issues (McQueen & Turner, 2012) and evidence shows that vocational education programs reduce recidivism (MacKenzie, 2000). Work re-entry post-discharge from forensic mental health services is characterised by an array of opportunities and challenges, including complex employment barriers due to stigma and misunderstandings from employers and other community members (Tregoweth, 2006). Tregoweth (2006) describes how significant the experience of being able to re-enter the work-force is for forensic mental health service users, describing a liberatory quest from alienation to inclusion and emancipation. For people detained for long durations of time, support to learn how the world may have changed and how they themselves have changed is essential to supporting vocational goals (Garner,

1995). Challenges can also arise due to the international trend of higher levels of education disparity between people in prisons and the general population which New Zealand statistics also reflect (Banks, 2017). For example, in Aotearoa New Zealand 66% of people in prison have no formal qualifications compared to the 23% of the general population and 60% have literacy and numeracy level below NCEA Level 1[16] (Banks, 2017).

Vocational programmes also need to be critically examined in light of the neoliberal, ableist, capitalist ideologies that shape the nature of work (Russell & Malhotra, 2019). It is important to acknowledge the injustices and harms carried out towards disabled people (including those in forensic mental health services) who, through exclusion from vocational participation, bear the brunt of economic discrimination increasing their chances of poverty, increased regulation of their lives in order to receive support services, and alienation from participation in society (Russell & Malhotra, 2019). The literature has identified realistic and founded fears of poverty for tāngata whai ora leaving forensic mental health inpatient services or incarceration and their worry in regards to whether they will be able to obtain meaningful work and housing (Crabtree et al., 2016; Russell & Malhotra, 2019). The literature also recommends, however, that open employment not necessarily be considered the superior occupational outcome over other valued citizenship roles in communities which can also build confidence and support agency and recovery (Dowling & Hutchinson, 2008; Drennan & Wooldridge, 2014). Gerlach et al. (2018) recommend that rather than reinforcing individualist, neoliberal, capitalist and biomedical ideologies, employment support services are developed with a holistic focus on what occupations a person needs to be able to engage in to support the survival and wellbeing of themselves and their families. Helbig and McKay (2003) advise that there needs to be

[16] In New Zealand, NCEA Level 1 is the main qualification for secondary school students that is usually studied in the third year of secondary school (NZQA, 2024).

engagement with service users and communities to ascertain what would be meaningful when developing opportunities to meet rehabilitation needs. There have also been calls for occupational therapists to share research and accounts of vocational rehabilitation practice to explore how or if the vocational needs of people in forensic mental health services are being met (Dunn & Seymour, 2008; Samele et al., 2018).

1.6 Tāngata Whai Ora Experiences in Forensic Mental Health Settings

Eliciting perspectives from people in forensic mental health services is crucial to improving services (Coffey, 2006). Findings in the literature repeatedly show that person-centred care, responsiveness, clear pathways, consistency, meaningful activity, safe spaces, having voice, building social connections, and therapeutic relationships are most beneficial from the perspective of tāngata whai ora (Barnao et al. 2015; Clarke et al., 2016; Craik et al., 2010; Farnworth et al., 2004; Humphries et al., 2023; Long et al., 2008; Lovell et al., 2020). However forensic mental health services may find it challenging to consistently facilitate these beneficial elements. Whilst some tāngata whai ora have shared experiences of forensic mental health care that are positive and hopeful, others struggle with feeling stuck, playing the game, just existing day to day, feeling coerced to passively comply, and with having no opportunity for choice (Humphries et al., 2023).

For example, an investigation of tāngata whai ora perceptions of rehabilitation in a New Zealand forensic hospital setting found that their experiences were characterised by a lack of person-centredness, variability of quality of therapeutic relationships with staff, inconsistency in care, and a lack of clarity regarding rehabilitation pathways (Barnao et al. 2015). International studies have also highlighted tāngata whai ora perceptions that there are more realistic and available opportunities in prison than in forensic mental health care, which is concerning as it suggests that health promotion and therapeutic aims are highly compromised in forensic mental health settings (Craik et al., 2010).

Stories of occupational engagement in forensic mental health units reveal interrelated themes of power and occupation, therapy or punishment, and occupational opportunities within restrictions (Morris, 2020). Punitive and restrictive attitudes are described as a result of the tension between custodial and care duties leading to the illegitimate enforcement of more restriction than necessary to maintain safety (Tomlin et al., 2020). Tāngata whai ora have also identified the lack of organisational resources such as poor staff training, limited beds slowing progression, and shortage of staff creating significant issues. Staff shortages, for example, can make something as simple as getting a hot drink difficult; create barriers to attending occupational activities; and lead to cancelled visits, room confinement, or difficulty accessing locked away personal belongings (Tomlin et al., 2020). Preventing access to occupational therapy, meaningful occupation, and opportunities to feel a sense of achievement creates environments of deprivation and disempowerment. These experiences, together with negative staff perceptions, contribute to a sense of institutionalisation, disempowerment, boredom, frustration, confusion, annoyance, hurt, distress, and a loss of dignity (Tomlin et al., 2020).

In other research, tāngata whai ora have highlighted the importance of creating occupational opportunities and access to meaningful rehabilitation programs. This includes maximising the therapeutic potential of the environment by prioritising domestic over institutional characteristics, and developing opportunities that enhance perception of control and mastery (Farnworth et al., 2004; Long et al., 2008). For example, one grounded theory study of people in forensic mental health services identified five core recovery processes - environment, connectedness, hope for the future, who I am, and empowerment - occurring across three phases: 1) feeling safe and secure, 2) moving forward, and 3) empowerment (Lovell et al., 2020). The challenge, therefore, is for forensic mental health services to provide environments that facilitate these processes for secure recovery.

1.7 Co-Production in Mental Health Services

One process with the potential to support recovery processes is co-production. Co-production is an approach to service development that has varied interpretations, but in a health care context it essentially requires the collaborative involvement of people receiving services to add value to projects, programmes and service development (Filipe et al., 2017). It also recognises the worth of lived experience expertise and challenges tokenistic interpretations of participation by emphasising the establishment of more equitable power relationships and genuine collaboration (Filipe et al., 2017). The use of co-production has been gaining momentum in mental health service development, where people with lived experience of mental distress are located as insiders and become part of the development process alongside professionals (Dunston et al., 2009). Co-operative relationships between staff and people with lived experience can lead to democratised co-creation, even in secure settings (McKeown et al., 2016).

Slay and Stephen's (2013) seminal work conceptualising co-production in mental health service development identified co-production as a critical approach to addressing power dynamics that cause harm and impede satisfactory and equitable health outcomes for service users and communities. They defined co-production as, "a relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities" (p. 3). They identify six foundational principles of co-production: taking an assets-based approach; building on people's existing capabilities; reciprocity and mutuality; peer support networks; blurring distinctions; and facilitating rather than delivering. They also highlight the potential benefits as improving social networks and social inclusion, addressing stigma, improving skills and employability, supporting relapse prevention, as well as wellbeing related outcomes such as improved mental and physical wellbeing (Slay & Stephens, 2013).

Co-production has transformative potential when it is rooted in emancipatory ideals (Gordon & O'Brien, 2018). However, given that co-production challenges established service culture and professional identities, there are many barriers and power differentials to be attended to, and this impacts on its uptake (Dunston et al., 2009; Gheduzzi et al. 2019; Gordon & O'Brien, 2018). Some argue that co-production is impossible in forensic mental health settings due to the involuntary nature of the setting (Pilgrim, 2018), whilst others suggest that it has the potential to be highly responsive to the needs of those within forensic mental health services and contribute positively to recovery journeys and safe community reintegration (Ayres et al., 2014; Ayres et al., 2015; Ayres et al., 2017; Brown et al., 2020; Drennan, 2022; Davies & Hughes, 2018; Finlay-Carruthers et al., 2018; Humphries et al., 2023; Jacob et al., 2023; Morris et al., 2021; Mullen et al., 2022; O'Flynn et al., 2018; Schoppman et al., 2023; Walker et al., 2023). However, there are nuances necessary for co-production's realisation in forensic settings due to the nature of a context focused on security and risk (Johns et al., 2022).

1.8 The Current Study

The aim of the current study was to explore the use of co-production principles to increase occupational opportunities for tāngata whai ora in a forensic mental health service based in Aotearoa New Zealand. The occupational opportunities specifically related to the development of an onsite café, where tāngata whai ora could learn vocational skills. The research set out to provide a description of the project setting and process, identify facilitators and barriers related to the co-production process, and explore how involvement in the co-production impacted participants over the 48-month duration of the project. A case study methodology was considered to be the most useful and appropriate approach for capturing a range of perspectives of those involved in the project

as well as the influence of the context on the co-production process (Hercegovac et al., 2020; Merriam & Tisdell, 2016).

1.9 Summary

This chapter has introduced the current study by providing contextual information regarding the researcher's positionality, forensic mental health services in Aotearoa New Zealand, recovery paradigms, the role of occupational therapy, vocational programmes, tāngata whai ora experiences of forensic mental health services, and co-production in mental health and forensic mental health settings. In the next chapter, relevant literature is explored, followed by a chapter detailing the research design. In chapter four the study findings are presented, before the final chapter provides a discussion on the findings and recommendations for future research and practice.

2 Chapter 2: Literature Review

2.1 Introduction

This chapter provides a review of literature that is relevant to the current study and the topic of co-production in forensic mental health programme and service development. First, the search strategy used in locating the literature related to group co-production processes with people in secure settings is outlined. Then, key themes and findings from existing literature related to the aims of this study (that is, co-production processes, facilitators and barriers, and impact) are identified, synthesised and discussed. The chapter concludes with a critique of the evidence base and justification for the current study.

2.2 Search Strategy

In academia, there has been a general shift in expectation towards applying systematic approaches to literature reviews to increase transparency and reproducibility (Sutton et al., 2019). This literature review takes the form of a narrative review using a systematic approach to gather all available literature on group co-production processes with staff and service user in programme development in forensic mental health services. A narrative review was used to synthesise the literature due to the limited availability of articles specifically focused on co-production in forensic mental health services. The narrative review serves to thematically summarise findings from the broader area of co-production in secure settings that are relevant to the focus of this inquiry. The Preferred Reporting Items for Systematic Reviews (PRISMA) guidelines (Page et al., 2021) for systematic reviews was used to inform the systematic approach.

The initial inclusion criteria was studies in academic journals that described group co-production processes used with current forensic mental health service users for

forensic mental health service development. The search had an open date range and did not limit the search to English text only. However, it did limit the search to only scholarly (peer reviewed) journals. The first search applied to the EBSCO database used the boolean operators and words; “co-produc*” AND “forensic mental health*” OR “forensic psychiatr*” OR “forensic high-secure”. This search screened whole texts of academic journals, and yielded 477 results. Duplicates were automatically removed by the EBSCO search engine (N=103). The remaining 374 results were screened via the abstract for reference to forensic mental health or co-production. Three results were duplicates and a further 338 studies were excluded due to lack of relevancy to the topic. This left 33 articles that had reference to forensic mental health and co-production. Of these, only two met the criteria of a study that described co-production implemented in group work with current service users in a forensic mental health setting for service or programme development. An additional report was found in a reference check that did not use the term ‘co-production’ rather ‘co-design’, but met criteria for co-production, bringing the total to three. Another EBSCO database search was done using the first search algorithm and including ‘co-design’; “co-produc*” OR co-design* AND “forensic mental health*” OR “forensic psychiatr*” OR “forensic high-secure”. However, no additional sources were found. A summary of this search is shown in Figure 1 using a PRISMA flow diagram (Page et al., 2021).

The search was then broadened to include other secure settings such as prisons and mental health inpatient services. Another search was applied to the EBSCO database using the boolean operators and words; “Co-production” AND " "forensic mental health" or "forensic psychiatr*” OR “forensic high-secure” or “secure setting*” or “prison*” or “criminal justice” or “psychiatric hospital” or “mental health hospital” or “mental health inpatient” or “psychiatric ward” or “mental health facility” or “psychiatric facility” AND program* or initiative or intervention* or project or “service development”. This search involved an

abstract search only in order to find studies with an explicit focus on co-production in secure settings. This led to 163 results, from which 59 duplicates were automatically removed, leaving 104 results. These 104 results were screened against the criteria, which left 15 results. One of these was a duplicate from the previous search, resulting in 14 new results. A reference check of these led to four new studies. A summary of this search is shown in Figure 2.

Of note, it was decided to not include Participatory Action Research as a separate search term due to the high volume of articles that did not relate specifically to tāngata whai ora involvement programme development in forensic mental health settings. For example, including Participatory Action Research with the initial search strategy returned 2,944 results. As the search terms “co-production” and “co-design” captured articles that used Participatory Action Research methodology, this was considered sufficient, but could also be considered a limitation of this review as articles may have been missed.

Three articles from the first search and 18 from the second search led to a total of 21 articles. Of these studies, three were based in forensic mental health settings, 15 in prison settings, and three were in a mental health inpatient setting.

Figure 1

Initial search focused on co-production in forensic mental health settings

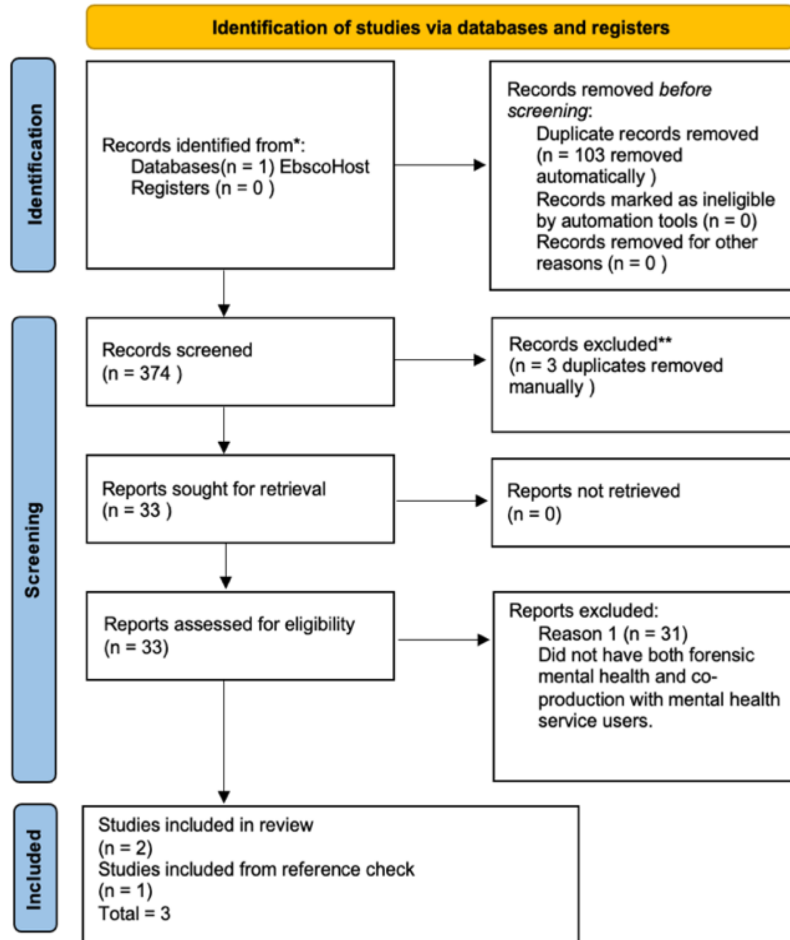
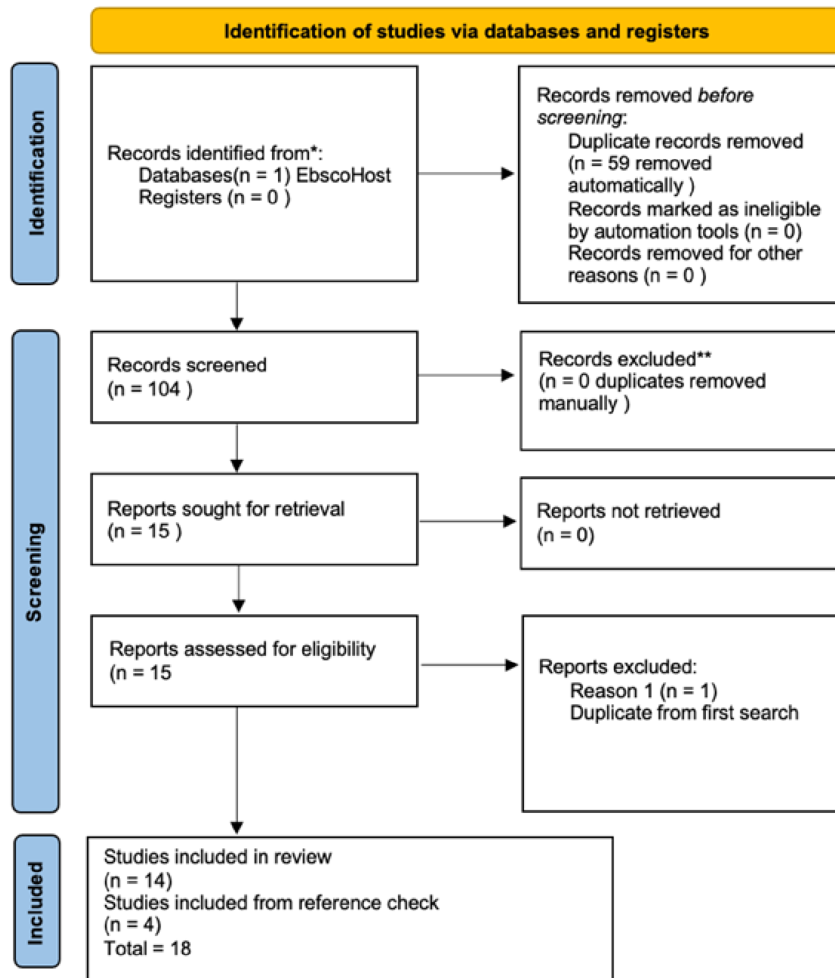


Figure 2

Secondary search focused on co-production in secure settings including prisons, mental health inpatient, and forensic mental health settings



2.3 Co-Production in Secure Settings

The literature search highlighted just three studies identifying and describing the application of co-production with service users to contribute to forensic mental health service development. These included the 'StreetWise' skills development resource in the form of a digital game to prepare service users for discharge (Reynolds et al., 2017) and a participatory inquiry into the co-produced Secure Quality Involvement (SeQuIn) tool for benchmarking co-production in forensic mental health services (McKeown, et al., 2023). A

third report describing forensic service user involvement in research projects as co-researchers was included due to the paucity of literature identifying co-production with forensic mental health service users and the clear co-production nature of the research initiatives (Faulkner, 2006). All three sources were based on research undertaken in the United Kingdom (UK).

Similarly, within mental health services there were few studies focused on co-production involving inpatient service users. One case was the focus of two studies, which described the process, facilitators and barriers, and impact of a co-produced initiative with service users for mental health programming in a Canadian mental health hospital (Martin et al., 2017; Martin et al., 2019). The other case study focused on a co-production project by a mental health service provider to develop a co-production strategy for a rehabilitation and recovery service in Wales (Freeman et al., 2016).

In contrast, there were a greater number of studies on co-produced projects based within state prison services, though again, mostly from the UK. These ranged from Participatory Action Research (PAR) projects (Crabtree et al., 2016; Haarmans et al., 2021; McNaull et al., 2023; McNeill & Urie, 2020; Morris & Knight, 2018; Morris et al., 2019; Sullivan et al., 2008), programme development projects (de Leon et al., 2018; Gamman & Caulfield, 2023; Hartworth et al., 2021; Johns et al., 2022; Kay et al., 2022; Martin et al., 2017; Martin et al., 2019; Reynolds et al., 2017; Robinson et al., 2023), and Prison Councils and Committees focused on meeting a range of needs of people detained in secure settings (Topp et al., 2018; Weaver, 2018). Table 1 outlines the details of the literature included in this review.

Across the reviewed literature a diverse range of approaches to implementing co-production was demonstrated through an eclectic collection of projects embodying co-production values. For example, co-produced programme content, research, desistance, and governance. Alongside the co-production approach, other descriptors for the

collaborative participatory approaches included co-design, co delivered, co-creation, co-development, co-conception or collaboration (Gamman & Caulfield, 2023; Johns et al., 2022; Martin et al., 2017; 2019).

Table 1

Studies included in literature review

Author	Title	Origin	Focus	Methodology	Setting
Faulkner (2006)	Beyond our expectations: a report of the experiences of involving service users in forensic mental health research	UK	Report of 4 research projects developed with forensic mental health service users	Qualitative	Forensic Mental Health
McKeown et al. (2023)	The Secure Quality Involvement (SeQuIn) tool: benchmarking co-production in secure services	UK	Describes the development of co-produced benchmarking tool designed to promote participation and shared decision making and evaluation of process	Participatory Inquiry and Evaluation	Forensic Mental Health
Reynolds et al. (2017)	StreetWise: developing a serious game to support forensic mental health service users' preparation for discharge: a feasibility study	UK	Skills development resource in the form of a digital game to prepare service users for discharge	Feasibility Study	Forensic Mental Health
Freeman et al. (2016)	Working towards co-production in rehabilitation and recovery services	Wales	Outline of the work of a co-production group of service provider representatives, service users and carers to develop co-production strategy for services	Co-produced Reflective Narrative Account	Mental Health Inpatient
Martin et al. (2017)	The process of developing a co-design and co-delivery initiative for mental health programming	Canada	Process of developing a co-design and co-delivery initiative for mental health programming in a Canadian mental health hospital. Described the process, facilitators and barriers.	Qualitative descriptive case study	Mental Health Inpatient
Martin et al. (2019)	Impact of a co-produced initiative for mental health programming at a Canadian Psychiatric Hospital	Canada	Described impact of a co-produced initiative with service users for mental health programming in a Canadian mental health hospital.	Qualitative descriptive case study	Mental Health Inpatient

Author	Title	Origin	Focus	Methodology	Setting
Crabtree et al. (2016)	Critical reflections on a participatory action research in a prison setting: toward occupational justice	USA	Reflects on the experience of a PAR project to evaluate an occupational therapy education programme in a US prison	Critical Reflection of Participatory Action Research	Prison
de Leon et al. (2018)	Service design in criminal justice: a co-production to reduce reoffending	UK	A UK vocational based music programme “InHouse Records”	Project Overview	Prison
Gamman and Caulfield (2023)	Made in Prison: Understanding Knowledge Exchange, Co-Design, and Production of Cell Furniture with Prisoners to Reimagine Prison Industries for Safety, Wellbeing, and Sustainability	UK	“Cell Furniture” a participatory design project to create UK prison furniture solutions	Case Study	Prison
Haarmans et al. (2021)	“It’s Us Doing It!” The power of participatory action research in prison: a contradiction in terms? – phase 1	UK	PAR project with the Discover and Research Team (DART) focused on improving the UK prisons Offender Personality Disorder pathway through creating a research group embedded in the suite of prison programmes available	Participatory Action Research	Prison
Hartworth (2021)	Co-production, participation and empowerment: A participatory evaluation of a young care leavers project in prison	UK	Community transition resource project co-produced by youth who had been in state care and subsequently transitioned out of UK prisons	Participatory Evaluation	Prison
Johns et al. (2022)	Co-Production and Criminal Justice	Australia	“Birds Eye View” podcast storytelling project co-created by incarcerated women in Australia	Case Study	Prison
Kay et al. (2022)	Co-producing desistance opportunities with women in prison: reflections of a sports coach developer	UK	Delivery of a football based develop programme co-producing desistance efforts, focused on facilitator experiences	Reflective Narrative Account	Prison

Author	Title	Origin	Focus	Methodology	Setting
Morris and Knight (2018)	Co-producing digitally enabled courses that promote desistance in prison and probation settings	UK	"Timewise Channel" a UK violence reduction programme based on co-created Complementary Digital Media (CDM)	Case Study	Prison
Morris et al. (2019)	Developing content to promote desistance in men who have committed intimate partner violence in same-sex relationships	UK	A project to co-create CDM to meet the needs of people who had committed same-sex intimate partner violence for a "Building Better Relationships" programme	Case Study	Prison
McNaull et al. (2023)	Emancipatory pedagogy in prison participatory action research and prison/university partnerships	Ireland	Described the TOGETHER collaboration PAR project focused on prison and university partnerships in Irish prisons	Project and Context Overview	Prison
McNeill and Urie (2020)	Collaboration before collaborative research: the development of 'Distant Voices'	UK	'Distant Voices' created public performance opportunities. Exploration of informal emergent collaborative processes preceding formal collaborative action research	Collaborative Action Research	Prison
Robinson et al. (2023)	Addressing sexual and reproductive health and rights with men in prisons: co-production and feasibility testing of a relationship, sexuality, and future fatherhood education programme	UK	"If I was a Dad", a UK relationship, sexuality and future fatherhood education programme using rights based participatory approach and theatre forum processes	Participatory based	Prison
Sullivan et al. (2008)	Breaking the chain: a prison based participatory action research project	UK	Described the group processes and participant experiences of UK prisoners who had worked together as "Breaking the Chain" to attempt to co-produce strategies to address the unmet drug and alcohol support needs of prisoners	Participatory Action Research	Prison
Topp et al. (2018)	The health system accountability impact of prison health committees in Zambia	Zambia	Zambian Prison Health Committees led to positive impacts on access and provision of	Qualitative Evaluation	Prison

Author	Title	Origin	Focus	Methodology	Setting
			health services through co-produced solutions		
Weaver (2018)	Co-production, governance and practice: The dynamics and effects of User Voice Prison Councils	UK	Participatory governance models in the form of UK User Voice Prison Councils. Restored interpersonal trust enhanced institutional legitimacy, improvement in prison officer-prisoner relations, and greater quality of life	Qualitative	Prison

2.4 Motivations for Co-Production

The reviewed literature highlighted a variety of motivations for employing co-production approaches, such as the need to improve living conditions, promote desistance, improve therapeutic outcomes, improve behaviour, increase vocational opportunities, and improve service responsiveness to service user needs (de Leon et al., 2018; Haarmans et al., 2021; Johns et al., 2022; Morris & Knight, 2018; Morris et al., 2019; Robinson et al., 2023; Topp et al., 2018; Weaver, 2018). Within the criminal justice system, prison councils and committees indicated a desire to improve conditions for people living and working in prison, and address issues of health neglect (Topp et al., 2018; Weaver, 2018). Furthermore, motivations also arose from wanting to create programmes that were innovative, collaborative, and therapeutic, that created opportunities for upskilling, effectively promoted desistance, and were responsive to the needs articulated by marginalised groups to uphold human rights (de Leon et al., 2018; Haarmans et al., 2021; Johns et al., 2022; Morris & Knight, 2018; Morris et al., 2019; Robinson et al., 2023; Weaver, 2018). Within forensic and mental health services, co-production was seen to support recovery potential and evolve service delivery beyond traditional methods of prioritising medical models, through democratising mental health care (Martin et al., 2017; McKeown et al., 2023). Within prison settings, co-production also had the potential to help bridge divisions created by prisons between those imprisoned and the community (McNeill & Urie, 2020). Other motivations were to at least neutralise the harms of institutional power and hierarchical frameworks (McNaull et al., 2023; Weaver, 2018). Champions and innovators of co-production projects were also motivated by their belief in the rights of criminalised people to be able to exercise their role as citizens, to be able to have voice, and exercise agency over the things that affected them and not just the pursuit of 'better justice' or 'improved services' (Johns et al., 2022).

Across the literature, service user or prisoner motivations stemmed from wanting to make a positive contribution and to help others. People were motivated to participate so they could use their lived experiences to help others experiencing similar challenges through addressing the issues they identified, sharing their stories, role-modelling, and strengthening peer support (Johns et al., 2022; Haarmans et al., 2021; Hartworth et al., 2021; McNeill & Urie, 2020; Morris et al., 2019). PAR approaches that involved prisoners in knowledge production from the outset of research until dissemination could more fully realise liberatory education theory (Freire, 1970) to address inequalities and improve quality of life (Haarmans et al., 2021). This was motivated by evidence that PAR prison studies have the capacity to lead to new knowledge, personal transformation, capacity building through learning new skills, transforming subjectivities and the way prisoners see themselves, as well as a practical and tangible changes to practice and policy (Crabtree et al., 2016; Haarmans et al., 2021; Sullivan et al., 2008).

2.5 Working Together

The literature described a range of frameworks, strategies and processes for how projects facilitated collaboration between service users, facilitators, staff, universities, funders, and service management. Initial steps generally involved ground work to prepare for the project, bringing together stakeholders, and a focus on listening to the needs of those within services. Studies varied in the time taken to set projects up, the processes utilised, and at what stage current prisoners or service users became involved. Sullivan et al.'s (2008) PAR project was an example of a prisoner initiated project with prisoner representatives identifying need for additional drug relapse support. Other projects instigated by non-service users began by organising contact with service users for involvement and guidance as matter of priority in the form of a Service User Reference Group (SURG) or research partners (Martin et al., 2019; Morris & Knight, 2018). Others

utilised stakeholder briefing documents, set up steering groups or liaised with established mental health research advisory groups to guide project setup, developing terms of reference (ToRs), co-creation workshops to develop guiding key insights, and ethnographic research (de Leon et al., 2018; Morris et al., 2019; Reynolds et al., 2023). These foundational processes often took considerable time, with some projects spending up to 18 months in this part of the process (de Leon et al., 2018; Topp et al., 2018).

Surprisingly, Kay et al. (2022) was one of the few studies to identify a co-production specific framework. They drew on Slay and Stephens' (2013) six general principles assets-based approach to co-production. Other studies instead utilised collaborative solution focused frameworks, within which co-production processes were valued and employed at different stages (de Leon et al., 2018; Freeman et al., 2016; Gamman & Caulfield, 2023; Johns et al., 2022; Martin et al., 2017; Morris & Knight, 2018; Morris et al., 2019; Robinson et al., 2023). These studies tended to focus on capacity and relationships building, co-creation, and solution focused design. The PAR projects utilised PAR specific frameworks that had fundamental features of shifting power to those who are usually 'studied', representation of priorities from the people at the focus, and agency for personal and social transformation (Crabtree et al., 2016; Haarmans et al., 2021; Sullivan et al., 2008).

With regards to recruitment, a range of approaches were used when establishing co-production teams, though some experienced more difficulty than others. For example, being listed in service activities booklet as an open programme (Haarmans, 2021), equal opportunity selection processes (Morris & Knight, 2018), direct in-reach such as presentations made at service user council meetings, posting advertisements on units, and emails to clinical staff (Martin et al., 2019) all worked as recruitment approaches. However, other studies faced recruitment challenges due to a range of factors, such as reluctance of marginalised people to make themselves visible due to potential risks, and a general lack

of engagement from potential participants (Faulkner, 2006; Morris et al., 2019). Various consent strategies were utilised with some projects requiring written consent (Morris & Knight, 2018; Reynolds et al., 2016).

Across the literature, common practices relating to group work processes that facilitated collaborative work emerged. These included dialogic processes, regular meetings and trust building, power dynamics and conscientisation of participants to their own agency, establishing collective identity and creating group cohesion, and collaborative decision making (Crabtree et al., 2016; Faulkner, 2006; Freeman et al., 2017; Gamman & Caulfield, 2023; Haarmans et al., 2023; Hartworth et al., 2021; Martin et al., 2019; Morris & Knight, 2018; McKeown et al., 2023; Sullivan et al., 2008; Topp et al., 2018; Weaver, 2018). Studies described the use of interactive and inclusive processes, and recognised the importance of valuing co-occupation and investing time and energy into relationships that grew respect and appreciation for each other through working together, while strengthening reciprocity and participatory collective orientation for the common good (Crabtree et al., 2016; Freeman et al., 2016; Martin et al., 2019; Topp et al., 2018; Weaver, 2018). Creating collaborative democratic environments required a focus on creating cultures of inquiry and a friendly atmosphere, participation in design decision making, respect for opinion, and listening and sharing (Gamman & Caulfield, 2023). Faulkner (2006) also highlighted the role of food in bringing people together and contributing to the trust building that is required when working together.

Power dynamics affecting collaborative decision making were also discussed. Processes included discussing positionality of facilitator; being explicit about power differentials (recognising that the key challenges of co-production in secure settings are due to power, interpersonal dynamics and internalised hierarchies that affect effective power sharing); consciousness raising through problem posing methods; intentional efforts by the facilitator to defer decision making back to group members; and the sharing of

different roles so that suppressed principles of agency, power and equity could be expressed (Haarmans et al., 2023; Hartworth et al., 2021; Gamman & Caulfield, 2023; Sullivan et al., 2008). Although significant efforts were made to address power differentials, it was also acknowledged that power inequities could not always be eliminated (Haarmans et al., 2023). Group discussion energised collaboration and this was done through iterative meeting processes with prompts to reflect, discuss, debate, and review, as well as suggestions for revision and exploration of issues that affected service users on a daily basis (McKeown et al., 2023; Morris & Knight, 2018). Collaborative decision making strategies that were used included participatory voting, collaborative shaping of materials and content, and compromise especially in light of resource limitations (Faulkner, 2006; Hartworth et al., 2021; Morris & Knight, 2018).

In aid of working together, studies also detailed how groups utilised group names to create a collective identity as part of facilitating the first stage of group formation and building relationships to create group cohesion, to distinguish the project from a treatment or psychological intervention, or reduce confusing their communications with other management controlled groups (Haarmans et al., 2021; Sullivan et al., 2008).

Studies also discussed the temporal elements of co-production projects, specifically that co-production projects need more time for genuine cooperation. It was noted that more time was required to create space for dialogue and collaborative processes and it was also required to provide consistency of relationships over time. This was necessary for establishing familiar ways of working collaboratively, reinforcing group control and agency through establishing open, trusting, and reciprocal relationships between facilitators and the group, and group members getting used to contributing and sharing experiences over repeated meetings (Freeman et al., 2016; Haarmans et al., 2023; Hartworth et al., 2021; McKeown et al., 2023; Weaver 2018). However, there was also a risk that increased time demands of co-production could result in reduced

motivation and interest of staff to participate in and support co-produced programmes (Martin et al., 2019).

2.6 Facilitators and Challenges

The literature identified a range of facilitative factors and challenges for co-production in secure settings. These included facilitator roles, advocacy and creating buy in, power dynamics and perceptions of risk, managing setbacks and lack of service support, changing membership, flexibility and responsivity to group member needs, as described in detail below.

2.6.1 Facilitator Roles

Facilitator roles were identified as key to the success of co-production. The role of the facilitator was crucial to coordinating groups and there was a range of role and skill demands on facilitators. In particular, facilitators needed to demonstrate empathy with a commitment to making space for all to be involved and express themselves (McKeown et al., 2023; Morris & Knight, 2018). In order to counter hierarchical leading, it was important for facilitators to generate the right conditions for increasing involvement and contributions, while taking care to create a sense of safety for everybody involved. The involvement practices of co-production thrived in spaces with a distinct relational character with positive relationships facilitated by face-to-face interactions, co-operative and solidary in nature. However, the tension of asking participants to contribute when the very nature of the prison institution does not encourage them to make their own decisions was also highlighted (Johns et al., 2022; McKeown et al., 2023).

According to the literature, facilitators could be external to the service, (Johns et al., 2022; de Leon, 2018; Kay et al., 2022; Morris & Knight, 2018; Reynolds, 2017), or occupy staff roles (Martin et al., 2017; Martin et al., 2019; McKeown et al., 2023). External

facilitators sometimes benefitted from their positions as outsiders. It was suggested that their work could operate on terms and at a pace that efficiently addressed potential bureaucracy as they had more freedom and could take more risks than the governmental department could (Johns et al., 2022). Their facilitator role not only involved facilitation, but also administration, helping to nurture and guide emerging concepts, visualising and materialising concepts, envisioning possible future selves of participants, and encouraging the inhabiting of new roles leading to transforming how participants saw and understood themselves (de Leon, 2018; Sullivan et al., 2008).

It was necessary for facilitators to prevent tokenism and to utilise a mindful approach to collaboration and uphold a commitment to value service user expertise. Staff member facilitators were conscious of the tensions arising from being part of a service user's clinical team when engaging in co-production. However, a focus on being part of the team and offering their specific skill sets and proximity to power to advance the goals of the group was a key strategy (Crabtree et al., 2016; Martin et al., 2017; Sullivan et al., 2008). A shared sense of embarking into the somewhat unknown, vulnerability, and risk taking on the part of facilitator and group participants was necessary for taking a leap of faith together (Freeman et al., 2026; Kay et al., 2022).

Studies also highlighted the risk of facilitator burnout if appropriate supervision and support was not provided (Faulkner, 2006; Johns et al., 2022). The burden of project responsibility weighed heavy on facilitator shoulders, and the emotional impact on facilitators with lived experience returning to secure settings could not be underestimated (Faulkner, 2006; Johns et al., 2022). This was highlighted in one case where the facilitator took on most of the delegated tasks, which ideally should have been shared across the group. However, environmental constraints such as computer resource access and freedom of movement (for example, minute taking, writing up documents, and organising survey distribution) meant this was not possible (Sullivan et al., 2008).

The literature also identified the particular value of facilitators with lived experience expertise. Facilitators with lived experience expertise encouraged identification-based trust and a sense of relatedness, which enabled participants to be more relaxed, trusting, and open with sharing their views - thus creating comfort in the group (Faulkner, 2006; Martin et al., 2019; McKeown et al., 2023; Weaver, 2018). Faulkner (2006) described how participants shared that it was incredibly powerful for participants to co-create research led by someone with experiences of forensic mental health services, as it provided them the opportunity to see someone who had moved on and was living a good life. Although dual identities as a staff member and previous forensic mental health service user could be useful for facilitating groups, there were also tensions reconciling these (McKeown et al., 2023).

2.6.2 Advocacy and Creating Buy-In

The reviewed literature identified the role of buy-in and advocacy from senior governance and staff for co-production to thrive in secure settings especially (Faulkner, 2006; Johns et al., 2022; Sullivan et al., 2008; Topp et al., 2018; Weaver, 2018). At times, a lot of work was required to educate management as innovation could be perceived as risky, but linking co-production to service values could be helpful in getting support from management (Johns et al., 2022; Sullivan et al., 2008). Lack of staff buy-in and scepticism about prisoner/service user empowerment could lead to gatekeeping and project obstruction (Faulkner, 2006; Gamman & Caulfield, 2023; Weaver, 2013). This was possibly a response to staff confusion about participatory approaches, their own perceived disempowerment, and sense that their own concerns were not heard within the institution (Faulkner, 2006; Gamman & Caulfield, 2023; Weaver, 2018). Staff could take on roles to facilitate progress and act as champions for co-production. However, overreliance on

individuals could leave the projects vulnerable and stall progress when these staff members moved on (Faulkner, 2006; Topp et al., 2018).

Creating buy-in was also necessary for collaboration with people detained in prison settings. Scepticism was common amongst people who were uncertain about how to work with the system rather than against it, especially when there were doubts that projects could be truly collaborative until it was actually experienced (Johns et al., 2022; Weaver, 2018). Creating a sense of being a stakeholder strengthened buy-in and commitment, which was achieved by ensuring participants were the heart and leaders of the project and that they could see how integral their role was to the realisation of the group's aims (de Leon et al., 2018; Morris & Knight, 2018). Within mental health and forensic mental health settings recovery-oriented ideas were supported by staff in theory, but practical implementation through co-production required challenging shifts in practice, whereas service users were eager for opportunities to work collaboratively (Martin et al., 2017; McKeown et al., 2023).

2.6.3 Power Dynamics and Perceptions of Risk

Across the literature, studies identified the dilemmas of co-production posed by the traditional power dynamics seemingly inherent to secure settings. This was particularly relevant across secure settings where long-standing cultures of distrust and suspicion did not allow for the potential of trustworthiness between staff and imprisoned people (Sullivan et al., 2008; Topp et al., 2018; Weaver, 2018). There were concerns that prison councils and committees would challenge long accepted norms related to fraternisation between staff and prisoners and that aspiring for empowerment, voice, and choice would undermine security and traditional norms of order, discipline, and control (Topp et al., 2018; Weaver, 2018). Tensions were experienced between the democratic emphasis on self-regulation

and responsibility, and neo-paternalistic emphasis on self-regulation and responsibility in order to comply (McKeown et al, 2023; Weaver, 2018).

Prison industry agendas were identified as a main challenge, especially where the prison risk policies did not allow for least restrictive design decisions that could meet diverse needs and circumstances, whereby the policies adhered to a one size fits that was not responsive to differing levels of security (Gamman & Caulfield, 2023). The omnipresence of risk and risk management thinking could heavily shape co-production projects, with concerns focused on perceived risk often outweighing the serious risks to service user's wellbeing, thus compromising the possibilities for "reciprocity, mutuality, genuine or equal partnership" (Johns et al., 2022, p. 129). Co-production projects could also be vulnerable to political and organisational risks particularly in corrections settings where projects could be subject to the whims and sudden cold feet of upper management. Facilitators described being acutely aware that if anything was to go 'wrong', then repercussions would be swift (Johns et al., 2022). Whilst staff anxieties regarding risk needed to be addressed, co-production approaches were perceived as being capable of overcoming the challenges presented by seemingly inhospitable environments by focusing on the mutual interest of staff and service users to optimise safety (McKeown, 2023).

2.6.4 Managing Setbacks and Lack of Service Support

A range of studies described management of setbacks within the institutional setting. Challenges included lack of service support that contributed to delays or derailment of progress, group member disillusionment, frustration and project fatigue, which needed to be managed by facilitators and the group (Freeman et al., 2016; Martin et al., 2017; Sullivan et al., 2008). For example, Sullivan et al. (2008) described the experiences of group members feeling let down by the service and the creation of information vacuums through staff absences and management responses. This could lead

to pessimistic speculations that staff lacked interest and commitment, that the group's work was not valued, and that the service was against them. Attempts to strategise solutions with no increase in interest reinforced a sense of powerlessness (Sullivan et al., 2008). Co-production groups were required to contain and help co-regulate experiences of anger, frustration, and disillusionment when responding to project challenges that were expressed in the meetings (Freeman et al., 2016; Sullivan et al., 2008). Key strategies used in response to these challenges included holding on to the fact that slow progress was part of the process, whilst also trying to factor in achievement of small wins (Freeman et al., 2016).

Martin et al. (2017) also identified the phenomena of managing setbacks and lack of staff and service support in general mental health inpatient settings. They experienced significant challenges in finding staff who were willing to collaborate with service users to co-facilitate groups, due to staff attitudes towards the involvement of service users in co-facilitated groups, time constraints, and concerns about clinical documentation, liability, and workload. One discipline group even contacted their professional college to seek legal advice. Other studies also highlighted issues with insufficient time and funding needs impacting progress (Faulkner, 2006; Sullivan et al., 2008).

2.6.5 Flexibility and Responsivity to Group Member Needs

Several studies described the importance of flexibility and responsivity to participant needs within co-production groups (Faulkner, 2016; Freeman et al., 2016; Johns et al., 2022; Kay et al., 2022; Martin et al., 2017). Specifically, the need for empathy and responsiveness to people's mental health and accessibility needs were highlighted, along with recognising the impact of secure environments on people's dispositions (Kay et al., 2022; Martin et al., 2017). The long-term nature of the co-production projects meant that the group process and facilitation could be responsive and flexible to meet varied

group member needs and mental health fluctuations (Martin et al., 2017; Johns et al., 2022). Responsiveness strategies included provision of more supports as needs became apparent, delaying group activities to accommodate mental state fluctuation, changing the group facilitation training from many sessions to a one-day workshop, adjusting meetings to account for difficulties in attention or concentration, utilising strategies of creating an informal atmosphere, encouraging a space safe for asking questions, and using exercises to facilitate ease of talking to each other, and learning about each other as people with unique interests (Freeman et al., 2016; Martin et al., 2017). A further consideration was participants' literacy skills and the need to avoid assumptions about literacy levels, along with adapting materials, processes, and explaining academic jargon to accommodate group members' varied reading and writing abilities and learning disabilities (Faulkner, 2006; Haarmans et al., 2021).

Changing membership and dropout/attrition over time was highlighted as a challenge for co-production projects especially when projects took a substantial amount of time to complete (Freeman et al., 2016; Martin et al., 2017; McKeown et al., 2023; Topp et al., 2018). People left due to change of mind, transfers, discharges, or mental health status and in some groups the high membership turnover diluted the impact of initial training and set up processes (Martin et al., 2017; Topp et al., 2018). Strategies to address drop out/attrition and improve retention included seeking feedback from those who left, deciding what and how to communicate with others not attending a meeting, and appropriate payment, which gave people a sense of value and worth whilst keeping them involved in the projects through contributing to their financial needs (Faulkner, 2016; Freeman et al., 2016).

The physical and temporal space also made a difference to participants. Being able to meet over longer periods of time in spaces perceived as neutral (such as a university), or spaces with no cameras (such as the prison library), led to participants feeling safer to

talk and build trust with other (Faulkner, 2006; Johns et al., 2022). Kay et al. (2022), described the co-creation of a physical and relational learning environment together, which helped create a sense of liberation, despite being incarcerated.

2.7 Impacts

2.7.1 Restorative Impact/Transformation of Subjectivities

The literature highlighted the restorative value of participating in co-production projects and how it facilitated the transformation of subjectivities - that is, personal beliefs and perceptions. Co-operative approaches helped service users engage authentically with their personhood, providing opportunities to gain insights into aspects of identity and interpersonal relations that contrasted previous negative experiences in secure settings (McKeown et al., 2023). Co-production projects created opportunities that enabled service users to demonstrate their capacity for creativity and increase confidence, enjoyment, self-help, gaining new perspectives and insight, and satisfaction with being able to give back (Martin et al., 2019; McKeown et al., 2023; Weaver, 2018). People with complex interpersonal and risk needs were able to participate and engage in significantly meaningful ways and through experiencing being treated as a person rather than a number people were able to see their own capacity and worth (Haarmans et al., 2023; Sullivan et al., 2008; Weaver, 2018). Participation in co-production symbolised regaining of trust and responsibility, and service users valued the opportunity to give back and achieve something through contributing to tangible operational outcomes that facilitated an enhanced sense of self efficacy (Morris & Knight, 2018; Weaver, 2018). Even when project aims were not achieved, the learning could still be valuable with the success of the project laying in what participants got out of the experience, which was just as important as

whether they met the project aims, such as being involved in “something constructive for once” (Sullivan et al., 2008).

Studies also highlighted that co-production created opportunities to connect meaningfully with others (de Leon et al., 2018; Hartworth et al., 2021; Martin et al, 2019; Morris & Knight, 2018; Morris et al., 2019; Weaver, 2018). Participatory approaches were found to allow for development of empathy and desire to help others in their newfound community, fostering a sense of connectedness and satisfaction in helping others through an increased sense of responsibility to demonstrate trust and reliability, and integrity (Hartworth et al., 2021; Martin et al., 2019; Weaver, 2018). Projects had a range of ways through which participants could give back to the community such as donations to victim support funds or sharing their stories to help others (de Leon et al., 2018; Martin et al., 2019). People felt happy that they could use their lived experience to help others and this made them feel that their challenges had not been a waste if they could draw from it (Morris & Knight, 2018). Being able to demonstrate to loved ones growth and change, and feeling proud and validated for important contributions to a programme that met a specific community’s needs was highly valued (Morris et al., 2019). Working together also increased opportunity for care, with one participant noting the value, and their appreciation, of receiving personal support from the team during difficult personal circumstances (Martin et al., 2019).

In some studies the nature of the occupations at the focus of co-production projects contributed to restorative processes. For example, music offered genuine benefits for reducing stress and anxiety (de Leon et al., 2018) as did restorative storytelling (Johns et al., 2022; McNeill & Urie, 2020) and sports (Kay et al., 2022). The reflection from working on one’s narrative in the project, combined with direct skills development, resulted in gaining podcast production skills and an increased confidence and capacity to change (Johns et al., 2022). De Leon et al. (2018) highlighted the essentialness of identifying a

valued occupation that captures the imagination to fuel commitment and achievement in a field recognised by service users and their peers. Engaging in a co-produced sports space enabled participants to gain social acceptance from others and contribute knowledge in which they were experts, while glimpsing moments of normalcy and freedom (Kay et al., 2022). Co-production in secure settings was able to facilitate meaningful and aspirational activity, vocational learning, and personal transformations, which are challenging to achieve within prison systems (de Leon et al., 2018; Johns et al., 2022, Kay et al., 2022).

2.7.2 Work and Skills Acquisition

The literature highlighted the range of skills that participants in co-production projects were able to acquire, and their future usefulness (Faulkner, 2006; Hartworth et al., 2021; Martin et al., 2019; Morris & Knight, 2018; Sullivan et al., 2008; Weaver, 2018). Participation in co-production projects led to increased confidence, self-efficacy, self-worth, finding purpose and meaning through helping others, learning research skills, working with others, improved communication and emotional regulation, leading to an improving ability to talk about experiences without getting angry (Faulkner, 2006; Hartworth et al., 2021; Martin et al., 2019; Morris & Knight, 2018; Sullivan et al., 2008; Weaver, 2018). Participants believed their participation had made them better communicators and better people, having developed the skills and qualities necessary for group work such as being able to listen, respecting each other, and letting others have their say (Hartworth et al., 2021; Martin et al., 2019; Morris & Knight, 2018). Sullivan et al. (2008) identified how participants benefited from participating in cycles of reflection, planning, action and observation processes that occurred simultaneously with increased confidence and skill building, and increased self-esteem.

A range of practical skills were also incorporated into the learning such as technology skills through digitally-based occupations (to reduce hidden harms of

technology deprivation of people whilst in secure settings) (Morris & Knight 2018) as well as group facilitation skills through engaging in learning about adult learning theory, group management, presentation skills and course development (Martin et al., 2019). Other skills included script writing, podcast creation, recording skills (de Leon et al., 2018; Johns et al., 2022; Reynolds et al., 2017) and research skills (Crabtree et al., 2016; Faulkner, 2006, Haarmans et al., 2021; Sullivan et al., 2008). One project was able to create job opportunities though providing work experience and industry accredited qualifications (de Leon et al., 2018) and skills gained through involvement in forensic mental health research projects were valued as stepping stones to work (Faulkner, 2006). Participants also felt that the skills gained through co-production participation were useful in general as well as for their work aims (de Leon, 2018; Faulkner, 2006).

2.7.3 Empowerment and Peer Support

Participation in co-production resulted in a sense of empowerment to make positive changes through participants being heard and listened to, resulting in feeling valued, recognised, and respected (Hartworth et al., 2021; Sullivan et al., 2008; Topp et al., 2018; Weaver, 2018). Co-production processes facilitated an experience of power and agency despite restrictive settings (Crabtree et al., 2016; Gamman & Caulfield, 2023; Johns et al., 2022; Kay et al., 2022; Sullivan et al., 2008; Weaver, 2018).

Within co-production project groups, group learning was quicker and fun, built trust and respect in the group and additionally led to an increase in confidence based on a sense of achievement - especially for those still in the restricted environments of the inpatient service (Faulkner 2006). Co-production of programmes allowed for fostering of peer support groups and generating a general sense of empowerment, transforming attitudes towards crime and offending, and influencing the types of roles people wanted to take on once they left prison (Hartworth et al., 2021; Morris & Knight, 2018). The literature

highlighted the power of positive role modelling, and that providing opportunities to become role models with the power of peer sharing of skills led to increased interest and engagement with co-produced programmes and content (de Leon et al., 2018; Johns et al., 2022; Morris & Knight, 2018). Martin et al. (2019) found that opportunities to take on leadership roles, be seen as a role model, and occupy a position of authority were new experiences and created a strong sense of achievement. Whilst stepping into these roles could feel stressful at times, as service users still felt they experienced challenges and did not want to pretend they were perfect, they did want to contribute to building hope in other service users through occupying leadership roles. Being able to challenge preconceived ideas about one's own capacity and support each other through shared experience was highly valued. Peer support was also vital for helping safe expression and regulation of frustrations that arose in response to challenges of co-producing within secure settings (Sullivan et al., 2008).

2.7.4 Safer Environments through Increased Relational Security

The literature described how co-production projects could improve relationships between staff and service users leading to improved relational security in secure settings (de Leon et al., 2018; McKeown et al., 2023; Topp et al., 2018; Weaver, 2018). Prison councils and committees helped to restore interpersonal trust between staff and service user relationships through contributing to the reduction of historical barriers to poor relationships between staff and prisoners (Topp et al., 2018; Weaver, 2018). They also improved staff responsivity to health needs of prisoners due to improved understanding of prisoner experiences as well as heightened sense of responsibility and accountability as a result of relationships formed in the committee (Topp et al., 2018; Weaver, 2018). Creating a legitimate channel and safe space for information sharing and decision making enabled prisoners to express needs without undue criticism, and led to a shift in attitudes

and interpersonal dynamics and development of mutually respectful relationships between prisoners and prison staff, countering previous traditions of emphasising the untrustworthiness of the other (Topp et al., 2018; Weaver 2018). Some staff even described their involvement in a co-production project as the best part of their working experience (de Leon et al., 2018)

McKeown et al. (2023) described co-production as an antidote to the previously harmful experiences of 'us and them' attitudes in forensic mental health services. As a result of involvement practices, staff noticed a culture shift from 'doing to' to 'doing with' in their units and an increase in synergetic working rather than fragmented ways of working. Co-operative culture affected their sense of personal safety, contributing to reduced conflict, more peaceful environments, and improved overall safety and security. This was attributed to the strengthening of therapeutic relationships through mutual respect and recognition, a more trauma-informed approach, and consensual and less contentious interactions. Democratising spaces created potential for greater safety through minimising risk, optimising safety with service users taking responsibility for risk and safety. Weaver (2018) also found that staff perceived that creating legitimate formalised structures enabled two-way consultation that could help shift culture to mutual respect and encourage self-regulation to achieve mutually beneficial outcomes.

2.7.5 Improved and More Trustworthy Services

The literature supported the idea that co-production is a valuable approach that supports staff and service users to work together to improve services and create benefits for each other. Research projects showed that actively involving prisoners and forensic mental health service users as co-researchers is possible even in heavily regulated and coercive institutions (Crabtree et al. 2016; Faulkner, 2006; Haarmans et al., 2021; Sullivan et al., 2008). McKeown et al. (2023) found that sophisticated democracy was possible

within the forensic mental health service with staff and forensic mental health service users working together effectively and co-operatively to enhance service quality. Those involved in co-production projects were also reported to have fewer problems in the prison with a reduction in negative documentation notes and an increase in positive behaviours (de Leon et al., 2018).

The literature also found that co-production resulted in tangible improvements to service delivery that were innovative and effective. Co-production projects seemed to result in programmes that were effective and acceptable for even the ‘hardest to reach’ and more ‘passive’ prisoners. They had high feasibility and acceptability for delivery with service users finding co-produced content easier to understand and connect with, leading to increased satisfaction with programmes (de Leon et al., 2018; Martin et al., 2019; Robinson et al,. 2023). Prisoners being able to report on issues and recommend solutions was a valuable source of information on existing and emerging problems, and the prison committee work helped rather than threatened prison officer work. This resulted in a greater quality of life for prisoners and improved calm prison living and visitor area environments (Topp et al., 2018; Weaver, 2018). Other innovations were exemplified through de Leon et al.’s (2018) creation of a functioning record label in the prison that developed a partnership with a music business to create future employment opportunities, whilst also creating a learning platform that could be used for other programmes. Work by Martin et al. (2019) resulted in a ‘group facilitation skills training’ vocational training course to upskill inpatients and the realisation of co-produced wellness programmes. Morris and Knight, (2018), Morris et al. (2019) and Reynolds et al. (2016) oversaw the co-creation of innovative digital content that was usable, realistic and contributed to skills development for reducing violent behaviours and supporting community transitions. Co-production initiatives also catalysed other innovation projects. Martin et al.’s (2019) project was also a helpful gauge for organisation readiness for future projects and lessons learned from that

project became foundational for the setting up of a Recovery College. Freeman et al.'s (2016) development of their own model for co-production was useful for supporting future implementation of co-production in their service.

The literature also reported service users experiencing increased trust in services as a result of co-production initiatives (Martin et al., 2019; McKeown et al., 2023; Weaver, 2018). Benefactors of co-produced programmes reported increased confidence and trust in the hospital and felt more comfort, enjoyment, and inspiration, whilst prison councils enhanced institutional legitimacy (Martin et al., 2019; Weaver, 2018). The benefits of facilitating involvement in democratic process could help procedural justice and forge new norms of interactions through democratic participation to help achieve mutually beneficial collective goals (McKeown et al., 2023; Weaver, 2018). Weaver (2018) suggests, however, that the impact could be more ameliorative than transformative.

2.8 Summary of the Literature

The literature review provided an overview of contextualised examples of co-production in the secure settings of forensic mental health services, mental health inpatient services, and prisons. The eclectic collection of projects embodying co-production values focused on co-producing programme content, research, desistance, and governance. The review highlighted themes relating to motivation for co-production, facilitators and challenges, and impacts.

Motivations were to improve service living conditions, improve behaviour, increase occupational opportunities (particularly vocational), support recovery potential, increase resposnivity of programmes to participant needs, contribute to achieving desistence outcomes, increase opportunities for as wellbeing, enable criminalised people to exercise their roles as citizens, and neutralise the harms of institutional power and herarchical frameworks.

Facilitators and challenges for co-production related to the role of project facilitators, the role of advocacy and creating buy in, managing power dynamics and perceptions of risk, managing setbacks and lack of service support, and the importance of flexibility and responsivity to group member needs.

The literature review also described the impacts of co-production within secure settings. It highlighted the potential restorative impacts of co-production, its potential to create innovative opportunities to support work and skills acquisition, its contribution to creating safer environments through increased relational security overall, and improving and increasing the trustworthiness of services.

2.9 Recommendations

A number of the reviewed studies provided recommendations for co-production endeavours (Faulkner, 2006; Freeman et al., 2016; Johns et al., 2022; Martin et al., 2017; 2019; McKeown et al., 2023). These included:

- being prepared to take more time and allowing sufficient time for development of trusting relationships
- power sharing with First Nations
- involving service users from the outset
- establishing ground rules for confidentiality and trust
- ensuring adequate resources
- engaging staff as early as possible to increase buy in and communicate value
- providing opportunities for consultation and feedback
- making people comfortable and rewarding them appropriately
- addressing issues of personal and current significance to people

- involving forensic service users in research, in particular ensuring the inclusion of women in forensic mental health services, and disseminating findings with staff and managers of services

The use of creative and dynamic approaches was also recommended to enable inclusive involvement and greater involvement of service users that aligned with enhanced personal responsibility and consequently reduced risk (McKeown et al., 2023). It was also recommended to ensure good support for facilitators through supervision and psychological support and pre-empting difficulties with management through documented safeguards (Faulkner, 2006; Johns et al., 2022). Co-production held dualities where it could be an opportunity but also a burden, as well as costly yet beneficial for participants (Johns et al., 2022). Collaboration could also involve a range of levels of activity, and it was important to ensure recognition of “small but seismic” (p. 55) changes that could occur through participation in co-production (Johns et al., 2022).

2.10 Literature Limitations

The reviewed literature demonstrated the recent emergence of co-production concepts in the forensic mental health settings. However only two studies identified co-production application with forensic mental health service users. Extending the search to include other secure settings of prisons and mental health inpatient hospitals highlighted a range of interpretations of co-production and its application in forensic settings, confirming that the lack of consensus for a definition of co-production compounds the inherent challenges of implementing co-production in forensic settings (Kaehne et al., 2018). Some articles only focused on staff perspectives, perhaps due to difficulties with ethics in interviewing service users (de Leon et al., 2018; Hartworth, 2021; Kay et al., 2022; Martin et al., 2017). However, most of the studies included service user and staff perspectives

(Faulkner, 2006; Haarmans et al., 2021; Martin et al., 2019; McKeown et al., 2023; Morris & Knight, 2018; Morris et al., 2019; Reynolds et al., 2017; Robinson et al., 2023; Sullivan et al., 2008; Topp et al., 2018; Weaver et al., 2018) and some co-produced their studies (Crabtree et al., Freeman et al., 2016). The positionality of authors was at times unclear and varying detail was provided when describing co-production processes and context whilst others were vague. Some studies focused more on the impact of the co-production product rather than the process itself (Reynolds et al., 2016). Overall, there wasn't a consistent methodological approach to the studies which did make it challenging to compare across cases. It is noted that all the studies came from United Kingdom, USA and Australia with the exception of Zambia, and none were from an Aotearoa New Zealand context. It would be useful to get perspectives from an Aotearoa New Zealand context for local application.

Overall, there is a paucity of literature on implementing co-production in forensic mental health services. This paucity has been suggested to be as a result of forensic mental health services as a whole tending to undervalue lived experience perspectives as part of service development and planning (Walde et al., 2022). Morris et al., (2021) state that there is a lack of evaluation of co-production initiatives within forensic mental health settings despite a call for collaborative approaches. As there is very little literature focused on co-produced programmes in forensic mental health settings, there is clearly a gap for research using a case study approach to explore the implementation of a co-production project in a forensic mental health service. As no studies focused on secure settings in Aotearoa New Zealand, it would be particularly valuable to contribute a case specifically from an Aotearoa New Zealand context.

2.11 Summary

This literature review chapter has provided a narrative review of systematically identified literature relating to co-production initiatives involving people based in secure settings such as mental health inpatient services, prisons, and forensic mental health services. Justification has been provided for the investigation of a case study on a co-production project with forensic mental health tāngata whai ora[17] in Aotearoa New Zealand.

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[17] Tangata whai ora (singular) /tāngata whai ora (plural) refers to a person/people who are the subject of care, assessment and treatment processes in mental health. 'Tangata whai ora' means 'a person seeking health' (Ministry of Health, 2000). This term is used throughout this thesis as it is considered more enriching language than the terms client, patient, or service user (Opai, 2020).

3 Research Design

3.1 Introduction

The focus of this research was to develop a case study of a project using co-production principles to create an onsite café in a forensic mental health setting. The aim of the study was to describe the co-production processes involved in the project, facilitators and barriers to co-production, and impacts of co-production in the forensic mental health context. Merriam's (1998) qualitative case study methodology was utilised to guide the study design and methods. In this chapter, further details are provided that describe and justify the methodology, methods, and strategies used to ensure the trustworthiness of the study (Polit & Beck, 2014). Actions taken to respond to ethical considerations particular to research with tāngata whai ora[18] based in restrictive settings within an Aotearoa New Zealand context are also detailed.

3.2 Case Study Methodology: A Qualitative Approach

A case study methodology based on Sharan Merriam's (1998) qualitative approach guided the research process. Merriam's work provides a thorough guide, which is useful for the novice researcher. She describes case study as useful for gaining in-depth understandings of situations and the subjective meanings of the people involved. Accordingly, case study is interested in process rather than outcomes, in context rather than a specific variable, and in discovery rather than confirmation, with the potential to inform policy, practice and future research. Merriam's approach to case study is underpinned by a pragmatist and constructivist epistemology, where knowledge is developed through practical engagement in the world and socially constructed in particular

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[18] Tangata whai ora (singular) /tāngata whai ora (plural) refers to a person/people who are the subject of care, assessment and treatment processes in mental health. 'Tangata whai ora' means 'a person seeking health' (Ministry of Health, 2000). This term is used throughout this thesis as it is considered more enriching language than the terms client, patient, or service user (Opai, 2020).

contexts. Pragmatist epistemology holds that knowledge is not necessarily reality but is constructed as a means to take active part in the world and aid one's existence (Goldkuhl, 2012). Constructivist epistemology holds that knowledge is constructed through active experience that builds unique representations rather than through the discovery of pre-existing knowledge (Piaget, 1972).

As a researcher seeking to understand constructions created by participants to make sense of their active experience in the co-production project, the knowledge created through this enquiry is through my own lens. This knowledge is sought for the purpose of generating practical strategies that support implementation of co-production into forensic mental health practice, and to assist those facilitating similar projects based in comparable contexts.

Merriam states there are clear assumptions behind qualitative research and that reality can be "holistic, multidimensional, and everchanging; it is not a single fixed, objective phenomenon aiming to be discovered, observed, and measured as in quantitative research" (Merriam & Tisdell, 2016, p.242). She conceptualises qualitative case study as an intensive, holistic description and analysis of a bounded phenomenon such as a programme, institution, person, process, or social unit, as is the co-production project at the centre of this inquiry. Merriam emphasises the key characteristics of case study as particularistic (focuses on a specific case, program, event, phenomena); descriptive (provides a rich description of the phenomena); and heuristic (illuminates understanding).

Merriam's case study methodology can be contrasted with the more positivist case study approach of Robert Yin (2002). Yin emphasises the benefit of analysing a phenomena in its real world context but emphasises positivist values such as maximising validity and reliability and does not distinguish between qualitative and quantitative case study methods (Yazan, 2015). In contrast, a qualitative methodology aligns with the study

aim of exploring and describing the phenomena of co-production processes within an occupational programme in a forensic mental health service. Merriam's focus on process and rich descriptions of experience within a specific event or program made her approach most suitable for the present study.

A further justification for the use of qualitative case study methodology is that it complements the holistic approach of occupational therapy, providing a comprehensive overview and understanding of a topic, especially where there may be differing views towards a subject, experience, or phenomena (Hercegovac et al., 2020). Salminen et al. (2006) advocate for occupational therapists to use more case study methodology as it is congruent with the philosophy of the profession. It has the potential to encapsulate complex subjectivities of the dynamic interactions between person, occupation, and environment within narrative approaches that occupational therapists are familiar with whilst also generating recommendations for clinical practice (Carey, 2020). Case study methodology is, however, relatively underused in health settings, although it is increasing (Carey, 2020; Jónasdóttir et al., 2018). Carey's (2020) integrative review of case study methodology use by occupational therapists found that although the methodology is suitable for investigating complexity and generating evidence base for occupational therapy interventions, only a small number of studies exist. Although case study is increasingly being used in occupational therapy research, key features of case study are being missed (Jónasdóttir et al., 2018). McQuaid et al.'s (2023) scoping review of the contribution of case study research to the evidence base for occupational therapy found that many self-described case studies did not qualify as case study methodology due to inadequate description of the case, no clear boundary that impeded potential translation to practice, and no reference to a seminal author. In accordance with their guidelines, the current study provides a narrative description of a single case to explore the feasibility of a co-production approach in the context of forensic mental health. The research draws on a

seminal author in Merriam, and uses qualitative data, ‘within case’ analysis and triangulation of perspectives in documentation and field notes of tāngata whai ora and staff participants.

3.3 Research Strategy

Merriam (1998) identifies three types of case study; descriptive, interpretive, and evaluative. Descriptive case study has been chosen for this inquiry as it is suited for presenting basic information in areas where little research has been conducted and often used for innovative programs and practices such as the one in this study (Merriam, 1998). This aligns well with an inductive research approach as themes are generated from the data rather than confirming pre-determined theories (Merriam, 1998).

3.3.1 Researcher Positionality

Merriam reiterates that readers and authors of case studies need to be aware of biases that affect the inquiry (Merriam, 1998). In this study, I was the primary instrument for data collection and analysis and brought my own construction of reality as I sought to interpret situations and contexts. As the intent of the research was to elicit perspectives of the participants and value the perspectives of tāngata whai ora, there was a need for me to be reflexive and open to the different experiences that may be expressed and challenge my presumptions and presuppositions. I used a presuppositional interview (Barrett-Rodger et al., 2022) to bring to the forefront and make obvious my beliefs and biases (see Appendix J for the interview framework). Key beliefs elicited from the presuppositional interview were that I am motivated by a sense of justice and awareness of colonial impacts on trauma and health inequities and value emancipatory learning praxis. By being aware of my own presuppositions, I was able to reflect on whether my biases were preventing me from recognising different perspectives from other participants. I also utilised a research

journal to elicit critical reflexivity and discussion with supervisors (Richard & Morse, 2013; Wadams & Park, 2018).

3.3.2 Sample

Non-probabilistic purposive sampling was used in this study based on the assumption that from this carefully selected sample the most relevant learnings can be found to answer the research question (Merriam & Tisdell, 2016). In qualitative case study, a two-tier sampling method is used (Merriam & Tisdell, 2016). First, the case is selected and then sampling occurs within the case. The case itself needs to meet the criteria of being a bounded system which is demarcated for research purposes by explicitly identifying time and place. The bounded system in this study was a café project based in a forensic mental health service developed using co-production processes over 48 months - from the initial conceptualisation to the establishment of a pilot café. Recruiting staff and tāngata whai ora as participants was approved by the Clinical Director, Operations Manager, and registered with the regional health service Research and Knowledge department (Appendix D).

Purposive sampling from within the case included staff and tāngata whai ora working group members. A consumer advisor[19] and taurawhiri[20] took on roles of research assistants to contact and conduct interviews with tāngata whai ora still in the secure forensic mental health service. The research assistants signed confidentiality agreements before contacting potential participants (Appendix H). This was a strategy to safely manage and mitigate any potential coercion that could arise from the power differentials between tāngata whai ora and myself in my role as a health professional involved in

[19] Consumer Advisor is a role within mental health services for a person with lived experience of receiving mental health services that promotes and facilitates consumer/tāngata whai ora participation, leadership and perspective in planning, delivery of services, review and service development to ensure that services are responsive to the needs of tāngata whai ora.
[20] Māori Cultural Advisors within the Forensic Mental Health Service (non-literal translation).

inpatient care (Charmaz, 2002). More details on this are outlined in the ethics section of this chapter. The co-production working group members were invited to participate in the study by being sent a written invitation letter (Appendix E). Inpatient tāngata whai ora were delivered the letter by research assistants so that support to understand the letter could easily be provided if they wanted. Letters to tāngata whai ora in the community were delivered via a member of their multidisciplinary team (MDT) and staff were emailed their invitation. Further details describing recruitment can be read in the ethical considerations section of this chapter. Of the total ten potential participants from the working group (eight tāngata whai ora and two staff) invitations to participate in a semi-structured interview were accepted by four tāngata whai ora (two inpatient and two community) and the two staff members. One tangata whai ora declined to participate in the study, one did not respond to the invitation, and two were unable to be contacted due to moving out of the area.

The participants in the sample for tāngata whai ora were men aged between 35-50 years of age and from Māori,[21] Pākehā,[22] and South Asian ethnicities. Two tāngata whai ora had recently been discharged out of forensic mental health inpatient services to the forensic community service, and two were still in the forensic mental health inpatient service but were also close to transitioning from inpatient to community services as well. The staff participants were two men as well as myself (agender), aged between 34-45 years of age and from Pākehā, South Asian, South East Asian, and South American ethnicities.[23]

[21] (Noun) Māori, Indigenous New Zealander, Indigenous person of Aotearoa/New Zealand - a new use of the word resulting from Pākehā contact in order to distinguish between people of Māori descent and the colonisers.
[22] (Noun) New Zealander of European descent - probably originally applied to English-speaking Europeans living in Aotearoa/New Zealand.
[23] The sample of participants represented a range of ethnicities with participants being from either single, dual or multiple ethnicities.

3.3.3 Data Collection

The data collected included semi-structured qualitative interviews with members of the co-production working group, researcher observations and a review of project documentation. The data collection processes are outlined below.

Interviews. Two research assistants met with two inpatient participants in person to go through the participant information sheets together before arranging to conduct interviews. For the two participants who were no longer in the inpatient service but with the forensic community service, I met with them in person to go through the participant information sheet before conducting the interviews. The consumer advisor research assistant conducted the interview with the service consumer advisor to mitigate interprofessional power dynamics. Finally, I conducted the interview with the staff member who was also an occupational therapist. All participants were invited to have a support person with them when learning about the research; take their time when deciding whether to participate or not; and to ask questions about the research. Participants were informed they could withdraw from the research at any time

During the interviews, a semi-structured approach allowed for the set topic to be covered but with some flexibility to elicit further in-depth answers and explore diverging topics of interest that may come up in the interview (Patton, 2002). Interview questions were asked with the intention of eliciting participant perspectives of the co-production process and experience. For example: how did the group come together; how did the working group make decisions; what did the project achieve; what helped the project to achieve this; what is your hope for the future of this project? (See Appendix I for the interview schedule).

A strengths-based, appreciative inquiry lens was used in guiding the design of the interview questions (Uys & Cloete, 2020). Appreciative inquiry focuses on searching for the best in people, inquiring into strengths, possibilities, and successes, and maximises

the power of inquiry in generating understandings and ideas through the asking and the sharing (Stavros et al., 2015). It conceptualises organisations as living systems, shifting questions away from what is wrong, and asking what is needed to flourish and thrive (Stavros et al., 2015)? Indeed participation in the interviews seemed to generate participants' and interviewers' renewed enthusiasm for the project and influenced the project's future direction.

As the primary researcher, I conducted interviews with one staff member onsite and the two tāngata whai ora who had transitioned to community in their homes. The consumer advisor conducted an interview with one staff member and one tangata whai ora onsite. The taurawhiri conducted the interview with tangata whai ora Māori in the Wharenui of the forensic mental health service.[24] A copy of questions was provided to participants in advance so they could feel more prepared for the interview. The interviews were conducted at a location of the participants' choice. They were audio recorded with participants' consent, transcribed for analysis, and member checked. Flexibility during the interview process meant that one participant who felt dissatisfied with their answers on the day of the interview felt confident to request taking the questions away again, and to take time to write down responses which were later given back to the researcher and included in the data analysis. Interview transcripts were then returned to each participant for review.

Observations. Observations can be useful for triangulating emerging findings from interviews and documents (Merriam & Tisdell, 2016). According to Merriam, elements required for being a careful observer include observing the physical setting, the participations, the activities and interactions, conversations, subtle factors, and the observer's own behaviour. My observations were made as a 'participant observer' (Gold,

[24] (Noun) meeting house, large house - main building of a marae where guests are accommodated. Traditionally the wharenui belonged to a hapū or whānau but some modern meeting houses, especially in large urban areas, have been built for non-tribal groups, including schools and tertiary institutions. Many are decorated with carvings, rafter paintings and tukutuku panels.

1958). I started out as a full participant in the project, with the additional role of researcher adopted once it had been in progress for approximately two years. My role as a participant observer meant that my observations occurred in the setting where the phenomena of interest occurred, providing a first-hand encounter with phenomena as they occurred (Merriam & Tisdell, 2016).

Critique of participant observation highlights the subjectivities of perceptions and risk of unreliability. Merriam (1998) asserts that being a careful observer involves writing descriptive field notes and triangulating observations with other collected data. Since the inception of this project, I have taken detailed progress notes to record group activities and processes to assist with managing the project as well as with the intent that if a research project was to happen it would be a useful record. These original notes served as descriptive field notes. When the prospect of a research project arose, the working group was supportive. Importantly, within the working group activities, my role as a researcher was subordinate to my role as a participant (Merriam & Tisdell, 2016). My observations gained as an insider were used to triangulate emerging findings from interviews and documents, woven through the analysis, and discussed with the academic supervisors and advisory group.

Documents. Merriam (1998) states that documentary data can be good sources for case study as they provide important context for the case and can help to track changes and developments. However, documents are underused in qualitative research due to the preference to gather data in person (Glaser & Strauss, 1967). Merriam explains that data from documents can be used in the same manner as data from interviews or observations. However, there can be potential issues with the use of documents. For example, Yin (2002) warns that documents are important but can be biased. Determining the authenticity and accuracy is part of the research process, so the author and context needs to be clear. When listing questions, researchers should ask about documents, Clark (1967,

cited in Guba and Lincoln, 1981) includes: what is the history of the document? For what purpose was it created? Who is the author? For whom was the document intended? What are the maker's biases? Are the sources eyewitness or second hand accounts?

To answer these questions as they relate to this study, the researcher-generated document was a case record written over the duration of the project in my initial role as a participant, and then subsequently as a researcher 'participant observer'. The document was kept for the purposes of keeping track of the project and a potential data source in the event of research. It was a primary source that was recorded closest in time and place to the events and helped track timings and order of processes, people involved, descriptions of experience and feelings, and descriptions of challenges and problem solving as they unfolded. There was also a folder maintained to store all documentation produced by the group itself such as proposals, minutes, evaluation forms, health and safety plans, and training schedules. These documents were reviewed and referred to for evidence of the co-production processes as described by the interviewees. There were no other service documents pertinent to this investigation.

3.3.4 Data Analysis: Constant Comparative Method

Merriam (1998) draws from the constant comparative method of qualitative data analysis by Glaser and Strauss (1967) as a guide for analytical methods (Merriam & Tisdell, 2016). Whilst the constant comparative approach originated as a method for Grounded Theory research, it is inductive and comparative so therefore can be applied to a range of qualitative type studies to generate findings (Charmaz, 2002; Merriam & Tisdell, 2016). A constant comparative analysis involves simultaneous process of data collection and data analysis to inductively produce findings (Charmaz, 2002; Merriam & Tisdell, 2016). Therefore, in this study, each interview was transcribed and analysed before conducting the next interview.

Once the recording was uploaded, NVIVO computer software was used to transcribe the recording, which enabled me to become familiar with the data and note initial observations. The automatically generated transcript required a comprehensive review for correctional editing and accuracy. Therefore the process of reviewing and correcting the transcript became an important step in immersing myself in the data. This process helped inform and shape each subsequent data collection process in a way that helped guide the study to answer the research questions. For example, after transcribing and analysing the first interview I noted that I could try to elicit more details to increase the richness of the descriptions by asking more probing questions and for more specific examples or stories of how the group worked together. After analysing one of the interviews conducted by a research assistant we debriefed and strategised how to elicit more detail and narrative from their next interview.

Initially, analysis utilised open coding which involved reading through lines of transcribed text and assigning codes to the raw data. Axial coding was then used to organise the initial codes into descriptive or analytical code categories. Selective coding processes was then used to group these categories into overarching themes. For example, some initial codes that were identified across the interviews were ‘creating something for others’, ‘holding identity as a dangerous person and a threat’, ‘potential for growth in forensics’, ‘processing how to make amends and contribute back’. Through axial coding these codes were categorised into the sub theme of ‘transcending forensic mental health patient identity’, which was then eventually selectively coded into the theme of ‘needs of tāngata whai ora within forensic mental health services’.

With each new data set, I worked through the transcript again as before, coding and noting observations. I then compared this new list with the primary list of concepts, and then merged the two data sets to create an updated primary list of concepts. I then continued comparing and adding to this primary list as I collected and analysed

subsequent interviews. Comparing and contrasting across the categories allowed for new interpretations of the codes to emerge and confirm or challenge the previously constructed categories and emerging themes. This process concluded with a final integration of the codes and categories which resulted in six overarching themes and corresponding sub themes that are presented in the findings chapter.

3.4 Trustworthiness of the Study

The trustworthiness of a study pertains to what in positivist terms would be referred to as rigor and is the extent to which one can have confidence in the quality of a study (Polit & Beck, 2014). Qualitative research theorists have and continue to develop and debate alternative criteria to positivist concepts of validity and reliability in the pursuit of strengthening the trustworthiness of qualitative studies (Lincoln & Guba, 1985; Patton, 2015). Merriam's stance is that applying concepts of validity and reliability to qualitative research is almost impossible therefore epistemologically congruent strategies to ensure trustworthiness are needed in qualitative studies (Yazan, 2015). In this section I first use Lincoln and Guba's (1985) well known and popular constructs of credibility, transferability, dependability, and confirmability to categorise the strategies used in this study to ensure trustworthiness. I then also highlight how I applied Merriam's eight strategies for strengthening methodological rigor to this study.

3.4.1 Credibility

Credibility (internal validity) is concerned with the congruency of the findings with reality (Merriam, 1998). Adopting Merriam's well-established qualitative case study methodology (Merriam, 1998) was a key strategy for increasing credibility. I also had a particular familiarity with the culture of the organisation as an employee. I used a sampling method that purposively selected all participants in the working group and triangulated

data from multiple sources, including interviews, observations, and documents. Strategies to elicit honest answers were used. For example: recruiting research assistants to interview tāngata whai ora who were still based in the inpatient setting to mitigate the impact of power differentials between them and myself; informed consent processes with the option to withdraw at any time; and thick description of the phenomena. Facilitating member checks of the interview transcripts meant that participants were able to check the accuracy of the transcripts (Carlson, 2010; Forbat & Henderson, 2005). Through this process, one interviewee submitted an additional page of their own writing they wanted included. However, this type of member check only increases accuracy of the transcript, not the trustworthiness of the analysis (Birt et al., 2016). Therefore, a subsequent member check of the synthesised analysed data was completed with all interviews to influence the interpretation of the data (Harvey, 2015). Peer checks through the establishment of a study advisory group (consumer advisor, taurawhiri) and monthly debriefing sessions with supervisors also contributed to credibility as well as the congruency of the findings to existing research findings (Shenton, 2004).

3.4.2 Transferability

Transferability (external validity) is concerned with how the findings from one study can be applied to other contexts (Merriam, 1998). Flyvberg (2011) highlights that a common misconception of case study is that it inherently lacks generalisability. However, context dependent knowledge and experience produced by case study is necessary for knowledge development and a dense case study has the potential to be more useful for practitioners than high level generalisations. A range of case studies can build a clearer picture of a phenomenon and establish a baseline understanding that reflects multiple realities dependent on context (Shenton, 2004). Included in the findings chapter is a background description of the case study evidenced by documentation to establish context

allowing readers to make their own comparisons to other situations. The discussion chapter further interprets the findings to help readers make sense of the implications.

3.4.3 Dependability

Dependability (reliability) in qualitative research can be achieved by detailing the research processes in such a way that another researcher could follow the same process. This also allows for the reader of the study to understand and assess for themselves the quality of the implementation of the research practices (Shenton, 2004). The purpose of this methodology chapter has been to detail these processes.

3.4.4 Confirmability

Confirmability recognises that qualitative research is dependent on human skill and perception (Patton, 2015). Triangulation strategies can help ensure that findings are from the experiences of participants rather than originating from researchers. In this research, triangulation methods involved multiple interviewers, discussion with advisory group members, and identification of limitations in the discussion. Confirmability also involves the researcher being explicit about their positionality and rationale behind methodological decisions (Miles & Huberman, 1994). This has been done in this study through the positionality statement, presuppositions interview, and audit trail in the form of an online and paper notebook that included field notes, reflections, and thoughts captured throughout the process. Merriam (1998) also identifies three researcher attributes necessary for increasing trustworthiness. These are tolerance for ambiguity, sensitivity, and communication skills. I was conscious of enacting these attributes as best as I could within my capability.

In line with a constructivist epistemology, Merriam and Tisdell (2016) recommend focusing on methodological rigor to ensure trustworthiness and refer to eight key strategies

of: triangulation; member checks; adequate engagement in data collection; researcher position or reflexivity; peer review/examination/audit trail; rich thick descriptions; and maximum variation to address validity and reliability. Use of these strategies is described below and summarised in Table 2.

3.4.5 Triangulation

This involves using multiple investigators, sources of data, or data collection methods to confirm emerging findings. Multiple investigators were used, with a consumer advisor and taurawhiri performing dual roles of study advisor and research assistant. This study sampled staff and tāngata whai ora participants and used more than one data collection method (interviews, observations, and documents). Documents and observations captured longitudinal data while interviews captured cross sectional data. Interviews were conducted with inpatient, community, and staff participants.

3.4.6 Member Checks

This involves taking tentative interpretations/findings back to the people interviewed to check if they are plausible. Synthesised analysed data was taken back to all interviewees for their feedback. In line with a constructivist epistemology, this was an opportunity for interviewees to influence interpretation and analysis (Harvey, 2015).

3.4.7 Adequate Engagement in Data Collection

This involves ensuring that adequate data is collected to achieve data saturation – that is, until no new findings emerge. All participants involved in the working group who consented to participate were interviewed, and saturation was reached.

3.4.8 Research Position/Reflexivity

This involves critical self-reflection on the part of the researcher regarding assumptions, worldview, biases, theoretical orientation, and their relationship to the study that may affect the investigation. To achieve this, I discussed my positionality with my supervisors and utilised a presuppositions interview to elicit perspectives that had potential to influence my interpretations of the data (Barrett-Roger et al., 2022). I also used a research journal as the study progressed to take notes on my reflections, introspection, and self-monitoring to work with disciplined subjectivity (LeCompte & Preissle, 1993; Erikson 1964, Merriam, 1998). My reflexivity journey was discussed at a monthly supervision meeting.

3.4.9 Peer Review/Examination/Audit Trail.

This involves discussions with colleagues regarding the study process, whether emerging findings are congruent with the raw data, and tentative interpretations. Process and findings were discussed regularly with supervisors, a senior occupational therapy colleague, and the advisory group of consumer advisor and taurawhiri. The research journal also acted as an audit trail where I took notes of steps and study progression.

3.4.10 Rich Thick Descriptions

This involves the provision of enough description to contextualize the study so that readers are able to determine the extent to which their situations match the research context and whether findings can be transferred. In this case study a detailed case background was provided. Interview questions were asked with intention to elicit narrative and rich descriptive answers. Interview questions were adapted after every interview to improve how these descriptions could be elicited.

3.4.11 Maximum Variation

This involves intentionally seeking variation/diversity in sample selection to increase the range of application of the findings by readers of the research. The case study purposefully included staff participants and tāngata whai ora participants who represented a range of diverse backgrounds and life experiences.

Table 2

Strategies for promoting validity and reliability[25]

Strategy	Description	As applied to this study
Triangulation	Using multiple investigators, sources of data, or data collection methods to confirm emerging findings.	This study used more than one data collection method (interviews, observations, and documents) Documents and observations captured longitudinal data while interviews captured cross sectional data. Interviews were conducted with inpatient, community, and staff participants.
Member checks	Taking tentative interpretations/ findings back to the people from whom they were derived and asking if they are plausible	Synthesised analysis of data findings were taken back to interviewees for checking. In line with a constructivist epistemology, this was an opportunity for interviewees to influence the interpretations and analysis.
Adequate engagement in data collection	Adequate time spent collecting data, such that the data become “saturated”. This may involve seeking discrepant or negative cases	All participants involved in the working group who consented to participate were interviewed, and saturation was reached.
Researchers position or reflexivity	Critical self-reflection by the researcher regarding assumptions, worldview, biases, theoretical orientation and relationship to the study that may affect the investigation.	Position statement; presuppositions interview; research Journal; incorporating researcher reflection, introspection and self-monitoring - that is, disciplined subjectivity (Le Compte & Preissle, 1993; Erikson 1973, Merriam, 1998); regular discussions with supervisors.

[25] *Table adapted from Merriam and Tisdell (2016, p. 259)*

Strategy	Description	As applied to this study
Peer review/ examination	Discussions with colleagues regarding the process of study, the congruence of emerging findings with the raw data, and tentative interpretations.	Process and findings were discussed with supervisors, and research assistants/advisory group of consumer advisor and taurawhiri.
Audit trail	A detailed account of the methods, procedures, and decision points in carrying out the study.	Paper and online research journal were recorded in an NVIVO memo folder.
Rich thick descriptions	Providing enough description to contextualize the study such that readers will be able to determine the extent to which their situations match the research context, and, transferability of findings.	Case background was provided. Interview questions were asked with intention to elicit narrative and rich descriptive answers.
Maximum variation	Purposefully seeking variation or diversity in sample selection to allow for a greater range of application of the findings by consumers of the research.	The case study purposefully included staff participants and tāngata whai ora participants involved in the project and who reflected a diverse range of backgrounds and life experiences.

3.5 Ethical Considerations

Ethics approval was gained from the Auckland University of Technology Ethics Committee (AUTEC) alongside approval from the Forensic Service Research Forum, the service consumer advisors, the service taurawhiri team, as well as locality sign off from the clinical director of the forensic mental health service (see Appendices A, C, and D). Ethical considerations were guided by the ethical principles of autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2008), as well as Te Ara Tika research framework (Hudson et al., 2010) and Keogh and Daly’s (2009) ethical considerations guide for working with mental health service users.

3.5.1 Te Ara Tika Research Framework

Te Ara Tika (Hudson et al., 2010) is a research framework recommended for use in Aotearoa New Zealand to ensure that all research carried out here is in accordance with Te Tiriti o Waitangi (Came, 2013). Te Ara Tika outlines four tikanga-based[26] principles; whakapapa,[27] tika,[28] manaakitanga,[29] and mana.[30]

Whakapapa. This principle is concerned with how a research project has come to be, its purpose, and how relationships are formed and developed over time. In this study, the minimum standard of consultation was utilised. This requires an element of aroha[31] [care] and aro ki te hā [awareness] and opportunity for constructive critique of the research proposal. The initial project idea was chosen from a range of potential topic options through discussion with my supervisors. I indicated the idea with the project working group who supported it. A research proposal was discussed and critiqued with a service consumer advisor. It was then presented at a forensic service research forum and the taurawhiri hui [meeting] for consideration and critique.

The presentation to the taurawhiri team followed an incidental presentation by the project group which demonstrated the working group in action and provided valuable context. The taurawhiri team recommended that in addition to having the opportunity to check and edit their transcripts, and receive copies of research outputs, that participants also be offered a copy of the audio recording for whakapapa family history purposes. The recommendations were followed with a plan that on completion of the study I would present back the research findings to the taurawhiri team to create a full circle of

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[27] (Noun) genealogy, genealogical table, lineage, descent
[28] (Verb) to be correct, true, upright, right, just, fair, accurate, appropriate, lawful, proper, valid.
[29] (Noun) hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.
[30] (Noun) prestige, authority, control, power, influence, status, spiritual power, charisma - mana is a supernatural force in a person, place or object.
[31] (Verb) to love, feel pity, feel concern for, feel compassion, empathise.

reciprocity. A research advisory group was set up involving a consumer advisor, a member of the taurawhiri team, and my supervisors. The consumer advisor and taurawhiri also took on roles as research assistants in the project, liaising and conducting interviews with three of the six participants.

Tika. This principle refers to the validity of the research project. As a minimum standard, this study followed what Te Ara Tika describes as a mainstream approach as it involved Māori participants in the project. There is an expectation for researchers to protect the rights and interests Māori participants. The forensic mental health service taurawhiri team were consulted to ensure this project was tika. The recruitment method was kanohi-ki-te-kanohi [face-to-face] via the taurawhiri research assistant. In particular, collecting ethnicity data is important as baseline data for other researchers and Māori communities (Hudson et al., 2010).

Manaakitanga. This principle is concerned with ensuring that a person's inherent dignity is respected. In line with the minimum standard, a cultural sensitivity approach was used to support informed consent and the right to privacy. Protection of participants required a critical awareness of how to maintain the dignity of participants and ensure they had follow up support. This was done by ensuring they had an established contact with a consumer advisor and preferred cultural advisor to feedback any concerns at any point during the research process. The interviews were undertaken in a location of their choice to increase ease and comfort. Privacy and confidentiality were maintained through no identifying information being included in the study. Participants were also able to check their transcripts and make edits as necessary. Consent forms are stored at AUT in a locked filing cabinet and will be destroyed after six years. Interview recordings were downloaded into a password protected NVIVO file to be transcribed for analysis purposes. At the conclusion of the study, the NVIVO project file was then saved onto a USB stick and stored at AUT in a locked filing cabinet to be deleted after six years.

Mana. This principle is concerned with equity and distributive justice. The minimum standard to uphold is that of mana tangata [the mana of the person] and the right to be appropriately informed of risks to mana. Potential participants need to be appropriately informed in all areas of the study including risks. Potential participants were provided with an information sheet about the study for them and their whānau[32] that they could discuss with a consumer advisor, member of the taurawhiri team and/or myself before agreeing to participate. The information was provided in an easier to read format (Fisk et al., 1998) and provided transparency about the study aims. It was acknowledged and explained in writing and in person that due to the novelty of the project and common knowledge within the service of their involvement in the project, there was a risk of being identified. This was a risk even with use of anonymisation strategies to remove identifying details such as personal names and the name of the service. Participants could then decide to proceed or not. For Māori participants the interview could be facilitated in English and te reo Māori.[33] A koha[34] of monetary value and a pack of specialty coffee was provided to participants after member checks had been completed. This koha was not advertised as to avoid coercion into participation due to material need.

3.5.2 Ethical Considerations with Mental Health Service Users

Keogh and Daly (2009) emphasise the importance of the inclusion of mental health service users in research to counter potential harms of exclusion due to professional paternalism. They identify five ethical considerations when conducting research with mental health service users: the processes of gaining ethical approval, recruitment and

[32] (Noun) extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.
[33] Māori language
[34] (noun) gift, present, offering, donation, contribution - especially one maintaining social relationships and has connotations of reciprocity.

access to research participants, ensuring informed consent, the interview process, and protection of participants.

1. Gaining Ethical Approval. Researchers need to think critically about ethical issues that are associated with their research and meet the necessary ethic approvals (Keogh & Daly, 2009). A research proposal was initially submitted to AUTEC which highlighted concerns with the recruitment of tāngata whai ora in forensic mental health services. These concerns often arise from misunderstanding about the nature of mental illness and assumptions about the capacity to understand research processes and provide informed consent (Keogh & Daly, 2009). Further detail was provided about the context of forensic mental health services as well as strategies for ensuring voluntary and informed consent. The point was emphasised that the inclusion of forensic mental health tāngata whai ora in research endeavours is possible and can generate significant benefits that support rehabilitation, recovery journeys, and improve services (Faulkner, 2006). It was also highlighted that excluding forensic mental health service users from opportunities to share their perspectives and knowledge through research is also an ethical issue (Keogh & Daly, 2009; Slaughter et al., 2007). The project then received ethics approval.

2. Recruitment and Access. I followed service protocols for service user recruitment and obtained service locality sign off and approval from the taurawhiri team. Consideration was given to ensuring ethical integrity of not placing excessive demands or pressure on tāngata whai ora to participate (Mander, 1992) by initially providing an invitation letter with contact details for more information. For tāngata whai ora in the inpatient service, options for contact were the consumer advisor or taurawhiri research assistants. For those in the community, they could voluntarily contact me if interested in more information. Efforts were made to minimise any pressure to participate through reiterating in the participant information sheet and in person the voluntary nature of the decision to participate and freedom to withdraw themselves and their data at any point

without negative consequence (Keogh & Daly, 2009; Mander, 1992). One potential participant in the community who was no longer involved in the project did not respond to the letter, and another potential participant based in inpatient services and still involved with the project declined the invitation for personal reasons, which was respected.

3. Informed Consent. Potential participants were provided with information about the study in an easier to read format (Fisk et al., 1998) (See Appendix E and F). Once interest was expressed by potential participants, either myself, the consumer advisor or the taurawhiri cultural advisor met with the person to go over the participant information sheet in detail to aid comprehension and ensure that any questions or concerns were addressed.

Each participant's clinical team also gave an indication of the person's cognitive capacity to provide informed consent. Although there could be a perceived tension between tāngata whai ora's right to self-determine participation and the requirement of psychiatrist approval (Keogh & Daly, 2009), in discussion with members of the advisory group it was decided to request the Responsible Clinician's[35] signature on the consent form for tāngata whai ora based in inpatient units. This was to ensure that the Responsible Clinician was aware of the participation in the research and confirm that they did not hold any concerns regarding capacity to give informed consent. If tāngata whai ora wanted to participate in the study they themselves took the form to their Responsible Clinician providing another opportunity to ensure that their participation in the study was consensual and self-determined.

Unit protocol meant that a wellness check in the form of a mental state examination needed to be completed by staff prior to the scheduled interviews. In the event that there were concerns regarding mental state then this would be communicated to the interviewer and arrangements made for rescheduling. This ensured any possible fluctuation in mental

[35] This clinician (usually a psychiatrist) is responsible for a person's treatment while they are being treated under the New Zealand. Mental Health (Compulsory Assessment and Treatment) Act 1992.

state that could impact capacity for informed consent was accounted for. Ultimately, the two participants who were based on inpatient units were supported by their Responsible Clinicians and there were no concerns with mental state on the day of the interviews.

4. The Interview Process. Strategies were used to minimise and mitigate power differentials by giving participants a choice of interviewer and drawing on the therapeutic relationships already established during the course of the project (Charmaz, 2002). For participants who were residing as inpatients in the forensic service, I removed myself as an option for interviewing to mitigate undue influence on answers due to the power differential arising from my role as an occupational therapist in the inpatient service. Location of the interviews were the choice of participants and they were encouraged to prioritise their convenience. For Māori participants, the interview could be facilitated in te reo Māori and/or English with the taurawhiri research assistant and be located at a culturally responsive location such as the onsite wharenui.[36]

Ethical obligations also involved being mindful of potential distress caused by participating in the interview. Being responsive to participants throughout the interview involved strategies of being sensitive towards any fluctuations of their mental state, communicating care and offering to stop the recording, and taking pauses, breaks or rescheduling if participants seemed tired, confused, or unsure of their answers. At times participants voiced uncertainty and a lack of confidence about the quality of their responses. Responding to the interviewee with sensitivity, warmth, reassurance, and drawing on trust and mutuality already established in the therapeutic relationship was important for maintaining their comfort and safety (Charmaz, 2002; Keogh & Daly, 2009).

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[36] (Noun) meeting house, large house - main building of a marae where guests are accommodated. Traditionally the wharenui belonged to a hapū or whānau but some modern meeting houses, especially in large urban areas, have been built for non-tribal groups, including schools and tertiary institutions. Many are decorated with carvings, rafter paintings and tukutuku panels.

One participant who felt he had not been able to communicate well in the interview, requested to submit additional writing of his thoughts one month after his interview which was welcomed and included in the data analysis. Research assistants were briefed before they conducted interviews, and provided with suggested prompts to enhance interviewee comfort including consent to start the interview as outlined below:

> Kia Ora. Thank you for giving your time to be here and do this interview. The aim of this interview is to ask you questions about your experience with the Café project at [forensic service] to get your perspective and thoughts on the project, what your experience was working with others, and how it has impacted you. At any point you can choose to not answer a question, ask for a break, or ask for the recording to be paused. Are you happy to continue with the interview? Let's get started.

The design of the interview schedule (see Appendix I) was based on appreciative enquiry as this approach focuses on what is working well, can boost morale and motivation, and empower participants to keep building on their strengths and achievement whilst sparking creativity and innovation. This could also help contribute to a sense of hope at the end of the interview rather than disempowerment (Stavros et al., 2015).

5. Protection of Participants. This requires a critical awareness of how to maintain the dignity of participants and ensure they have follow up support. This was done by ensuring tāngata whai ora had an established contact with a consumer advisor or cultural advisor to feedback any concerns at any point during the research process. If required, encouragement to talk to their support staff on the unit was also encouraged. Formal support through AUT counselling service was highlighted to participants when going over the participant information sheet in the event that there was any distress arising as a result of participation in the study. The strategy to ensure confidentiality of participants was to not use identifying names of participants or naming the forensic mental health service, however discussion was had with participants that this may not guarantee confidentiality due to the uniqueness of the project.

3.6 Summary

This chapter has described and justified the choice of Merriam's (1998) qualitative case study methodology for this contextualised, descriptive, and exploratory research. A comprehensive overview of the research strategy and strategies to ensure trustworthiness was provided. The chapter also highlighted ethical considerations when engaging with research participants in a forensic mental health context, and how they were addressed in the present study. The next chapter presents the findings of the case study.

4 Findings

4.1 Introduction

The aim of this study was to use a case study methodology to document the application of co-production project to set up an onsite vocational rehabilitation café in a forensic mental health setting. A further objective was to identify facilitators and barriers to co-production in forensic mental health programme development and the impact of participation for those involved. It was anticipated that a contribution could be made to the literature on how co-production projects can be supported specifically within forensic mental health services. The findings that were generated from the data identified a range of facilitators and barriers to co-production and also highlighted key insights into the meanings that the project held for participants.

Findings were drawn from a case record maintained by the primary occupational therapist co-facilitator, along with project documentation, and the perspectives of six participants who agreed to be interviewed. The participants included two project members who were currently based in inpatient forensic services, two members who had since transitioned from inpatient to forensic community services, the consumer advisor[37] co-facilitator and the second occupational therapist co-facilitator. The semi-structured interviews included questions exploring participant perspectives of the project overview, working together, outcomes, personal impact, and any other aspects they wanted to share. Immersion in the data was achieved through the processes of transcription, and the constant comparative method of analysis. As a participant researcher with an embedded role as primary co-facilitator within the case being researched, I have woven my

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[37] Consumer Advisor is a role within mental health services for a person with lived experience of receiving mental health services that promotes and facilitates consumer/tāngata whai ora participation, leadership and perspective in planning, delivery of services, review and service development to ensure that services are responsive to the needs of tāngata whai ora.

knowledge of contextual details into the findings to facilitate understanding of the case for the reader. I am identified in the write up of the themes as Participant 7 (facilitator, researcher). Evidence of timelines and process decisions are recorded in the case record. More can be read on this decision in the methodology, which is in line with a case study approach.

This findings chapter presents the themes and sub-themes generated through analysis of participant interviews as well as the participant researcher's case documentation. Six key themes were identified within the data. These were, 'needs of tāngata whai ora[38] in forensic mental health services', 'group dynamics and process', 'a learning experience', 'grappling with co-production praxis in forensics', 'facilitators and barriers', and 'impacts'. These themes are presented in an order that best reflects the journey or process of the case (see overview of themes in Table 3). Each theme is introduced, and then subthemes are presented and illustrated using participant quotes. A summary of the findings concludes the chapter.

[38] Tangata whai ora (singular) /tāngata whai ora (plural) refers to a person/people who are the subject of care, assessment and treatment processes in mental health. 'Tangata whai ora' means 'a person seeking health' (Ministry of Health, 2000). This term is used throughout this thesis as it is considered more enriching language than the terms client, patient, or service user (Opai, 2020).

Table 3

Finding Themes and Subthemes

Theme	Sub-theme
Needs of tāngata whai ora in forensic mental health services	Accessible vocational training for the future Transcending a forensic mental health patient identity/challenging expectations Empowering environments and approaches
Group dynamics and process	Becoming the collective by making decisions together Values in action A different group experience
A learning experience	Learning spaces Learning to get on with others-skills for teamwork Barista skills
Grappling with co-production praxis in forensics	Defining the project Accountability and reflexivity
Facilitators and barriers	Hurdles and hoops Stagnation Active helpers Staying motivated
Impacts	A rewarding experience Making a positive contribution Sense of belonging Morale and hope for the Future

4.1.1 Case Description

The Café Project was inspired by the work of a Non-Governmental Organisation (NGO) working to use the coffee industry to create inclusive occupational opportunities for disabled people in Aotearoa New Zealand and overseas. This led to a discussion at the forensic mental health service between myself (service occupational therapist) and a consumer advisor about the value of an onsite training café. The consumer advisor had personal experience of a previous café training space within the service that was disestablished in the mid 2000s due to the withdrawal of funding. Further discussion with the service programme co-ordinator and regional work rehabilitation service manager led to a meeting with service management to propose a potential café project amongst other potential initiatives. The service gave permission for a programme to be developed by

myself and the consumer advisor and we both emphasised the involvement of interested service users from the rehabilitation units to develop the idea. The idea was proposed at the service consumer representatives regular meeting (a group facilitated by the consumer advisor with tāngata whai ora in the role of consumer representatives) to gauge interest and subsequently the consumer representatives became the founding members of the working group. Discussion between myself and the consumer advisor about how to guide the working groups processes led to the suggestion from the consumer advisor to use a co-production resource entitled *Co-production: putting principles into practice in mental health contexts* (Roper et al., 2018). This resource guided the initial discussions of power dynamics within the working group and strategy setting to mitigate power differentials that could impede authentic collaboration. Membership in the working group was voluntary at all times.

Some of the first decisions made as the working group were centred around establishing the vision and mission, identifying group values and a group name. The vision was: "creating spaces where people come together to share and reach their potential as a diverse community." The mission was: "to produce a sustainable and environmentally friendly client run café where people come to share and learn life skills." The values were: "Honesty, patience, respect, teamwork, creativity, altruism, understanding, sensitive to people's needs, open-mindedness, innovation, service quality excellence, support, efficiency, opportunities for work, kaitiakitanga[39] [environmental stewardship], manaakitanga[40] [hospitality], engagement and commitment, integrity" (project records).

The processes set the tone for how the group continued to work together throughout out the project. The working group liaised with key staff to create proposals that

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[39] (Noun) guardianship, stewardship, trusteeship, trustee.
[40] (Noun) hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.

advanced the vision and mission of an onsite café at the forensic service run by the service users themselves. The working group presented a proposal to the service's Programmes Governance group to set up barista training opportunities for service users. The initial proposal suggested collaborating with an external barista training organisation with opportunity for national qualification standards to be gained. However, bringing external trainers onsite became unfeasible due to COVID19. Another opportunity presented itself, however, with the donation of a coffee caravan and barista equipment by a staff member who had heard about the project through word of mouth. Therefore an alternative plan was proposed and accepted based on my upskilling as a barista with support from the original barista training organisation along with another occupational therapist who had previous barista experience. The working group participants planned the overall design of the training - that is, how many sessions and how long - and then completed the 12-session barista training albeit with disruptions due to COVID19 lockdowns. This training concluded with a practice café supported by service occupational therapists and students. Pre- and post-evaluations of the training were completed. One group member was unable to attend the training due to the service Covid restrictions at the time, and consequently had a one-on-one session to catch up when the restrictions were lifted.

Next, the working group presented a proposal to set up a café based in a donated coffee caravan. The working group began by repairing the donated caravan. They also set up a design process for logo and cart design that involved a service wide design competition. Given that most of the submitted designs were Māori kōwhaiwhai[41] patterns, the group then worked with the taurawhiri[42] to learn how to create a design that embodied the spirit and narrative of the group in line with tikanga. The recreation officer supported

[41] (Noun) painted scroll ornamentation - commonly used on meeting house rafters.
[42] Māori Cultural Advisors within the Forensic Mental Health Service (non-literal translation).

the project through helping to store and integrate repairs of the cart into the workshop programme which created another opportunity for an additional tangata whai ora to become involved in the working group. Another supportive staff member arranged professional design wrapping of the cart free of charge.

The members of the working group changed over the four year period, with several members joining later in the project and others ceasing their involvement with the project once they were discharged from the service. Some members maintained their connection to the project voluntarily, even when they had been discharged from the inpatient service. I was the consistent facilitator throughout the project due to the demands on capacity for the other two facilitators who were none-the-less able to come and support at different times throughout the length of the project.

At the end of 2022, the project achieved the milestone of opening up the coffee caravan onsite, and three members were rostered on for one hour shifts, taking orders and serving complimentary hot drinks to service staff and tāngata whai ora. This case study focuses on the four year period from the inception of the project in 2019 until this milestone at the end of 2022. An update on the project (as at mid 2024) can be found in the discussion. The following sections detail the findings of this research, by expanding on the themes identified in the case data (two staff interviews, four tāngata whai ora interviews, and project documentation) and are illustrated using participant quotes.

4.2 Theme 1: Needs of Tāngata Whai Ora in Forensic Mental Health Services

The first prominent theme to be identified from the case data explored the needs of tāngata whai ora in service settings. Specifically participants identified three key needs they believed the café project had the potential to meet: 1) accessible vocational training opportunities that could help tāngata whai ora prepare for community transitions; 2) opportunities for tāngata whai ora to transcend the 'forensic mental health patient' identity

by demonstrating their ability to make worthwhile contributions; and 3) the provision of spaces that were strength-focused and empowering for tāngata whai ora to support their rehabilitation and recovery journeys. These identified needs are expanded upon below.

4.2.1 Accessible Vocational Training for the Future

Being supported to learn vocational skills for the future was an important need identified by participants. Participants discussed the desire for opportunities that would support them with work skills, which would contribute to their recovery journeys and their transitions back into community. Participant 5 (facilitator) stated, “There is a big need for any work opportunities. Different work opportunities, different, you know, outlets for people's creativity, different ways of building community.”

There appeared to be a desire for learning skills that had a clear link with vocational opportunities in the community and which could create a sense of purpose and usefulness. Whilst people valued other therapy groups at the forensic service, they felt that these were predominantly occupied with the past and did not address the need to prepare for the future.

> Oh, I think it was a lot more exciting. It was more meaningful instead of just sitting in a group and talking about your past problems or social skills. They're all good, but actually doing something concrete is a lot more beneficial. Sort of like gives you more purpose and that. (Participant 3, tangata whai ora)

Another service user stated, “It would be a practical useful thing as opposed to some of the other activities that people from [forensic service name] do” (Participant 1, tangata whai ora). In particular, money handling, coffee making and customer service skills were perceived as desirable skills that would be in demand and improve opportunities for work, “there’s always people crying out for baristas” (Participant 3, tangata whai ora).

Participants also discussed the need for accessible opportunities for tāngata whai ora whilst experiencing different levels of leave restrictions and stages of progression

through the service. The story of a previous training café based at the forensic service was shared by the facilitator with lived experience of forensic mental health services. He spoke of the positive contribution this space had made for his own recovery journey and the lost opportunity he felt its discontinuation had created for subsequent tāngata whai ora. The proposed onsite café idea resonated as having the potential to meet the need for an accessible occupational opportunity for tāngata whai ora, which could benefit staff, residents, and the service as a whole:

> I think because it's accessible for all of us, and … probably less risk as well for some patients that…had to be stringently placed within [forensic service]. Having it on [the forensic service site], people that didn't have leave could come round the grounds and get a coffee, as well as the staff. (Participant 2, tangata whai ora)

Participants identified that the regional vocational service often had long waiting lists due to demand and required offsite leave permissions. This required high staff resourcing in the form of escorts, which could be difficult to organise. Therefore, onsite opportunities increased accessibility: "When you work at [external vocational rehabilitation services], initially patients are always escorted. So that would just be a load off the staff…Getting the leave for the group would be much easier" (Participant 1, tangata whai ora). Participants also stressed the need for graded approaches to developing readiness for community transition.

> We don't move people from our acute units straight into the community. We move them through different stages of security. So, I think there is absolutely a place for a café on our site that's not in the community (Participant 5, facilitator)

Overall, participants all saw the need for accessible training opportunities that could help tāngata whai ora prepare for their community transition. Participants were enthusiastic about being part of creating something to address this need.

4.2.2 Transcending Forensic Mental Health Patient Identity/Challenging Expectations

Participants described a need to transcend the forensic mental health patient identity and demonstrate to themselves and others that they could embody a pro-social identity[43], make positive contributions to others and achieve something of worth. They expressed the desire to give back and contribute, show their progress and growth, and strengthen identities beyond being a 'dangerous' person and a passive recipient of service user care. Participants highlighted the desire for opportunities where they could shift the low expectations and negative, judgmental attitudes they experienced from staff. They also wanted to be able to role-model and show other tāngata whai ora that they could be part of something positive. One participant described that it could be an 'eye opener' for staff to see tāngata whai ora doing something that was beneficial for others:

> I think it could be an eye opener for them saying, 'wow they're doing something positive' or something that's beneficial to other people. It can be quite judgmental… staff should see it in a different frame of mind... [that] patients can do something that's worth something. (Participant 2, tangata whai ora)

Participant 5 (facilitator) described the importance of developing opportunities that could validate tāngata whai ora identification as people who received support, and yet could also contribute and give back.

> It means that the people who live here… don't just have to think of themselves as a sponge soaking up help and support. There is a way to give back and a way to contribute…There's some possibility of growth. (Participant 5, facilitator)

Overall participants described their need to show to themselves and others that they were capable of making a positive contribution. The opportunity to demonstrate that

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[43]Pro-social identity refers to a sense of self that considers and promotes the welfare of others versus anti-social identities where the rights of others are disregarded (Pfattheicher et al., 2022). Development of pro-social identity is a key part of desistance and involves underlying shifts in pro-social identity through self reconceptualisation and reconstructing internalised life narratives (Aresti et al., 2010).

they could be more than a forensic mental health ‘patient’ was a key motivation in the project.

4.2.3 Empowering Environments and Approaches

The need to create a space where tāngata whai ora could be supported to identify and develop strengths as well as pro-social identities was also described. This was to counter the disempowering spaces that were often experienced by tāngata whai ora on the units. The forensic environment was described as always prepared for the possibility of harm, but less prepared for the possibility of good.

> I guess forensic services are a place of the possibility of danger. Right?.. Never really mentioning the potential for, not just recovery, but the good things people are capable of. It was great to have… a project like this that can focus on the good people are capable of rather than the harm that came before. (Participant 5, facilitator)

With the emphasis being on risk in forensic services, tāngata whai ora identity could be confined to that of a dangerous offender. Participants identified there was a need for environments that provided space for strengthening alternative identities as an important part of developing protective factors, supporting recovery journeys, and guiding safe and successful transitions out of the forensic service. For example the facilitator who had his own lived experience of forensic mental health service care shared the previous training café as an example of an empowering environment that had contributed positively to his own recovery journey. He highlighted the value of the experiences that the café afforded him and how it gave him a sense of worth, brought out his strengths, and was a place where he could build and demonstrate competency and skills.

> On the unit you're a dangerous person, you're a threat, you're a source of fear. But in that café environment, I could manage a situation where there's lots of people coming in and all these orders and suddenly you have a lot more value and have

> more strengths that you can kind of recognize and develop. (Participant 5, facilitator)

Participants acknowledged that there was a need for people to be accountable for their offending, whilst also providing resources and opportunities for rehabilitation that could build a sense of value through facilitating opportunities to contribute back to society.

Co-production approaches were raised as a way to counter potential harm created by the disempowering nature of involuntary detainment, assumptions around service user roles and the restrictive environments of the units. Whilst the previous café project had stopped, the idea of it being set up again with a co-production approach was described as exciting.

> The experience of a service user, more often than not, is one of not being heard. Being asked your ideas and being part of design solutions… that's really important… The idea of maybe seeing something like that set up again was exciting. It made such a big difference for me. But I think even more than that, was seeing people being able to be in the creation of it. That was exciting. (Participant 5, facilitator)

It was noted that it was especially important to support tāngata whai ora to develop confidence with making decisions again and seeing for themselves that they could exercise their agency for good. Experience on the units did not necessarily always facilitate this.

> Units are a deskilling environment … and you lose that ability… so waking up to your agency is a process. I think all of our programs should be co-produced… if the program is going to benefit people who are a part of them… they should involve them in their design… There's not really a supportive environment for service users making decisions and being a part of change or something new. (Participant 5, facilitator)

It was also identified that there were many potential opportunities within the service for service user input and co-production approaches and values. However, these were being missed or not supported due to preconceived ideas of tāngata whai ora capability.

> We're making lots of decisions here as a service that exclude the people that matter the most. There's lots of challenges though… perceptions… stereotypes about service users, there's pessimistic kind of ideas about what people are capable of. There are fears. There's a failure to see people through the struggles they have, and to see what they're capable of. (Participant 5, facilitator)

Overall, from facilitator and lived experience perspectives, empowering environments were considered a key need in order to create spaces where tāngata whai ora could develop strengths and show to themselves and others that they were capable of inhabiting roles that made a positive contribution, and as a result, feel valued. Through participating in spaces where they could exercise their agency in the pursuit of something positive that benefited them and others, they felt there was the potential for hope to be created and growth to be realised. While the forensic service was at times experienced as a "fixed, concrete, unchangeable thing" (Participant 5, facilitator) that stifled the possibility of growth, empowering environments could help create hope for growth whereby tāngata whai ora could take accountability for their actions and contribute positively to their community.

In summary, a range of needs were raised and shared by participants. These needs provided motivation for engagement in the project and included increased accessibility for vocational training to prepare for community transitions, opportunities to transcend the forensic mental health patient identity, and participation in empowering environments.

4.3 Theme 2: Group Dynamics and Processes

In addition to expressing a need for the project, participants also shared their experiences of the group dynamics and processes during the project. They described the

experience of coming together as people from different backgrounds to make joint decisions and form a collective identity. As previously mentioned, group processes were guided by "*Co-production: putting principles into practice in mental health contexts"* (Roper et al., 2018), which included exploring power dynamics within the group. The identified sub themes related to group dynamics and processes included: 'becoming the collective through making decisions together', 'values in action', and 'a different experience'.

4.3.1 Becoming the Collective through Making Decisions Together

During interviews, participants shared their perceptions of group dynamics and processes that were guided by co-production principles and supported by the facilitators. They described the impact of different people with different backgrounds coming together and using decision making strategies, such as sharing and discussing ideas and agreement by consensus, which increased participation and mitigated power imbalances.

Initial sessions were focused on getting to know each other, exploring and identifying power dynamics and strategising mitigation of power imbalances, and setting up structure and guidelines for the group. Participants were each given a copy of "*Co-production: putting principles into practice in mental health contexts"* (Roper et al., 2018) and worksheets from this resource were used to identify, explore, and manage power dynamics in the group. However, when asked specifically in interviews about this resource and the term co-production, most participants could not recall it specifically, as indicated by Participant 3 (tangata whai ora): "You've got to excuse me because my memories are very scratchy". This was perhaps due to the length of time between the initial meetings and the interview (approximately four years). Interestingly, participants did recall the values of the group and the experience of relational connection in a team where they could share

ideas safely: “So for me, it would have been the whanaungatanga [relational connection],[44] to be able to connect with everyone on a neutral basis and sharing whakaaro[45] [thoughts]… sharing ideas” (Participant 4, tangata whai ora).

The facilitator role was a key factor in creating the space where participants formed a sense of group belonging and felt safe to contribute ideas. One of the facilitators described their role as helping participants adjust to the newness of this space through communicating the principles of co-production. This also involved actively sharing and negotiating roles and responsibilities.

> [We] created a space where people could be themselves, they could develop their strengths. I think it was creating that space to begin with and continually supporting people to adjust to the newness of that space… I guess if you felt like everyone was involved, you felt like everyone had a say. I think there is kind of a real shift, coming from a unit where you're told what to think and how to behave, and then coming to a space where... you get to make decisions yourself and get to design something. I think that's a bit of an adjustment, but I feel like the people in that group kind of rose to that. (Participant 5, facilitator)

Together the group determined a vision and mission. The setting of this collective mission, vision and values to create a shared kaupapa[46] [purpose] helped group cohesion: “we had a really good group dynamic, we all got along and we sort of knew from the start that this was something that would be important” (Participant 1, tangata whai ora). Collaborative group processes for decision making were recollected by participants as democratic, listening to each other, sharing ideas, discussion, and coming to

[44] (Noun) relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship.

[45] (Verb) to think, plan, consider, decide.

[46] (Noun) topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.

consensus through putting heads together: “How did the working group make decisions together? I just think we- that we spoke, didn’t we, and we just talked about things and tried to… come to a group consensus” (Participant 3, tangata whai ora). The group name was described as an example of how processes of brainstorming, dialogue, and consensus decision making were engaged with:

> One decision we made was coming up with the [group name] name. We had the brainstorming, different types of names, and then [co-facilitator] had to go away and check if it wasn't used already. So, we were able to come together and come up with a name. It was three different people that thought of their names and we just put it together. We brainstormed [name], and the other whānau,[47] they came up with [name]. So, we just put it all together. (Participant 4, tangata whai ora)

Overall, co-production principles guided the facilitators in supporting the formation of group dynamics and processes. This resulted in the creation of a positive collective group identity, where participants felt they could participate in collaborative decision making to work towards their vision.

4.3.2 Values in Action

Participants described a range of key values associated with the project such as openness in communication and open mindedness, caring for others, listening to each other, and respect – all of which contributed to creating a positive group dynamic and guiding the group process. The value of respect was highlighted frequently as a facilitator of the group’s progress and achievement. The use of ‘ethical disability inclusive coffee beans’ emphasised the value of caring for one another, creating a sense of purpose and connection to not just local but international communities. Participants spoke of how establishing explicit values as part of setting up the group helped to keep the team on

[47] (Noun) extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.

track and maintain a supportive environment: “We set out our kawa[48] [group protocol] at the start that we were respectful, and we respect everyone's thoughts. So we always went back to that value, those values” (Participant 4).

Participants noted the presence of respect in the group dynamics and how it facilitated group processes. “What made it easier? I think it was the organization, organizing and the respect we had for each other” (Participant 4, tangata whai ora). One participant reported feeling at home when experiencing this respect and being heard: “Just being able to be heard, my opinion being heard, my input I had on certain subjects, certain kaupapa[49], and just everyone being respectful …I felt at home” (Participant 4, tangata whai ora). One of the facilitators suggested that from their observations, being shown respect from staff was not necessarily a given on the units and so the group provided a safe and supportive space for participants to share safely.

Participants described values of openness and commitment as key to working together as a team: “The core values of openness and commitment of all of us involved in working together as a team. Each person putting their input into the group” (Participant 2, tangata whai ora).

Also highlighted was the value of caring for others. Participants expressed care and concern for others through the group experience: “It was a nice group effort, and just learning how to look out for other people, not just yourself” (Participant 3, tangata whai ora). Looking out for other people extended beyond the immediate group to the other residents and staff at the forensic service, as well as people who were connected to the supplies the project used such as the coffee beans themselves: “It just meant working as a

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[48] (Noun) marae protocol - customs of the marae and wharenui.

[49] (Noun) topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.

team to make good coffee… and recycle everything and have everything sourced from crops that aren't using slave labour and stuff like that" (Participant 3, tangata whai ora).

The use of 'Ethical Disability Inclusive Coffee Beans' in the project added a sense of worthiness to the endeavour and extended participants' horizons out of the forensic service, not just to local community but to an international community: "the ingredients of the coffee beans like you had, the fair-trade beans and stuff like that, which I thought was really cool, because it had a purpose" (Participant 4, tangata whai ora).

Overall, values were set at the beginning by the group and referred back to throughout the process. Participants shared how they experienced these values in action, the impact of being heard, and how it helped the group with pursuing a collective purpose and a sense of community connection.

4.3.3 A Different Group Experience

Participants noted a sense of difference with group dynamics and processes compared to other programmes they had participated in at the forensic service. Participants described the group as more relaxed, with a focus on teamwork and an opportunity to share ideas for the purpose of creating something positive. The novel, project-based nature of the group was highlighted as a unique opportunity in forensic services.

One participant highlighted how the team-based nature of the group created a sense of novelty, which piqued interest and engagement. The emphasis on working together for a purpose created a new experience that was relaxed and less intense than other programmes, while also supporting positive personal development.

> It wasn't as intense as like a drug and alcohol group, was more about a development group, so it was exciting. At the same time, something new and just doing something out of the norm that we weren't used to, and it was just a

> programme that we come together and were able to work on. So, it was just a new experience. (Participant 4, tangata whai ora)

Participant 5 (facilitator) identified the point of difference as being the project-based nature of the group, with a common goal and shared roles and responsibilities, which increased the inclusiveness of the group.

> It was more a project that had a goal so that's a big difference for a lot of groups that you learn skills or you're learning about recovery. Whereas this was kind of like we've got a goal that we're all working towards. And that was pretty exciting. It shared features of community meetings. You have people taking services, taking minutes and chairing and that's…what we did in the group, you know? Service users chaired; service users took minutes. (Participant 5, facilitator)

Another participant described the way the group provided a sense of freedom to create something from scratch and this was seen as a 'privilege' in a relatively restricted service environment.

> I think it meant a bit more freedom for people… we can start something up and go through that process of how to, stage by stage... putting it together and using the heads of all of us putting our input in. I was quite privileged, and I felt awesome that we could get together as a group and go through all the processes that we needed to go through for it to work. (Participant 2, tangata whai ora)

Overall, in this key theme the participants described the group dynamics and processes that they engaged with through being involved in the group. Co-production principles, the novel project-oriented nature of the group, and focus on teamwork and decision making created a different experience to what they had experienced in other programmes within forensic services. The group dynamics and processes supported the participants to become a collective team and make decisions together for a shared vision. Participants reported that they were guided by values in action that led to a sense of

freedom and opportunity to genuinely share ideas and be part of creating something positive.

4.4 Theme 3: A Learning Experience

The theme of learning was found across the data, highlighting the impact of using co-production principles on group learning. The co-production approach created learning spaces where participants felt freer to be themselves. It fostered open-mindedness, as participants learned to adjust to others' perspectives as part of the process of coming together as a team. Participants shared that learning occurred more organically through the co-production approach rather than learning predetermined set content. Learning environments included 'real world experience' such as working group meetings, service governance meetings, barista training sessions, and the open café. It also created the opportunity for participants to enact peer support through helping each other collectively learn a range of desired skills and strengthening their interpersonal relationships. Participants shared they had learned a range of social skills required for teamwork (soft skills) as well as the barista skills (hard skills). Participants also reported that they had learned to overcome fears and anxiety during the practical training and built confidence through the entire learning process that was informed by co-production.
The sub themes were 'learning spaces', 'learning to get on with others- skills for teamwork', and 'barista skills'

4.4.1 Learning Spaces

Participants talked about how the learning space created by the group enabled tāngata whai ora participants to feel a sense of freedom and facilitated the development of supportive relationships with others in the group which helped learning skills together. Learning spaces included the regular group meetings and extended to include typically

staff only meetings such as the programs governance meeting and the taurawhiri [Māori and Pasifika Cultural Advisors] hui [meeting]. Furthermore, the training café final session supported by occupational therapists and students, and the café open day created learning spaces in the service that included staff and tāngata whai ora coming together.

Participants described learning in the group as being different to other programmes in the forensic mental health service. One participant described feeling freer to relate to others in the group as they learnt how to communicate with each other: "Learning how to communicate with each other. Talk, kōrero[50] [talk] or work around how we get on with each other… not just communication, but also getting to know other people in a way where it's more... free" (Participant 2, tangata whai ora). They highlighted the difference between learning static content in other programmes versus the collective, dynamic and experiential learning of the working group:

> It was a group collective, and I think we all put our heads together, which was a different way… This group is a different format compared to other groups. Because other groups, you sort of gotta learn what's put, placed in front of you. (Participant 2, tangata whai ora)

Participants expressed the value of learning collectively in a supportive environment where opinions, thoughts and ideas could be safely shared and discussed:

> We stipulated our kawa[51] [group protocol or etiquette] from the start, so we were there to support each other, share each other's whakaaro[52] [thoughts/ideas]. We discussed everyone's opinions and thoughts about the kaupapa[53] of the day. So, it was more like a supportive surrounding… being able to share with other people and just being able to connect with other cultures and connect on the same level for the same kaupapa. (Participant 4, tangata whai ora)

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[50] (Verb) to tell, say, speak, read, talk, address.
[51] (Noun) marae protocol - customs of the marae and wharenui.
[52] (Noun) thought, opinion, plan, understanding, idea, intention, gift, conscience.
[53] (Noun) topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.

One facilitator observed that service users acted differently in the project learning space, which was outside of their usual unit environment. The facilitator thought this could be due to inconsistency with how they were treated in their units and the conflation of certain spaces associated with negative experiences that could influence how people learned. One participant described being able to, “just come out of my shell a bit more” (Participant 4, tangata whai ora). Another facilitator shared the significance of a participant being able to enter a traditionally staff only space to engage in an empowering learning opportunity and leave a positive impression:

> It was exciting how [Participant 4, tangata whai ora] came to programmes governance [to] co-present the group with [Participant 7, facilitator, researcher]. That was a pretty intimidating thing to have to do. His charge nurse manager was there, and you’ve got clinicians in the room. But he did really well and the group was approved. (Participant 5, facilitator)

One facilitator highlighted the opportunity to practice in an authentic real-world situation to apply knowledge and skills, practice improvement, and work through pressure or anxiety safely:

> It was going to give the guys an opportunity to deal with [and] be exposed to a lot of the aspects of work that they don't really get to practice here. Things like pressure, compromise, retaining knowledge from week to week. So being able to assess how they were going themselves, assess their actual work [and] identify areas of improvement and apply themselves. (Participant 6, facilitator)

Overall, participants highlighted that the learning spaces they experienced as a group were positive. They felt a sense of freedom due to being able to share their ideas and create the learning for themselves. It also felt relevant to the ‘real world’ and facilitated their development of a range of skills with group support.

4.4.2 Learning to Get on with Others: Skills for Teamwork

Participants talked about how the group provided an opportunity to learn teamwork skills. In particular, being open minded was identified as necessary for learning to work with others, with participants also acknowledging key learnings for themselves around respecting differences. Participants described having to withhold judgements, holding space for different perspectives and learning to see other people's points of views:

> I learnt really how to adjust to other people's points of views and what they thought, what were their opinions and just… being more open. I learnt… not being judgmental about other people's points of view and keeping an open mind (Participant 2, tangata whai ora).

Participants noted that the group brought together a group of people who might otherwise not have ever worked together, but, through the project, were able to learn to get on with each other and develop and practice skills necessary for teamwork such as social and organisation skills. Participants described learning how to 'get on' with others as a key part of being able to work together as part of a team. Participant 3 (tangata whai ora) shared how this learning in a group was different to learning individually:

> Just learning how to get on with other people rather than just being... counselled one-on-one, like it was a group effort and there was more of a group belonging sort of thing… I learned how to work with others… it's enabled me to work with other people… respecting other fellow patients and learning to see that we're in it together. (Participant 3, tangata whai ora)

The participants in the group came from a range of cultural backgrounds and all had to adjust to the cultural milieu of the forensic service. The name which was set together at the beginning of the group's formation carried a meaning for the group that reflected this context. Participant 4 shared that the name referred to, "being able to just adapt and looking at coffee from other cultural views to being diverse, being open to different ideas in different ways." Participants commented on how the group brought them into a situation

where they were working with people from a range of cultural backgrounds, but where they were able to respect differences, see shared values, and learn from each other:

> …because we had other different ethnicities in there, to meet other people from different cultures, get their point of views and… relate to some of the kōrero[54] [talk] that they talked about in the group… I learned that everyone, each and every person has their own opinion… their own beliefs, their own values. You just got to be able to be the person that's open to those people's ideas and stuff that they're wanting to share. (Participant 4, tangata whai ora)

Participants described being able to form bonds despite initial differences which then led to valued relationships that manifested as friendship, peer support, and a sense of family. Being able to work through differences was an important step in developing meaningful relationships as Participant 3 (tangata whai ora) shared that even though "sometimes the people you work with, you wouldn't choose to be with. But it was okay, it's all good… it just feels like we're more of a family, we're more of a team."

Participant 4 (tangata whai ora) highlighted the role of the shared kaupapa[55] [purpose] in bringing the team together to experience satisfying teamwork. "It was like just a coming together of different cultures and then creating a team environment around our coffee kaupapa." Participants were able to embody the role of team member, sharing ideas, getting involved in discussion, and providing learning support to each other. Participants shared their realisations that they could be a team member, challenging preconceived expectations of themselves. "I learnt that I'm able to be a part of a team. I'm able to share my own ideas, my thoughts and whakaaro[56] [ideas]" (Participant 4, tangata whai ora). Another participant shared how they were able to support each other during the learning process:

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[54] (Verb) to tell, say, speak, read, talk, address.

[55] (Noun) topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.

[56] (Noun) thought, opinion, plan, understanding, idea, intention, gift, conscience.

> I think we were quite helpful of each other if someone was falling back a little bit we would help them. It was nice to just stand there and be a group and just wait for others to get their training, not just yourself, but wait for others to learn alongside you. That was good… respecting other fellow patients and learning to see that we're in it together. (Participant 3, tangata whai ora)

Participants talked about a range of skills they learned through engaging in teamwork. These included social skills such as communication skills and organisation skills such as understanding processes as well as the practical skills they learned together.

> It's process management… business skills… social skills, self-development skills, organising skills, communication skills, bro you get a lot out of it… For me, it was more about being able to interact because when I get back out of the community, I'm going to be a part of the community. I've got to be able to interact… What I enjoyed the most out of it, was the socializing skills, being able to be a part of a team that work on the same kaupapa".[57] (Participant 4, tangata whai ora)

The experience of being in a team enabled participants to see how having a group of supportive people working towards a shared goal could be effective and that this could be applied to other challenges such as their own recovery journey. One participant shared how through his experience as a team member he was able to embrace the need to be vulnerable, develop reciprocal supports, communicate needs, and make progress:

> What we learnt in our kaupapa was when you've got a support network around you with the same objective, they're going to support you to get there. So it just works. Vice versa. And on your journey at [forensic service] too so, like at the start, I felt vulnerable. So you got to feel vulnerable. You got to feel all that at the start you know and then when your team's around you, just that extra support… I learned a lot about teamwork bro. (Participant 4, tangata whai ora)

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[57] (Noun) topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.

In summary participants described learning a range of teamwork skills through their participation in the working group. In particular they were able to develop and practice an open mindedness that was necessary and foundational to be able to learn and work with others. They made links between these skills and the applicability to their community transitions.

4.4.3 Barista Skills

Participants shared excitement and enthusiasm for the barista skills they learnt. They felt these practical skills gained in the project were desirable and valuable and that barista skills would be useful for finding work in the community if needed. Two participants shared that barista skills specifically were a long-held goal, so felt that it was especially meaningful to learn. The process of acquiring barista specific skills also created opportunities to practice anxiety management skills. Participants felt there was a value in learning café skills even if they were not planning to work in a café once they transitioned out of the service. They identified other benefits such as enjoying the learning process, learning transferable skills, being part of the project working group, and building their confidence for what they could do in the future.

More specifically, participants valued barista skills as there was a clear link between this skill set and job opportunity. For participant 3 (tangata whai ora), practical learning needs were identified and addressed along the way through developing accommodations and use of supportive aids such as prompt cards, visual temperature tags and audio beeping temperature gauges. This support enabled the acquisition of these specific skills.

> It’s a really good job skill to have. Especially making coffee. I've always wanted to learn how to make coffee. So having [Participant 7, facilitator, researcher] teach me how to make coffee and us putting aids together and bringing something up that's

> actually productive and is actually good for each other and good for [forensic mental health service] itself. (Participant 3, tangata whai ora)

Participants shared a positive view of learning café skills, describing a practical experience where they were able to learn more holistically about coffee including the processes and people connected to coffee: “The experience was hands-on learning how to make coffee and talking about the culture behind the coffee… where it come from and what it was all about and the benefits from drinking different types of coffee made in a different process” (Participant 4, tangata whai ora).

Participants also talked about the emotional dimension of risk, sharing their experiences of conquering fears and managing anxiety around risks involved with learning barista skills such as reducing risk of burns from the machine. The group provided a space where participants could learn at their own pace, make mistakes, and be supported to improve by moving through fear of failure: “We all work at different rates and levels. We all made mistakes with making the coffee” (Participant 1, tangata whai ora). Another participant shared how they were able to practice strategies to overcome their anxiety in completing the task: “I was kind of conquering my fears because when I first did the coffee pulling…I was a little bit hesitant about getting milk and steam burns. I just tried to get a balance between being careful and not overly anxious about it” (Participant 3, tangata whai ora).

Receiving real time positive feedback and encouragement from the service users and staff who came to get a hot drink on the open day helped participants to manage anxiety and perform on the day, reinforcing their learning and sense of achievement:

> I got a lot of good feedback, so that actually alleviated that sort of anxiety and stress that was sinking in, especially anxiety that leads to stress. I sort of had a cap on it because people said, really kind accompanying words and nice feedback saying, positive feedback. “It's a nice coffee”, or “the cart looks good”. (Participant 2, tangata whai ora)

Barista skills were a means and an end for skills acquisition opportunity, with participants describing the experience of learning barista skills and complementary skills such as anxiety management enjoyable and meaningful, although challenging at times. Participants felt that training opportunities to learn skills that could help them get employment in the community were elusive and valuable. Participation in group learning helped build confidence that could support future community transitions.

4.5 Theme 4: Grappling with Co-Production Praxis in Forensics

The question of how to transfer co-production principles into practice in a forensic context emerged from the facilitator perspectives. Facilitators grappled with how to define the project within the existing service structures as well as with accountability to co-production concepts when implementing them in a forensic service. Sub themes within this key theme are 'defining the project' and 'accountability and reflexivity'.

4.5.1 Defining the Project

Facilitators shared that they had some uncertainty around how to initially define the project when there had not been a co-produced project like it before in the service. Facilitators were unsure how facilitative the service would be to a co-production approach and there was some ambiguity about how to position a developing project within the existing service structures due to the emergent nature of the project's process.

> Was it a cross service group? Should it have been on the timetable, did we need permission from programs governance to start it up? You know, where did it fit? … It was like the first time we'd done something like that in our service. It's a forensic service that doesn't like new ideas, doesn't trust service users. As a consumer adviser, it's exciting to know that it's possible. I didn't know if our structures kind of enabled it… (Participant 5, facilitator)

The use of the resource *Co-production: putting principles into practice in mental health contexts* (Roper et al., 2018) guided future collaborative working through bringing awareness to power dynamics and helped ground the project as the group was working out how to define itself:

> There were some consumer reps and then I think some people that [Facilitator 1] approached as well. It was a cool little group, and we were kind of using the production tool kit from Australia… starting with the idea that this is trying to be a project that's using co-production. So, at the beginning we were kind of thinking about power. (Participant 5, facilitator)

As the project transitioned between different stages, facilitators were also conscious of confusion around shifting power dynamics with the change of roles for instance, when participants moved between the roles of a working group member to then being a barista trainee. Facilitators had to engage reflexively in order to guide how the decision making processes occurred within the working group meetings and barista training sessions (that is, learning spaces), while continuing to be facilitated in line with co-production.

> The difference between the working group and the Café Skills Group and, you know, decision making through both those groups, like because in one there's more explicitly about learning skills. Hmm. So that does require changing the hat that you wear a little bit, from being a decision maker to someone learning something? (Participant 5, facilitator)

4.5.2 Accountability and Reflexivity

Facilitators shared that they felt a sense of responsibility to maintain accountability to promote co-production in a service where other projects focusing on lived experience expertise had not received much support historically. Accountability to co-production had facilitators wrestling between purist and pluralist approaches and drawing on reflexivity to work out how to be flexible to context when negotiating power dynamics in the forensic service such as in the initial set up of the group, sustaining power imbalance mitigation

strategies, and working out the place of financial recognition. For example, the idea was presented to the Consumer Representative Group by Participant 7 (facilitator, researcher) and Participant 5 (facilitator) once it had already been run past senior management for approval. This was to ensure that there was some confidence that the project had feasibility and managerial support. However, this could also be interpreted as bypassing some initial steps of co-production:

> There was already somewhat of an idea for a café … some definitions of co-production, you've got to start right at the beginning and co-productions about starting with a blank slate in many ways and then coming up and really thinking about what's the problem? What do people think the problem is and then designing a solution together. Whereas, maybe we kind of started a little bit through that? But I don't think that's a bad thing, right? Because I think the way we went about it was certainly using the co-production values. (Participant 5, facilitator)

Participant 5 (facilitator) described working out where flexibility was necessary to find "the right participation for the right kind of moment," when applying co-production values in a forensic setting. Other facilitators also shared how they wrestled with this:

> I really wrestled with a sense of accountability to co-production, because the last thing you want is to be is tokenistic about it, but there are some real institutional barriers to getting things up and running, and so I was really trying to figure out what does co-production look like applied to this particular situation. (Participant 7, facilitator, researcher)

Sustaining the facilitation of co-production in the institutional forensic setting required continual reflexivity within regards to decision making in an environment that defaulted power and decision making to staff. Power differences between staff and service user participants were not ignored, rather made explicit and discussed, with efforts to be transparent and honest employed to mitigate power imbalance. However, the nature of power dynamics within the service meant there were still limitations on how much this could be mitigated: "You can never properly understand those things with relationships

and, you know, the unspoken stuff… invisible implicit things" (Participant 5, facilitator). This was a dynamic that facilitators were constantly conscious of mitigating. "Equality was a big one… transparency… you can't really change the power that [Participant 7, facilitator] did have, but I think we tried to be upfront about that and clear… because you can't equalise [Participant 7, facilitator] and I still have keys" (Participant 5, facilitator). This was elaborated further as follows:

> In the end, it ended up trying to be as open and transparent about the processes, bring my institutional knowledge and ideas to the group, being really conscious of not pushing my ideas, but bringing the group back to our collective vision and mission, and bringing people's attention to practical matters, whilst also trying to stay a couple steps ahead of what we might be doing so that in group discussion I could have timely information and advice. All with the intent to genuinely create something together that wouldn't have been possible to create otherwise. (Participant 7, facilitator, researcher, project record)

Facilitators grappled with how to resource financial recognition for the work of service users who were both creating something for the service but were doing so as part of their rehabilitation work. Access to specific funding for lived experience expertise meant that participants who returned to the group once they had transitioned to community qualified for gift vouchers for attendance at meetings as recognition of their contribution to the development of an in-service program:

> If you're thinking about what co-production is and what counts as participation, you know, one of the early rounds of that ladder is therapy and manipulation, that's tokenism, because it's about... remember many of the conversations we have had about should we pay consumer reps to attend meetings. And the comeback is often oh well, they're getting something out of being a consumer rep so we shouldn't pay them. But I think co-production is different because we treat everyone as experts and as equals. (Participant 5, facilitator)

One facilitator highlighted that there were processes such as clinical notes written for the group that were not explicitly addressed in the group which upon reflection reiterated that

things could always be done differently, and that power should always be examined. “There would still be things you could do differently. I think I would still continually kind of look at the power relationships and keep going back to that” (Participant 5, facilitator).

Overall, attempting to apply a co-production approach to a program development initiative brought with it ideological tensions that required reflexivity and flexibility to ensure that the project’s aims could progress. In retrospect, facilitators reflected on how processes could have been done differently as there were always opportunities to improve.

4.6 Theme 5: Facilitators and Barriers

Participants shared their experiences of perceived facilitators and barriers to co-producing the café. Facilitators were identified by participants as being: key supportive staff; a clear collective vision and shared purpose; and the commitment of group members. Progress was facilitated by learning about and following service processes and policy but was also hindered by barriers such as: extended delays in response from management and ambiguity about requirements for project stage sign offs; COVID19 lockdowns; facilitator capacity; and service policies. Sub themes under this key theme were ‘active helpers’, ‘hurdles and hoops’, ‘stagnation’, and ‘staying motivated’

4.6.1 Active Helpers

Participants identified facilitator attitudes and values as instrumental along with key staff who also believed strongly in the values and vision of the group and who were able to provide practical support within their sphere of influence. For example, participants acknowledged key staff who they believed actively helped and supported the project. These ranged from facilitators guiding the process and learning barista skills themselves, unit managers who allocation of time to the project, senior staff advocating at a management level to progress the project, taurawhiri staff who encouraged the group and

advised on tikanga[58] [correct processes], organisation head of health and safety, staff who provided practical assistance with workshop resources, and staff word-of-mouth leading to a staff member donating resources such as the coffee caravan and coffee machine. Some staff were passionate with their support in response to what they perceived as a reduction in resource allocated to rehabilitation and recovery over the years. The enthusiasm and proactiveness of these staff members provided the project with the material support, encouragement, and advocacy with management, which was needed to keep the project viable.

4.6.2 Hurdles and Hoops

One participant used the terms hurdles and hoops to describe going through processes to progress the project and working with management to get proposals approved (Participant 2, tangata whai ora). Going through the right process was valued by the participants and the effort was considered worth it. However, at times specific processes to meet all the requirements such as health and safety, financial plans, and asset donations were at times unclear. Therefore, it was a process in itself to understand what had to be done to progress and who could sign it off:

> We had to move through some hurdles and jumps because yourself had to go through a lot of dealing with the powers that be, the higher… people above you… we had to go through the process of decisions being made. And we couldn't really make decisions. We just had to make [the] best sort of business type plan… put it together, so we… can put it across to the people above us. (Participant 2, tangata whai ora)

Communication between participants could be difficult for those in different units, as they could only communicate with each other if they saw each other on ground walks. This

[58] (Noun) correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context.

meant that collaborating on tasks between working group meetings could be challenging, with increased demand on facilitators to facilitate phone calls and communication between tāngata whai ora in different units:

> Communicating between units was quite hard. If the service users want to get in contact with another service user and tell them about the next meeting or something, I think that was tricky sometimes. So, in many ways, kind of a lot of it, all that stuff was funnelled through [Participant 7, facilitator, researcher] and me. (Participant 5, facilitator).

Participants saw the potential of the project to create onsite training and work opportunities for service users. However, there were difficulties with finding a way forward with a sustainable financial plan for the project. Whilst the forensic service programs' governance had provided some financial support for the project to that point, the updated 'no cash handling' policy reduced feasibility of selling coffee onsite, receiving koha[59] or donations to support operations, learning money handling skills, and potential for financial recognition of the work of trainees. Attempts were made to find a solution but this was not successful. Participants felt disappointed with this, as they felt money handling was a valuable and important skill to learn as part of a training program and had hoped there would be scope for some form of renumeration:

> I don't know if I should say this, but I think they should give us the opportunity to work with money. And to man the EFTPOS machine, as well as the cash register, because in life, when you want to get a job out there, nine times out of ten, you have to know how to deal with those things. (Participant 3, tangata whai ora)

[59] (Noun) gift, present, offering, donation, contribution - especially one maintaining social relationships and has connotations of reciprocity.

The process of going through ‘hurdles and hoops’ created opportunities for a range of skill development and resilience as the group worked together to support each other to overcome challenges as best they could.

4.6.3 Stagnation

Participants described feeling a frustrating sense of stagnation at times, with the project taking much longer than anticipated. Delays were attributed to COVID19 lockdowns, delays in response from executive management, and fluctuating facilitator capacity:

> It took a long time to get there. Over a long period of time for me. I mean, we started, what, when did we start like... I think it was in …2019? So what's that, it's a four year period and we're still not finished it. You know, it's been a long process. (Participant 2, tangata whai ora)

Multiple COVID19 lockdowns during 2020 and 2021 meant that staff and service users were restricted to their own units for months at a time. Opportunities to make the most of COVID19 lockdowns involved one facilitator training themselves as a barista and teaching one of the participants on the same unit. They then set up and served café style drinks in their unit during regular morning teas which in the context of a nationwide lockdown was appreciated by staff and tāngata whai ora. This participant was then able to help teach the other group members when the originally planned training classes resumed between lockdowns.

Meetings with operations management to seek advice on project advancements were frequently cancelled and there were extended delayed management responses for project stage sign offs and guidance. Facilitators had to mediate the experience of the delays for the working group:

> It is a bit challenging being the bridge between the group and management and constantly reframing challenges so that the group stays hopeful. I’m often

> explaining why these challenges arise so that people aren't kept in the dark, so I guess there's value in that? I'm mindful of role-modelling when I respond to these challenges. Trying to be as transparent as possible, to help group members understandings of the institution, even though it is frustrating, we all share the frustration together. (Participant 7, facilitator, researcher, project record)

Throughout the length of the project, facilitators' capacity was stretched with facilitators needing at times to take a step back due to constraints on capacity and the need to fulfil other work commitments. Facilitators shared that sustaining and progressing the project was more time and energy intensive than anticipated.

4.6.4 Staying Motivated

Participants shared motivating factors that helped them work through the challenges. These included holding the belief that the project was worth it, the power of a collective vision, staying committed and celebrating progress. Participants were able to hold dualities of being frustrated at the challenges, whilst also framing challenges as opportunities for self-development. Participants talked about how they experienced uncertainties throughout the project, but maintained motivation to keep going. One participant described the belief that the project could create something good for others and so was worth pursuing.

> We got to a point where we've achieved something that's a lot bigger than we thought that we could do with at the start… there were a lot of hurdles we had to jump through at the start… there was a lot of uncertainty whether this would work… would it be accepted by everyone around us? It's good for some clients to see this happen, to see this, something come from nothing. (Participant 2, tangata whai ora)

Participants discussed the importance of the power in the collective vision of creating a community space and shared purpose to keep motivating the team through challenges, "I just think we saw the big picture" (Participant 3, tangata whai ora). Participants described a shared picture of a positive community space onsite for learning and connection: "I guess

what made it easier was that we all kind of wanted to see it happen. We all wanted a café on site where people could learn skills, where there could be a space to have community" (Participant 5, facilitator).

This bigger picture vision and shared purpose helped with overcoming logistical challenges that were to be expected within an institutional environment. For example, the group worked together to find meeting times that would work for everyone, taking into account other commitments within the forensic service, family and whānau, as well as leave restrictions such as having to be back on their units by a certain time or requiring escorts: "we all worked around our leaves and stuff like that" (Participant 4, tangata whai ora). Participants talked about commitment and acknowledging progress and achievement even though the project was not yet where they envisioned it had the potential to be:

> Through our commitment… coming together and making sure we go through the right hoops to do the right thing… what we have achieved is… something that's actually beneficial for us as people. I think it's achieved a lot… [even though] we haven't come to a final... (Participant 2, tangata whai ora)

Participants also talked about how it had been a challenge to stay motivated and work through the 'knock backs', but were able to frame challenge positively and show how it had strengthened them:

> It's been quite beneficial doing the coffee cart. I don't fully understand the delays, but I suppose the delays have tested us, caused us to have a bit more faith in ourselves and the process that one day it'll come together at the right time. But it was an enjoyable group. (Participant 3, tangata whai ora)

Overall, participants described a range of facilitators and barriers. Key staff actively supported the project to progress and collective vision helped the participants to stay motivated. Hurdles and hoops that participants went through could be frustrating yet created opportunities for a range of skill development and resilience as the group learned how to work together to overcome challenges and support each other.

4.7 Theme 6: Impacts

Participants shared a range of personal impacts from their involvement in the project. For example, participants found the experience rewarding, especially seeing an idea come to fruition over years. They also shared how meaningful and significant receiving positive feedback during the open day was and felt satisfaction that they played a part in creating something beneficial for the service that could have a beneficial impact on others in the service, leaving behind a positive legacy. They described the impact of collective agency on their journeys and the sense of belonging they felt by being part of the project and the development of meaningful friendships. Participants and facilitators spoke about the project's impact on morale, with certain experiences increasing morale and others decreasing morale due to challenges and uncertainty for the project's future. The sub themes of the sixth key theme are 'a rewarding experience', 'sense of belonging' and 'morale and hope'.

4.7.1 A Rewarding Experience

Participants described the experience of being involved in the project as rewarding particularly in relation to seeing an idea come to fruition: "Now I see that coffee cart out there myself, and I'm like jeez yeah I remember when it was in its beginning stages, just a thought, and now it's turned into a reality" (Participant 4 ,tangata whai ora). They shared how rewarding the open day was, where they were able to put their barista skills to the test and receive positive feedback from service users and staff. They reported experiencing a range of rewarding positive emotions such as feeling productive, respect, enjoyment, appreciation, empowerment, excitement, and a sense of achievement:

> I felt really like I've done something that's actually productive and is working. At this point in time it's starting, the sails have been set. So we're going through that process. I thought it was quite rewarding. (Participant 2, tangata whai ora)

Participants detailed how it felt to see an idea come to life after a long time, and how this demonstrated the power of, and hope in, collective agency. For example, one participant reflected on how happy they were, and how significant their involvement in the project had been as part of their long recovery journey at the forensic service, and how it had changed their thoughts about working with others.

> A whole lot of people come together to do something from nothing… So, for me, it impacted on how I could relate to other people and talk to them and see their ideas and what they wanted to do as a group, as collective, as in the name. My journey has been at [forensic service] a long time. So having something like this at the end of my journey has impacted on how I feel and how I think people can come together as a group and turn nothing into something. (Participant 2, tangata whai ora)

Specifically, the participants talked with pride about the open day where the cart was operational in the service grounds. They shared how they were able to overcome anxieties to fulfil the role of competent baristas under pressure. The positive feedback they received from service users and staff from the service about their barista skills and the project overall buoyed them and rewarded them with an immense sense of achievement. They were able to show the service that they could hold responsibility, perform, and demonstrate their competence, putting into practice all they had learned including working under pressure and managing stress. Participants used strong language to describe the day as a ‘coming of age’ and personal growth:

> It was an enjoyable group. The coffee day that we had like three months ago when we did the coffee for the first time, that was an amazing moment for myself and [participant 2] and [participant 4] as well. I think we grew on that day. It was a day of coming of age. (Participant 3, tangata whai ora)

Written feedback collected from staff in a feedback box during the pilot open day was positive and encouraging:

> Great!; Keep going! Great team!, Awesome!! Just what we needed ☺, Please start to charge or at least ask for a gold coin donation, Great job honestly ☺, Great work. Remember keep up the good skill, Do more often ☺, Fantastic coffee! Please keep it going!!, GOOD. Love my coffee, need everyday ☺, Amazing service and amazing coffee! Thanks ☺. (Project record)

Participants also shared how the experience had impacted them personally, supporting transitions of identity and increasing self-efficacy through building up skills: "I think it's changed me in ways. It's given me confidence and self-belief that I can do something. It's given me a skill like a work skill that I actually know how to make coffee" (Participant 3, tangata whai ora).

4.7.2 Making a Contribution

Participants shared how they felt the project made a positive contribution to the forensic service. Seeing they could create something of worth that benefited not just themselves, but others, was significant, resulting in increased sense of self-confidence and self-esteem. They felt the project benefited other service users by role modelling potential to do something of worth, creating hope. They also felt it opened staff eyes, seeing service users occupy roles other than 'forensic patient', impressing upon them service users embodying prosocial roles and demonstrating growth, prompting them to reconsider preconceived or outdated judgments: "I always feel like that's a really nice feeling when you're kind of, breaking new ground, not only for yourself, but for other people as well" (Participant 2, tangata whai ora).

Participants shared how the long length of stay in forensic services could decrease service users' sense of confidence in themselves and reinforce a sense of low self-efficacy. While there was a disconnection from being included in activities that had an altruistic purpose, being in the project could be inspiring to others and positively impact mental health. Participants shared their desires for the project to benefit the service and

service users, especially hoping the project would continue into the future, once they themselves had left the service:

> Being in [forensic service] for quite a period of time, sometimes people can …feel like there's …nothing they can add to something... But it gives them a bit of self-worth and understanding that they can come together as a group… and make something happen. I think the journey for a lot of people in [forensic service] is a long journey. If they're in there for quite some time, seeing something like this happen as a group, a group of people make something, it gives them a bit of inspiration that I can do something and maybe do something in the future that's similar to that, and they may want to be a barista or learn how to make coffee or just appreciate coffee. So, it impacts on their own mental health and how they can alleviate their own stress. Maybe thinking that, well, maybe I could do something similar, or be a part of something that's a part of a group. (Participant 2, tangata whai ora)

Participants shared how their participation in the project enabled them to show others they could make a positive contribution. Participants felt that their work would be able to influence staff attitudes, seeing what positive contribution service users could be capable of.

> I think it could keep being an eye opener for them saying, well, you know, they're doing something positive or something that's beneficial to other people. I mean, like I said before, you know, it can be quite judgmental… staff should see it in a different frame of mind. Like see, well, you know, we can, patients can do something that's worth something. (Participant 2, tangata whai ora)

One participant shared how it enabled him to demonstrate to his whānau that he was engaging in something positive for the community and this strengthened his spirit and body:

> It's more of a self-development thing for your whānau to see like, "Oh, look, you're doing that now". So yeah nah it's a good thing. You get good benefits out of aye, it

> is just for the wairua[60] [soul/spirit] and the tinana[61] [physical body]. (Participant 4, tangata whai ora)

The facilitators were also impressed with how tāngata whai ora grew and rose to the challenges and opportunities created through the project: “Well definitely I think I saw other people's strengths. I'm always surprised by what people are capable of. I think it's great and it was great throughout this project to see people kind of coming alive” (Participant 5, facilitator).

Overall, participants shared that their engagement in the project was rewarding, providing an opportunity to exercise collective agency for the purposes of making a positive contribution to the forensic service, and demonstrating the potential to shift staff attitudes. Through this, participants were able to experience a sense of achievement, success, and receive encouraging and appreciative feedback for their efforts, which they highly valued.

4.7.3 Sense of Belonging

In their interviews, participants shared how the group’s shared purpose had enabled them to develop meaningful relationships such as friendships and extend peer support. This helped create a sense of belonging:

> We started to get really used to each other… ‘cause on some meeting days [we] would talk about some of our experiences and something about ourselves. So, it was actually building that relationship so you could become friends. You become real good friends inside the kaupapa[62] [purpose]. (Participant 4, tangata whai ora)

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[60] (Noun) spirit, soul - spirit of a person which exists beyond death. It is the non-physical spirit, distinct from the body and the mauri. To some, the wairua resides in the heart or mind of someone while others believe it is part of the whole person and is not located at any particular part of the body.
[61] (Noun) body, trunk (of a tree), the main part of anything.
[62] (Noun) topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.

One participant described a change in themself through acquiring a work skill, increasing their self-confidence and finding a sense of family that helped him to care about others: “It's given me, not a sense of belonging, that's a little bit cheesy, but yeah it's enabled me to work with other people. And that it's not all about you, that it's all about us - the Kiwi[63] whānau” (Participant 3, tangata whai ora).

4.7.4 Morale and Hope for the Future

Participants and facilitators shared that the project had impacted morale. Participants spoke of how the project could lift the morale of service users. The facilitators spoke of increasing and decreasing morale, with some aspects of the project increasing morale, with excitement and what could be achieved within the service, but challenges and road blocks decreasing morale as it was unclear if the service supported co-production: “Forensic services seem like such a fixed concrete, unchangeable thing, and it's exciting that this is something that shows there's some flex” (Participant 5, facilitator).

Participants maintained hope for the future of the project whilst being able to appreciate the skills and experience gained from the journey so far. One tangata whai ora described how the project was very good for the morale of the forensic service as it enabled tāngata whai ora to be seen as running something positive onsite: “I just think it's very, very good for the morale of [forensic service]. It's good for the morale. It's good to have a coffee cart on site especially a coffee cart that's run by the patients or the ex-patients” (Participant 3, tangata whai ora). Staff participants in the project also talked about morale, highlighting how the project’s achievements encouraged them, and the value of working together with colleagues. It also created an experience where facilitators were able to recognise their own strengths, build their confidence and increase morale, which had decreased as a result of previous negative work experiences in the service. The

[63] Te Reo Māori word used colloquially for a New Zealander.

experience helped instil hope that initiatives that increased tāngata whai ora participation in the forensic services were possible, especially when it had previously been difficult to see service receptivity to such things:

> It's really exciting to see something like that happen. I feel like there's so much discouragement because of how hard it is to push consumer participation. So that kept me hopeful about what was possible in a forensic service… I can relax a bit more and that idea I can bring things to the table… I do have strengths. A lot of my experiences within this job have been quite negative and eroded a lot of that confidence. (Participant 5, facilitator)

However, with the project still facing challenges, facilitators held concerns about its future and long term sustainability. This brought into question whether the efforts were worth it. However, reframing the experience in regard to the experiences and skills gained along the way mitigated these doubts. Hope was still held that the success of the project had demonstrated the potential for co-production in service development and would encourage the service to develop more enabling structures for co-production and lived experience expertise:

> It was a great example of how our service users can be involved and make decisions. There's lots of examples in our service where we exclude service users from projects but this was a good example of how they could be involved… People… did get something out of it… skills… practice leadership and see themselves… in a different light, not just as a patient… Within the confines of a forensic system… it's very hard to do co-production within a forensic service. I think we did pretty well. (Participant 5, facilitator).

Overall participants shared the personal outcomes they gained through their involvement. They described a rewarding experience that helped them to feel a sense of hope for the future whilst developing meaningful and supportive relationships with peers. However as there were still uncertainties facing the future of the project, facilitators experienced conflicting feelings in regards to morale.

5 Discussion

Forensic mental health service users, or tāngata whai ora,[64] can experience a range of occupational challenges that put them at risk of occupational deprivation and detrimentally impact secure recovery[65] journeys whilst detained within forensic settings (Barnao et al., 2015; Senneseth et al., 2023; Tomlin et al., 2020; Whiteford et al., 2020). The aim of this study was to investigate the use of co-production with forensic mental health tāngata whai ora to develop a rehabilitation programme responsive to their vocational needs in the form of an onsite café. The objectives of the study were to describe an example of co-production in forensic mental health services and elicit staff and tāngata whai ora experiences involved in such a project. Specifically, the study sought to describe how co-production was implemented with forensic mental health tāngata whai ora, identify facilitators and barriers to co-production in forensic mental health settings, and describe the personal impact of participation for staff and tāngata whai ora members of the co-production working group.

A case study methodology (Merriam, 1998) was used to carry out a descriptive case study. Data collection involved interviews with six members of the working group, including four tāngata whai ora, and two of three staff facilitators (an occupational therapist and a consumer advisor).[66] Further data were collected through programme documentation and a case record maintained by myself (third staff facilitator and

[64] Tangata whai ora (singular) /tāngata whai ora (plural) refers to a person/people who are the subject of care, assessment and treatment processes in mental health. 'Tangata whai ora' means 'a person seeking health' (Ministry of Health, 2000). This term is used throughout this thesis as it is considered more enriching language than the terms client, patient, or service user (Opai 2020).

[65] 'Secure recovery' describes the approach that combines recovery paradigms and traditional forensic mental health models of care (Simpson & Penney, 2011). It is an adaptation of recovery principles that reflects the additional challenges of risk for those in forensic mental health services. "Secure Recovery acknowledges the challenges of recovery from mental illness and emotional difficulties that can lead to offending behaviour. It recognises that the careful management of risk is a necessary part of recovery in our service but this can happen alongside working towards the restoration of a meaningful, safe and satisfying life" (Drennan & Alred, 2012, p. x)

[66] Consumer Advisor is a role within mental health services for a person with lived experience of receiving mental health services that promotes and facilitates consumer/tāngata whai ora participation, leadership and perspective in planning, delivery of services, review and service development to ensure that services are responsive to the needs of tāngata whai ora.

occupational therapist-researcher). Researcher reflexivity was critical due to my dual role as facilitator and researcher and is detailed in the methodology section.

The findings of this study contribute to the small body of literature on co-production with forensic mental health service users (Faulkner, 2006; McKeown et al., 2023., Reynolds et al., 2017). The study illustrates how co-production can contribute to service development and secure recovery journeys for tāngata whai ora. It also illuminates potential implications for co-production praxis in forensic mental health settings. The findings provide a response to the call for more research from occupational therapists in forensic mental health services; including research into innovative forensic mental health care delivery and how vocational needs can be met in forensic mental health settings (Chui et al., 2016; Dunn & Seymour, 2008; Samele et al., 2018; Simpson & Penney, 2011).

The purpose of this discussion chapter is to provide an interpretation of the findings and highlight their significance in relation to existing literature. The chapter begins by providing a brief summary of the findings, interpretation of the findings in the context of the current evidence base, study strengths and limitations, and a post-research case study update, before concluding the thesis.

5.1 Summary of Key Findings

Three key findings were evident within the study data. The first significant finding was that a co-production approach provides experiences that contribute to recovery factors within a secure mental health service environment (Leamy et al., 2011; Senneseth et al., 2022). Participants reported that the co-production approach facilitated a sense of belonging with the project group. This experience of inclusion supported engagement in meaningful occupation and valued roles, built confidence, and instilled hope through the creation of something that would benefit themselves and others in the future.

The second key finding was that the co-production process can create empowering learning environments where participants are able to learn a range of meaningful interpersonal and vocational skills. Participants exceeded the expectations held by themselves and staff of what they were capable of. This suggests that co-production could be more widely utilised in service development to create responsive and transformational learning experiences for tāngata whai ora in secure environments.

The third finding of note was the revelation that structural barriers in the secure environment can result in project stagnation, jeopardising the long term feasibility and sustainability of co-produced projects. This suggests that forensic mental health services may be unprepared and struggle to sustain bottom-up service development innovations such as co-production. The following discussion expands on the above findings related to co-production in forensic mental health services, in the context of the wider literature.

5.2 Discussion of Key Findings

5.2.1 Co-production Outcomes: The Development of CHIME-S Secure Recovery Factors

Participation in the co-production project facilitated meaningful occupational experiences for participants, which strengthened factors for secure recovery as identified in the CHIME-S framework (connectedness, hope, identity, meaning in life, empowerment, safety and security) (Leamy et al., 2011; Senneseth et al., 2022). This supports findings from other studies, which highlight that co-production supports meaningful and aspirational activity along with personal transformations that are otherwise challenging to facilitate in such institutional settings (de Leon et al., 2018; Johns et al., 2022, Kay et al., 2022). Especially pertinent is the finding that aspirational and transformational experiences such as these mitigate the threats of disconnection and disempowerment, which are two main

threats to secure recovery (Senneseth et al., 2022). Literature highlights that forensic mental health services struggle to provide opportunities for meaningful relationships and activities, hope for the future and autonomy. As Clarke et al. (2016) state, there is a need in particular to increase “opportunities for forensic mental health patients to develop a sense of self and connectedness” (p. 38). The participants in this study felt the co-production group was particularly novel, indicating that co-production and involvement practices are not the status quo in forensic mental health, where custodial approaches and a lack of recovery orientation are often evident (McKeown et al., 2023).

The study findings support the notion that enabling tāngata whai ora to contribute to tangible operational outcomes and having clear evidence of progress can counter the sense of stagnation that can arise from the experience of long stays in secure care (Allen, 2010). This is important as stagnation can be detrimental to hope and self-belief (Allen, 2010). The findings contribute to emerging literature that suggests that co-production processes lead to egalitarian interpersonal collaboration. This form of participation creates opportunities for tāngata whai ora to practice agency and experience a sense of empowerment within otherwise potentially restrictive and disempowering settings (Crabtree et al., 2016; Gamman & Caulfield, 2023; Johns et al., 2022; Kay et al., 2022; Sullivan, 2008; Weaver, 2018). The findings also indicate that involvement in participatory approaches enables tāngata whai ora to demonstrate trust, reliability, integrity, and make progress with recovery factors, whilst also countering negative staff attitudes that can impede recovery. This is significant as tāngata whai ora often experience stigma and are seen in a negative light by staff, feeling like an object to be managed, and denied agency and wider social citizenship (Tomlin et al., 2020). Whereas supportive and hopeful staff attitudes make a real difference in facilitating recovery (Cannon et al., 2018).

The present study also found that ‘doing with’ can generate a distinct type of relational experience and that the role of ‘team member’ can become particularly

meaningful for participants. This is especially important as the relationships of many tāngata whai ora in forensic settings have been impacted by past traumatic experiences and developing meaningful and trusting relationships is central to post-traumatic recovery (Drennan & Wooldridge, 2014). This is also seen in other studies that noted that working in small teams within forensic mental health vocational programs creates and enhances service users' social networks; especially noting the importance of friendships, sense of camaraderie and respect for each other, supportive peer relationships, and learning to trust (McDonald & Bertram, 2018).

The literature also aligns with the finding that participants felt that they became better communicators and better people. Other studies have highlighted the development of skills and qualities necessary for group work such as being able to listen, respecting each other, and letting others have their say (Hartworth et al., 2021; Martin et al., 2019; Morris & Knight, 2018). This is of note as people in secure environments can carry distrust of others in programmes as a strategy for self-protection (Tew et al., 2016). User participation in design and delivery of intervention programmes as well as the development of polices and protocols is a key feature of developing mutually trusting relationships within forensic mental health settings (Drennan & Wooldridge, 2014). This indicates that co-production approaches can improve relational security between tāngata whai ora as well as between tāngata whai ora and staff.

Participant motivation to engage in co-production for the purpose of helping themselves and other tāngata whai ora with their recovery aligns with research showing that participatory approaches facilitate development of empathy, desire to help others, and foster a sense of connectedness and satisfaction in helping others (Crabtree et al., 2016; Haarmans et al., 2021; Hartworth et al., 2021; Johns et al., 2022; Martin et al., 2019; McNeill & Urie, 2020; Morris & Knight, 2018; Morris et al., 2019; Morris et al., 2019; Weaver, 2018). Additionally, co-production creates opportunity for co-occupation, investing

time and energy into relationships that grow respect and appreciation for each other through the experience of working together, strengthening reciprocity, and orientation of the participatory collective for common good (Crabtree et al., 2016; Freeman et al., 2016; Martin et al., 2019; Topp et al., 2018; Weaver, 2018). The findings of this study suggest that opportunities to make meaningful contributions to one's community (afforded through participation in a co-production project) are valued perhaps as part of restorative and transformational identity processes.

McKeown et al. (2023) described co-production as an antidote to the previously harmful experiences of 'us and them' attitudes in forensic mental health services with involvement practices facilitating a culture shift from staff 'doing to' to 'doing with' and an increase in synergetic working with tāngata whai ora to improve quality of services that facilitate strengthening factors for secure recovery. The findings of this study support this proposition, highlighting that key outcomes of co-production for the participants was the enhancement of connectedness, hope, positive identity, meaning and purpose and empowerment in safe group context.

5.2.2 Co-Production Process: Facilitating Transformational Learning

The second key finding was that a co-production approach can create an empowering and responsive learning environment. The co-production processes that contributed to the learning environment identified in this study are also described within the wider literature. These processes included collective identification of issues, consensus building, critical dialogue, negotiation, and constant monitoring of power differentials in decision making (Horgan, 2020; Sullivan et al., 2008). Safe and enabling environments are crucial to meet the learning needs of people in secure services (de Leon et al., 2018). When programmes are not responsive or they replicate previous dynamics of disempowering environments (e.g., school classrooms), people in secure environments

are likely to disengage from what they need to learn to progress through the system (de Leon et al., 2018). This is pertinent as many forensic mental health service users have left school early and have low literacy levels (Greenberg et al., 2003; Howner et al., 2018). In addition, programmes in forensic services may be perceived as repetitive, not responsive to participants' needs nor pitched at the right level, and invoke feelings of coercion to attend, reinforcing feelings of being controlled and restricted in options (Askew, Fisher et al., 2020, Barnao et al., 2015; Di Lorito et al., 2018; Humphries et al., 2023). Low motivation can also impact programme engagement (Drieschner & Boomsa, 2008) and mandated treatment can lead to worse learning outcomes than non-mandated options (Perron & Bright, 2008). Therefore, it is significant that the findings in the present study indicate that co-production could be an approach to improve programme responsiveness to the learning needs of tāngata whai ora.

The findings of this study showed that participants were internally motivated to participate in the project and either linked their skill development with job acquisition or as applicable to general life. The project-focused nature of the learning led to tāngata whai ora acquiring skills overtly as well as 'by stealth' (Sharp, 2012).[67] This supports Drennan and Wooldridge's (2014) assertion that involvement in voluntary groups, work, or vocational training can help to effectively develop pro-social behaviours, and provide a sense of 'real world' learning. The findings also reiterate that participants within co-production spaces value the opportunity to build trust and respect with others, key elements for facilitating effective and enjoyable learning (Faulkner, 2006). Findings demonstrate how participants valued the international connections and ethical values associated with linking in with a human rights-based and disability-inclusive coffee bean

[67] Stealth learning is when learning opportunities are presented and learning objectives are achieved unawares by the learner often as a secondary benefit to the experience, for example, through games (Sharp, 2012).

social enterprise. Drennan and Woodridge (2014) highlighted these sorts of collaborations as important for the broadening of horizons when supporting community transitions. This reiterates the potential of co-production to create novel yet meaningful community connected learning experiences.

The finding that co-production facilitated engagement in rehabilitation-oriented learning experiences can possibly be explained by the congruency between co-production and andragogy[68] or adult learning theory (Knowles, 1970). For example, Knowle's (1984) four principles of andragogy are that adults need to be involved in the design of their learning, learning activities are based on gaining experience, adults are interested in learning that is directly related to their personal situation, and that learning is problem centred. This approach to learning can be contrasted to tāngata whai ora experiences of feeling coerced to passively comply in secure environments, choosing between therapy or punishment (Morris et al., 2016), and having decreased opportunity for meaningful choice (Humphries et al., 2023).

The findings of this study also highlighted elements of transformative learning that participants indicated occured through shared experiences, exploration and trying of new roles and behaviour, building competence and self-confidence. The theory of transformative learning (Mezirow, 1978) focuses on the significant structural shifts in how a person interprets and reinterprets their experiences to create new narratives and increased understanding of themselves. The findings indicate that the use of co-production approaches in forensic mental health settings can create opportunities for transformative learning through role exploration and supporting identity reconstruction.

[68] Andragogy refers to the art and science of teaching adults in contrast to pedagogy which is learning theories for children (Knowles, 1984).

Of note, adult learning theories underlie recovery college[69] approaches, which are founded on principles of co-learning, co-production, and peer support to create collaborative learning communities (Harris et al., 2023). The findings of this study indicate that forensic mental health services, like recovery colleges, could draw on a range of education models and theories to inform forensic mental health models of care so that the learning demands and personal transformations required of people in forensic mental health services can be fulfilled. In Aotearoa New Zealand, for example, this could involve valuing Māori learning theories that aspire to tino rangatiratanga[70] [self-determination] through reassessing power relations within learning environments, valuing interdependence, and collaborative and reciprocal approaches, that are discursive and co-constructive (Bishop et al., 2014; Hargraves, 2022). For example, 'ako'[71] is a reciprocal learning concept in te ao Māori which recognises that learners and teachers both bring knowledge to learning spaces which then creates new knowledge and understandings (Bishop & Glenn, 1999; Keown, Parker & Tiakiwai, 2005). Educational research show that reciprocal approaches improve achievement (Alton-Lee, 2003).

Similarly, Freire's (1970) Liberating Education theory posits learners as active co-creators, rather than being passive and dependent. Freire's problem-posing approach approaches education as a political act with democratic teacher-student relationships and egalitarian and respectful values. Importantly, liberating education can be a pathway to empowerment, self-determination, reducing self-stigma, improving self-image and providing a sense of achievement. It works on the assumption that people possess the

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[69] Recovery Colleges are mental health and wellbeing education centres that foster collaborative learning communities for people to belong to and learn skills that support recovery (Harris et al., 2023).

[70] (Noun) self-determination, sovereignty, autonomy, self-government, domination, rule, control, power. Bishop and Glenn (1999) state that within an educational context, tino rangatiratanga refers to realignment of power relations in decision making processes to ensure Māori can participate and realise their tino rangatiratanga.

[71] (Verb) to learn, study, instruct, teach, advise.

resources and capacity to identify their own problems and develop strategies, rather than having learning coercively enforced on them (Freire, 1970).

The findings indicate that co-production approaches that are cognisant of the power differentials which impact participation would be useful in developing programmes. In doing so, programmes are then more likely to be culturally safe, responsive to the learning needs of tāngata whai ora and are more likely to fulfil participants' occupational needs. Co-production can enable skill development relevant to specific vocational options as well as general co-operation skills and relational experiences, which support secure recovery and preparation for community transitions. This finding is significant as the use of responsive learning theories to inform the design of programmes and ward environments throughout forensic mental health services could improve facilitation of meaningful learning experiences that strengthen contributing factors for secure recovery. This aligns with research that has highlighted the potential of forensic mental health wards to act as therapeutic communities that support learning (Fontanarosa et al., 2013; Tapp et al., 2013) Wards can also become culturally safe places for practicing and reinforcing skills learnt in specific programmes to enhance the return of tāngata whai ora to their whānau in the community (Florencio et al., 2021; Wharewera-Mika et al., 2023).

Overall, forensic mental health services could consider implementing not just models of care, but also models of learning. The findings highlight that involvement in a co-production project can be a valuable rehabilitation opportunity by facilitating transformative adult learning experiences. Through co-produced programmes staff and tāngata whai ora can work together to create a service change or outcomes that meet the needs of tāngata whai ora and communities for safe and successful reintegration.

5.2.3 Co-production in Secure Contexts: Challenges for Innovation in Service Development

A final key finding was that implementing co-production approaches in forensic mental health services involves identifying and addressing structural barriers to programme or service development. Facilitators of co-production projects may face challenges to the project establishment and growth within secure institutional secure contexts. In the present study, fluctuating commitment from management delayed sign offs for the progression of project stages, leaving the project in extended states of limbo. This contributed to an increasing lengthiness of the project, decrease in team morale, and increased responsibility falling on the facilitators to ensure the project continued to be a constructive learning experience amidst the challenges. Similar challenges with implementing co-production in secure settings are reported in the literature with project fatigue, managing group disillusionment, and negative speculation becoming a key responsibility for facilitators of such projects (Freeman et al., 2016; Sullivan et al., 2008). The literature also points to the risk of burnout for facilitators trying to advance co-production projects in challenging secure environments. In particular, workers with lived experience can be vulnerable to the emotional impact of working within the systems that they had previously endured (Hardy et al., 2023; Faulkner, 2006; Johns et al., 2023).

The findings of this study highlighted the service transformation potential embodied by the enthusiasm of working group members and their supporters for innovative projects. However, the findings also suggest that service management may be wary of advancing such projects. This potentially could be due to concerns of negative public perception and victim sensitivities (Johns et al., 2022). In addition, the value and contribution of lived experience workers may not be fully recognised or realised in forensic mental health settings. Existing literature highlights the facilitative role of lived experience workers who role model and contribute to a sense of relatedness that creates safe and empowering

group environments (Faulkner, 2006; Martin et al., 2019; McKeown et al., 2023; Weaver, 2018). In this study, the use of the *Co-production: putting principles into practice in mental health contexts* (Roper et al., 2018) as a guide was suggested by the consumer advisor facilitator. This highlights that lived experience workers are more likely to be aware of resources that support collaborative approaches. It is noteworthy that there was no explicit reference to the use of published guides for co-production in secure settings in the existing literature. The guide utilised in this project was not forensic specific, highlighting the gap for a resource that could support those navigating challenges specific to setting up and sustaining co-production projects within such settings.

Some of the challenges experienced by the project could possibly be attributed to the contradictions in power values (Heimans & Timms, 2014). The working group utilised new power values[72] whilst trying to navigate within a larger macro setting of the forensic service which employed old power values.[73] This is important as it indicates the potential for co-production facilitators to encounter challenges due to the tension in negotiating the liminal spaces between different paradigms of power, as they operate in the forensic mental health setting. It may also indicate that innovation for service development which comes from bottom-up initiatives may struggle to receive the required support from operations management to overcome structural barriers in settings.

However, the findings of this study also suggest that challenges can be a dynamic factor that may be managed to create meaningful and valuable learning opportunities. For example, delay creates pockets of time that allow opportunities for co-production to develop (Johns et al., 2022). The findings also suggest that a certain degree of supportive institutional responsivity from management is required to ensure projects can overcome

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[72] New power values are about channelling power so that through collaboration and participation better ideas, expertise, and resources can be used to develop solutions (Heimans & Timms, 2014).
[73] Old power values are more restrictive with who holds power and can make decisions (Heimans & Timms, 2014).

challenges as they arise. Proactive responses from service leaders and management can help navigate barriers arising from policy or resourcing requirements and strengthen the long-term sustainability of projects, rather than getting stuck in bureaucratic inertia.

The reasons for challenges with management responsivity in this study were unclear. However, prison literature has identified that the power of delay from inconsistent and frustrating risk-bureaucracy is noticeably used in prison settings to exert control (Crewe & Ievins, 2021). The omnipresence of risk and a narrow risk management approach in regard to co-production projects in prison settings leads to a focus on perceived risk. This focus often outweighs real and serious risks to service users' wellbeing and secure recovery progress, and compromises the possibilities for "reciprocity, mutuality, genuine or equal partnership" (Johns et al., 2022, p. 129). Co-production projects are also vulnerable to political and organisational risks and the whims of "someone at the top [getting] cold feet" (Johns et al., 2022, p. 56). Needham and Carr, (2009) deduce that strategies of 'managing up' and constantly negotiating ongoing support for co-production projects are important to mitigate the limitations imposed by institutional resistance. The findings of this study suggest that understanding managerial ambivalence and concerns with co-production projects could help to develop strategies to ensure co-production can be facilitated rather than passively obstructed.

These findings are significant as they highlight the necessity of critically examining the power dynamics within forensic mental health service design and provision. Co-production can be a potential framework for service transformation, if bottom-up approaches are valued by traditionally top-down power structures of forensic mental health services. This is especially pertinent within forensic mental health services where tāngata whai ora are vulnerable to significant power imbalances between themselves and staff, and within systems that perpetuate dehumanising experiences- a legacy of colonial origins that stigmatises, inferiorises, and subjugates socially marginalised groups (Joseph, 2014).

This brings into question ideological orientations of services that affect resourcing and the types of projects that are prioritised and invested in. Particularly within forensic settings, complex ideological, political, and economic structures impact delivery of forensic services (Mercer & Mason, 2001). Therefore the ideologies and power dynamics that underpin these models of care need to be examined critically to mitigate harm and make the transformation of services a possibility.

5.3 Implications for Practice and Future Research

There are several implications for practice that can be drawn from the research findings. The first is that co-production can be integrated with other strengths-based offender rehabilitation models such as the good lives model (Ward & Brown, 2004). Strengths-based approaches are considered fundamental to practice with Indigenous tāngata whai ora, and similar to co-production, require a "reconfiguring of relationships of power" (Askew, Brady, et al., 2020, p. 102). In addition, the collective nature of co-production projects may mean increased responsivity with people from collectivist cultures, in particular Indigenous peoples. This is important as Indigenous peoples are predominantly over represented in forensic mental health services due to traumatic impacts of colonisation and health inequities (Clarke et al., 2022; Indig et al., 2016; Joseph, 2014; Mason Clinic, 2011). In Aotearoa New Zealand, accountability to Te Tiriti o Waitangi[74] requires that this inequity be addressed.

Second, forensic mental health programmes that focus on provision of psychoeducation could be strengthened by drawing on co-production aligned Indigenous and adult learning theories in their design. This could support learning environments to

[74] Te Tiriti o Waitangi is the founding document of New Zealand signed in 1840 between representatives of the British Crown and Māori iwi (Te Rua Mahara o te Kāwanatanga Archives New Zealand, 2024).

become more empowering and facilitate achievement of not just first-order change[75] but more sustainable and transformational second-order change.[76] Whilst first-order change is more easily reversed (Levy, 1986), second-order change involves identity shifts (that co-production can facilitate) which in turn can reduce recidivism (Lerman & Sadin, 2023). In addition, co-production approaches could also contribute to second-order organisational change for forensic mental health services (Levy, 1986; Waters et al., 2003).

Third, co-production projects require substantial time and energy commitment to meet their aims and may exceed anticipated timelines due to inevitable institutional challenges. This can be attributed to co-production's emergent nature and propensity for challenging established power dynamics within secure institutional settings. Therefore, facilitators and service management may need to strategise accordingly from the beginning how projects can be sustained over time, acknowledging limitations but also aiming for flexibility when navigating structural barriers. Services could also be proactive in establishing their own guidelines that support co-production initiatives.

Fourth, occupational therapy and lived experience workers appear to be well positioned philosophically to support co-production initiatives. The findings highlight the value in occupational opportunities that pique interest, centre teamwork responsive to diversity of strengths, facilitate positive relational experiences, and create a tangible sense of progress and achievement in an environment that can otherwise be experienced as discouraging and hopeless with lengthy times between progress milestones. However,

[75] First-order change involves doing more or less of something we are already doing and is always reversible. It is characterised as an extension of the past, within existing paradigms, consistent with prevailing values and norms, focused, bounded, linear, marginal, implemented with existing knowledge skills, problem and solution oriented, and implemented by experts (Waters et al., 2003).

[76] Second-order change involves doing something significantly or fundamentally different to how we have done it before. It is characterised by a break with the past, outside of existing paradigms, conflict with prevailing values and norms, emergent, unbounded, complex, nonlinear, a disturbance in every element of the system, requires new knowledge and skills to implement, neither problem nor solution-oriented, and is implemented by stakeholders (Waters et al., 2003).

services need to ensure there is appropriate resourcing of the allied health and lived experience workforce to ensure there is staff capacity to sustain such initiatives.

Finally, there is scope for future research to focus on eliciting managerial perspectives of co-production as well as additional case studies focused on co-production in different secure settings. Of further practical value would be the development of guidelines specific to the implementation of co-production in forensic mental health settings.

5.4 Strengths and Limitations of the Study

This study has made a contribution to improving what Chui et al. (2016) have described as a paucity of forensic mental health literature from the occupational therapy profession. It has responded to the calls for occupational therapists to share research and accounts of vocational rehabilitation practice that explore how or if the vocational needs of people in forensic mental health services are being met (Dunn & Seymour, 2008; Samele et al., 2018). It has also contributed to the call from Simpson and Penney (2011) to contribute collaborative clinical innovation and research to improve recovery informed forensic mental health services and tāngata whai ora experience. It has also provided an evaluation of co-production in a forensic mental health setting of which there are few despite the increase in practice guidelines that advocate for it (Morris et al., 2019).

Of particular value, this study was able to elicit perspectives of tāngata whai ora still residing within forensic mental health services (Keogh & Daly, 2009). However, there are some limitations to the study that are important to note. First, the study was set up by myself, a participant researcher who had a key role in leading the project, and who then collected (with research team assistance), analysed, and interpreted the data. Whilst strategies outlined in the methodology chapter, such as disciplined subjectivities, self-monitoring, explicit positionality, research team assistants, review with research advisor

team, and supervision were practiced, the analysis may still reflect the subjectivities I hold as the researcher and facilitator of the project. There were also power differentials between interviewer and interviewees. This may have led to interviewee ‘impression management’ (Schlenker, 1980) impacting findings with participants sharing what they wanted interviewers to hear. Additionally, not everyone involved in the project was interviewed, which means certain important viewpoints have not been included in the analysis. Of particular note, two wāhine[77] Māori who moved out of area were not able to be contacted. Therefore, this study was based on a small sample size of six people from one forensic mental health service. Everyone who agreed to participate in the interviews were men, albeit from a range of ethnicities and cultural backgrounds, including Māori and tauiwi.[78] Whilst the study highlighted perspectives from occupational therapists, lived experience workers and tāngata whai ora, management perspectives were not included. This a significant limitation and would be an important perspective to explore in future studies as alternative views or explanations for systems/managerial roles in facilitating or creating barriers to co-production projects may be understood.

The nature of a case study is that it focuses on a novel case and so findings are not generalisable. However, as Flyvberg (2011) highlights, context dependent knowledge and experience is a valuable contribution that can be more useful for practitioners than high level generalisations. The findings of this study combined with future cases studies on co-production in forensic mental health services have the potential to build understanding that reflect multiple realities dependent on context (Shenton, 2014).

[77] (Noun) women, females, ladies, wives – plural form of wahine.
[78] (Personal noun) foreigner, European, non-Māori, colonist.

5.5 Project Update Post-18 months

Since the interviews with participants, and outside the remit of this case study, the working group made decisions to move the project to a local peer-led community mental health support centre. This was so the project could address some of the logistical challenges and continue to grow without the limitations of forensic mental health settings (e.g., financial sustainability and facilitator capacity). This community support centre already had well established ties to the forensic mental health service and one of the working group members was an existing member of the space. The move of the project to a community base aligned with the community transitions of the participants themselves. The connection with the community support centre also created opportunities for participants (one who had begun peer support training as a result of their participation in the project) to network with lived experience leadership. The community support centre was able to secure funding from a charitable trust to employ a project manager and tutors to continue the café programme work.

Ultimately, the project grew with the participants to the point of transitioning out of the forensic service just as they did. The project has found a home in a supportive community peer-led space aligned with the group's vision that the project exist to inspire, encourage and upskill those with lived experience of mental illness.

5.6 Conclusion

This thesis began by providing a background and rationale for why this investigation into co-production in forensic mental health services would make a valuable contribution to the literature. The research aims were to provide a description of a co-production project and processes, facilitators and barriers, and the impacts of co-production in forensic mental health services were established and justified. A literature review synthesised currently available research focused on co-production in secure

settings. The use of a case study methodology and necessary ethics processes pertinent for engaging in research with tāngata whai ora residing in forensic mental health settings were also detailed. The findings chapter outlined key themes, the significance of which was then discussed in this final discussion chapter.

In conclusion, this investigation has demonstrated that using co-production approaches to develop innovative projects for forensic mental health services is possible. In addition, co-production in forensic mental health services can support the vocational aspirations of tāngata whai ora, as well as providing opportunities for experiences that strengthen contributing factors for secure recovery. However, such projects can face ideological and logistical challenges and require active championing and institutional support to be sustainable. In order to develop strategies that support and sustain co-production innovation that meets the secure recovery needs of tāngata whai ora, forensic mental health services should actively and intentionally critique power values within their services. In turn, such strategies can undoubtedly help facilitate the successful reintegration of tāngata whai ora back into their communities.

“I always feel like that's a really nice feeling when you're kind of breaking new ground, not only for yourself, but for other people as well” (Participant 2, tangata whai ora).

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Appendices

Appendix A: AUT Ethics Application Approval 2021

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

20 August 2021

Brian McKenna
Faculty of Health and Environmental Sciences

Dear Brian

Re Ethics Application: **21/26 Setting up a café using co-production principles in a forensic mental health service: a case study.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 20 August 2024.

Non-Standard Conditions of Approval

1. Ensure that the data is encrypted when stored.

Non-standard conditions must be completed before commencing your study. Non-standard conditions do not need to be submitted to or reviewed by AUTEC before commencing your study.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.
8. AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: Rodriguez.romelli@gmail.com; Daniel Sutton

Appendix B: AUT Research Approval PGR1

4 June 2021

Romelli Rodriguez-Jolly

Dear Romelli

Thank you for submitting your PGR1 Research Proposal for the Master of Health Science programme.

Your proposal has been reviewed and approved by the Faculty of Health and Environmental Sciences, at the Postgraduate Research Committee May 2021 meeting.

Your research details are:

Programme:	AK3485 Master of Health Science
Paper enrolment:	HEAL999 Thesis (Part-time)
Student ID:	1093215
Working title:	The set-up of a café using co-production principles in a forensic mental health service: a case study
Primary supervisor:	Prof Brian McKenna
Secondary supervisor:	Dr Daniel Sutton
Start date:	7 June 2021
Expected completion date:	2 June 2023

For more information about the programme of study, please refer to the *Postgraduate Handbook.*

The AUT website for forms and handbooks is:
https://sdw.aut.ac.nz/postgraduate-research/pg-forms-policies-and-processes

Yours sincerely

Susan Crowther

Professor Susan Crowther
Acting Associate Dean Postgraduate Research · Hoa Mautaki Taura Rangahau
Faculty of Health and Environmental Sciences · Te Ara Hauora A Pūtaiao
Auckland University of Technology · Te Wānanga Aronui o Tāmaki Makau Rau
09 921 9666 extension 7912

Cc Primary supervisor Prof Brian McKenna

Appendix C: Taurawhiri Approval

Au

All Enquiries
Tel: 0

December 23rd, 2020.
Auckland University of Technology Ethics Committee (AUTEC),
Auckland University of Technology.

Kia ora koutou,

Re: Setting up a café using co-production principles in a forensic mental health service: a case study.

At the A e have a Māori Governance Group called the Taumata. The Taumata has appointed the Taurāwhiri Group of cultural experts to review all research coming through the service, in terms of its cultural safety and Treaty of Waitangi obligations. I am a senior member of this group authorised by our kaumatua at the A r, to oversee all of the processes mentioned.

On the 23rd of December, Masters in Health science candidate, Romelli Rodriguez-Jolly, and supervisor Professor Brian McKenna addressed the Taurāwhiri Group after sending us an overview of the above mentioned research. Taurāwhiri had the opportunity to review the proposal and seek clarification of the research process.

The only concern expressed was that those interviewed receive a copy of their interview transcript, which they can ask the researcher to alter. This process was confirmed by those presenting, with an indication that participants would also receive copies of any articles arising from the research and an overview of the research findings.

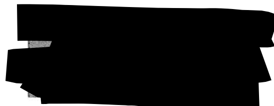
After a thorough review, we feel that the research meets its Treaty obligations and can be approved to proceed from a culturally safe perspective.

Hei kōnā,

Taurāwhiri Group representative,

Appendix D: Service Approval

Application for Approval of Audit/ Observational Research



RM14906 **Setting up a café using co-production principles in a forensic mental health service: a case study**

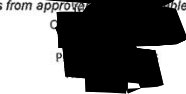
Contact: Romelli Rodriguez-Jolly
Department:
Project Type: Implementation research
Duration: 1/02/2021 - 30/11/2021
Description: People in forensic mental health inpatient settings are subject to many occupational challenges due to a number of factors such as leave restrictions over long periods of time and competing discourses of assertive risk management and therapeutic rehabilitation. There is a need for service strategies that address occupational deprivation in institutional settings and strengthen protective factors that contribute to successful rehabilitation and recovery outcomes. One such service strategy is to involve service users in the collaborative design and production (or co-production) of occupationally based solutions and programmes. The aim of this study is to analyse a project that used co-production principles to create an onsite café in a forensic mental health setting. The study aims to provide a description of the project setting and process, identify facilitators and barriers of co-production in this case, and analyse how participation in the co-production impacted participants. A qualitative case study methodology will capture the phenomena through a description of the project and the institutional setting, multiple perspectives of staff and service users, and programme documentation. The potential outcome from this study is a contribution to the growing literature base on co-production with a specific focus on programme development. This could be used as a reference for practitioners who are interested in utilising co-production principles in secure settings. Data files will be on an encrypted USB and along with paper files will be stored in a locked file accessible only to myself. These will be stored in my private work office.
Staff time for interviews (1 hour interview and 1 hour focus group) and interview room.

Locality Review

The undersigned agree to the following:
- The study protocol and methodology has merit and aligns with departmental/service area interests.
- The local lead investigator is suitably qualified, experienced, registered and indemnified.
- Resources, facilities and staff are available to conduct this study, including access to interpreters if requested.
- Conducting this study will have no adverse effect on the provision of publicly funded healthcare.
- There is a stated intent that results will be disseminated & the findings translated into evidence-based care (where appropriate).

Before this study is granted approval to commence, the Research & Knowledge Centre on behalf of B will check:
- there has been the appropriate level of ethical review eg ethics committee approval if required.
- cultural consultations have occurred or will be undertaken, as appropriate.
- appropriate confidentiality provisions have been planned for.

Dept/Service	Role	Name (Print Clearly)	Signature	Date
	Director			14.1.21
c	*Manager*			18 JAN 2021



Return completed form to Research & Knowledge Centre. Alternatively, emails from approve ble as electronic sign-off.
Enquires to research@

Appendix E: Participant Invitation Letter

Tāngata whai ora invitation-inpatient

Invitation to Participate In "Cafe Project" Study

Kia ora 🙂

- I am contacting you as you were involved in the
  ve Cafe Project a
  C

- I am doing a research project on the development and set up of the cafe.

- I am interested in finding out about how you experienced working together in the to create the café.

- The time commitment would be an interview up to 1 hour at or negotiated location.

- You can choose between Consumer Advisor **Tracey Cannon** or Taurawhiri Lead **Barry Pene-Gestro** to do the interview.

- If you are interested in participating and would like more information, please contact either:

  Consumer Advisor **Tracey Cannon** on **0 (call/text) or email**
  OR
  Taurawhiri Lead **Barry Pene-Gestro** on **(or email**

  by **17th February 2023.**

  Thank you,
  Romelli Rodriguez-Jolly

Tāngata whai ora invitation-community

Invitation to Participate In "Cafe Project" Study

Kia ora 🙂

- I am contacting you as you were involved in the [redacted] e Cafe Project at [redacted]
- I am doing a research project on the development and set up of the cafe.
- I am interested in finding out about how you experienced working together in the [redacted] to create the café.
- The time commitment would be an interview up to 1 hour at [redacted] or negotiated location.
- If you are interested in participating and would like more information, please contact Romelli by **17th February 2023.**

Call/text [redacted] or email:
Romelli[redacted]

Thank you,
Romelli Rodriguez-Jolly

Staff Invitation

Invitation to Participate In "Cafe Project" Study

Kia ora 🙂

- I am contacting you as you were involved in the [redacted] Cafe Project at [redacted]
- I am doing a research project on the development and set up of the cafe.
- I am interested in finding out about how you experienced working together in the [redacted] to create the café.
- The time commitment would be an interview up to 1 hour at [redacted] or negotiated location.
- If you are interested in participating and would like more information, please contact Romelli by **17th February 2023.**

Call/text 0[redacted] or email:
Romelli.r@v[redacted]

Thank you,
Romelli Rodriguez-Jolly

Appendix F: Participant Information Sheet

Participant Information Sheet

Tangata whai I te ora

Date Information Sheet Produced:

7 December 2022

Project Title

- **Setting up a café using co-production principles in a forensic mental health service: a case study.**
- **This is an invitation to participate in a research study focusing on the Café Project a[redacted]**
- **Choosing to participate or not participate will neither advantage nor disadvantage you.**
- **This research will form part of the requirements for a Masters of Health Science for myself, Romelli Rodriguez-Jolly.**

What is the purpose of this research?

- **There is increasing interest in collaborative approaches to Mental Health Service Delivery that involve service users and recognise the value of their lived experience and knowledge.**
- **This study aims to explore the experiences and perspectives of those who participated in a co-production working group that worked together to set up an onsite training Café a[redacted]**
- **I'd like to find out how people experienced working together using co-production principles, what they thought key facilitators and barriers were, and what their perceived value of the project is.**

- **The findings of this research may be used for academic publications and presentations and will form part of the requirements for a Masters of Health Science for me.**

How was I identified and why am I being invited to participate in this research?

- **You are being invited to participate in this research as you were part of the Café Project working group at [redacted] anytime between 2019-2022.**

How do I agree to participate in this research?

- **Contact the Consumer Advisor Tracey Cannon or Taurawhiri Lead Barry Pene-Gestro (or Romelli Rodriguez-Jolly -if you no longer resid[redacted] [redacted] who can go over the forms with you in person and then arrange a date for the interview.**

[redacted] Consumer Advisor:
Tracey Cannon
[redacted]

[redacted]B Taurawhiri Lead:
Barry Pene-Gestro
[redacted]

- **If you agree to participate you can sign the consent forms for the interview**
- **If you are a current resident/tangata whai I te ora residing at [redacted] [redacted]c, your Responsible Clinician will confirm that there are no concerns with your mental state that would impact your ability to give informed consent by signing the bottom of the consent form. You would need a**

mental state examination completed before leaving the unit for the interview.

- It is important for you to know that you can choose to participate in this research. You do not have to participate, and your choice whether to participate or not will have no impact on your treatment and care. It is voluntary and up to you. No one else can make this decision for you.
- You are able to change your mind and withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

- One to one interview: if you currently reside at [redacted]c, Consumer Advisor Tracey Cannon or Taurawhiri Lead Barry Pene-Gestro) will interview you for about an hour. If you currently don't reside at [redacted] then Romelli Rodriguez would interview you for about an hour.
- You will be asked questions to receive your thoughts and opinions on your experience in the working group.
- You can choose which questions to answer and how you answer them.
- A copy of the questions can be given to you in advance (please tick this option in the consent form).
- This interview will take place at [redacted]r negotiated location.
- The interviews will be recorded with your consent, and only heard by the interviewer, the transcriber (person who writes down the audio recording into a written version), myself, and my supervisors.
- Interview records will be kept securely at AUT for 6 years before being deleted.

- **You will be offered a copy of the interview (audio and written version) to keep for yourself (tick options on the consent form).**

What are the discomforts and risks?

You may feel uncomfortable about sharing your experiences knowing that they will be published, in which case, you do not have to participate.

How will these discomforts and risks be alleviated?

- **Ultimately, it is up to you whether you decide to participate.**
- **All interviews are confidential, only to be seen by the interviewer, myself the researcher, my supervisors, and the transcriber (the person who writes down the audio recording into a written version).**
- **You may bring a support person to the interview if you want to.**
- **Interview questions will be provided to you before the interview so you have time to prepare what you would like to say.**
- **A copy of the interviews will be kept for 6 years and then destroyed.**
- **A second meeting can be organised to provide you with your written transcript (written version of what is said) for you to make any corrections or take out anything you have said that you don't want to be included in the study.**
- **You can discuss with trusted people any concerns or if there is anything you are unsure about e.g. Consumer Advisor, Taurawhiri, Whanau, Clinical team etc.**

AUT Health Counselling and Wellbeing is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for

other general counselling needs. To access these services, you will need to:

- **drop into our centres at WB219 or AS104 or phone (09) 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling (09) 921 9992**
- **let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet**

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling.

What are the benefits?

- **You will have an opportunity to have your experiences and opinions valued, and be part of contributing to service improvement that will help future clients.**
- **More research on rehabilitation programs will be created that will help develop future rehabilitation and recovery outcomes support services and create safer communities.**
- **This study will assist the primary researcher Romelli Rodriguez-Jolly to develop skills in researching, develop specialised knowledge in this area, and obtain a Masters degree.**

How will my privacy be protected?

Although every effort will be made, confidentiality is not able to be guaranteed. Your names will not be specifically mentioned in the final

write up, but it is possible that someone could recognise you through your comments.

Please discuss with people you trust if you are not sure e.g. whanau, taurawhiri, consumer advisor, clinical team etc.

What are the costs of participating in this research?

- **Time to go over this Participation Information Sheet and completion of consent forms with either Tracey Cannon or Barry Pene-Gestro**
- **1 hour interview at [redacted] with interviewer Tracey Cannon or Barry Pene-Gestro**
- **Option to request another meeting up to an hour to review transcript (written copy of interview) to make any changes with interviewer Tracey Cannon or Barry Pene-Gestro.**
- **Any travel costs will be reimbursed.**

What opportunity do I have to consider this invitation?

Please confirm by the 17th February 2023.

Will I receive feedback on the results of this research?

- **Yes you can be provided a summary of the research to you (choose this option in the consent form)**
- **An audio copy of the interview and transcript (written copy) of the interview will be offered to you (choose this option in the consent form)**

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Professor Brian McKenna 0[redacted]3 brian.mckenna@au[redacted]

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz*, (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Romelli Rodriguez-Jolly

Romelli.R[redacted]

[redacted]

Project Supervisor Contact Details:

Professor Brian McKenna
[redacted]3
brian.mckenna@au[redacted]

[redacted] Taurawhiri Lead:

Barry Pene-Gestro

[redacted]

E[redacted]

Barry.Pene-Gestro[redacted]

[redacted] Consumer Advisor:

Tracey Cannon

021 828 143
Tracey.Cannon[redacted]

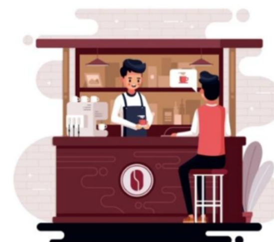
Approved by the Auckland University of Technology Ethics Committee on *20 August 2021*, AUTEC Reference number *21/26*

Participant Information Sheet

Staff

Date Information Sheet Produced:

7 December 2022



Project Title

- **Setting up a café using co-production principles in a forensic mental health service: a case study.**
- **This is an invitation to participate in a research study focusing on the Café Project at**
- **This research will form part of the requirements for a Masters of Health Science for Romelli Rodriguez-Jolly.**

What is the purpose of this research?

- **There is increasing interest in collaborative approaches to Mental Health Service Delivery that involve service users and recognise the value of their experience and knowledge.**
- **This study aims to explore the experiences and perspectives of those who participated in a co-production working group that worked to set up an onsite training Café at .**
- **I'd like to find out how people experienced working together using co-production principles, what they thought key facilitators and barriers were, and what their perceived value of the project is.**
- **The findings of this research may be used for academic publications and presentations and will form part of the requirements for a Masters of Health Science for me.**

How was I identified and why am I being invited to participate in this research?

You are being invited to participate in this research as you were part of the Café Project working group a[redacted] 2019-2022.

How do I agree to participate in this research?

- If you agree to participate you can sign the consent forms for the interview and return these via email to Romelli.
- You are able to change your mind and withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

One to one interview: I will interview you for about an hour. I will ask questions to receive your thoughts and opinions on your experience in being involved in this project. You can choose which questions to answer and how you answer them. This interview will take place a[redacted] or negotiated location.

The interviews will be recorded with your consent, and only heard by myself, the transcriber, and my supervisors. Interview records will be kept securely at AUT for 6 years before being deleted.

What are the discomforts and risks?

You may feel uncomfortable about sharing your experiences knowing that they will be published in which case you do not have to participate.

How will these discomforts and risks be alleviated?

- **Ultimately, it is up to you whether you decide to participate.**
- **All interviews are confidential, only to be seen by myself the researcher, my supervisors, and the transcriber.**
- **You may bring a support person to the interview if you want to.**
- **Interview questions will be provided to you before the interview so you have time to prepare what you would like to say.**
- **You will be able to request to see the transcript (written version of what is said) to make any corrections or take out anything you have said that you don't want to be included in the study.**
- **A copy of the interviews will be kept for 6 years and then destroyed.**

AUT Health Counselling and Wellbeing is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- **drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992**
- **let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet**

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling.

What are the benefits?

- **You will have an opportunity to have your experiences and opinions valued, and be part of contributing to service improvement.**
- **More research on rehabilitation programs will be created that will help develop future rehabilitation and recovery outcomes support services and create safer communities.**
- **This study will assist the primary researcher Romelli Rodriguez-Jolly to develop skills in researching, develop specialised knowledge in this area, and obtain a Masters degree.**

How will my privacy be protected?

Although every effort will be made, confidentiality is not able to be guaranteed. Your names will not be specifically mentioned in the final write up, but it is possible that someone could recognise you through your comments.

What are the costs of participating in this research?

1 hour interview a[redacted] with Romelli Rodriguez-Jolly

Time to review transcript and make any changes with Romelli Rodriguez-Jolly.

What opportunity do I have to consider this invitation?

Please confirm by the 17th February 2023.

Approved by the Auckland University of Technology Ethics Committee on *20 August 2021*, AUTEC Reference number *21/26*

Will I receive feedback on the results of this research?

- **I can provide a summary of the research to you (please tick this option on the consent form).**
- **An audio copy of the interview and written transcript of the interview will be offered to you if you want copies (please tick this option on the consent form).**

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Professor Brian McKenna 0[redacted]3 brian.mckenna@au[redacted]

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz* , (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:
Romelli Rodriguez-Jolly
Romelli.R@w[redacted]
[redacted]c:[redacted]-8[redacted]0 extension[redacted]

Project Supervisor Contact Details:

Professor Brian McKenna

brian.mckenna@a

W 3 Taurawhiri Lead:

Barry Pene-Gestro

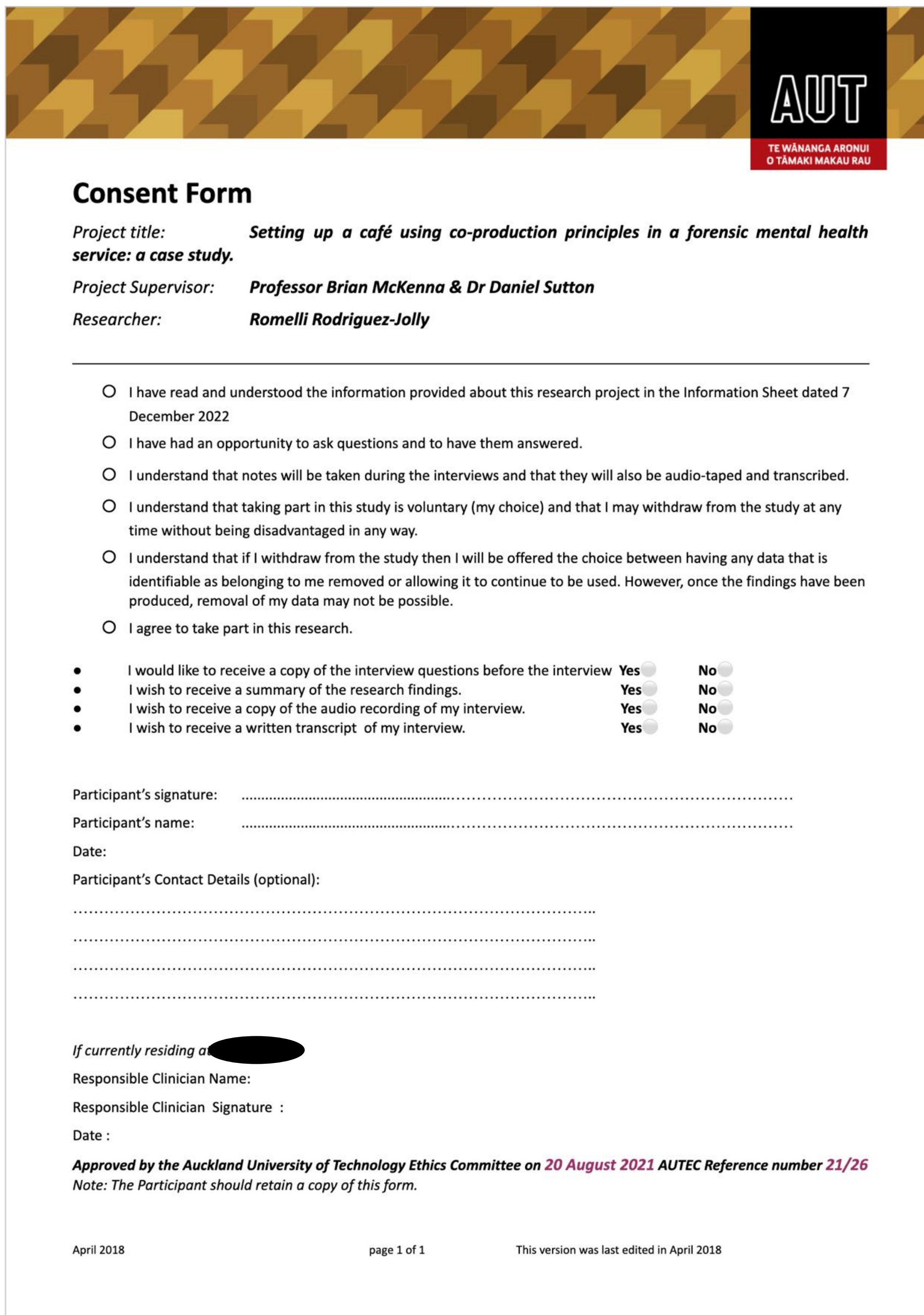
(

Ext 4 1 Barry.Pene-Gestro@w

W 3 Consumer Advisor:

Tracey Cannon
Tracey.Cannon@

Appendix G: Participant Consent Form



Consent Form

Project title: ***Setting up a café using co-production principles in a forensic mental health service: a case study.***

Project Supervisor: ***Professor Brian McKenna & Dr Daniel Sutton***

Researcher: ***Romelli Rodriguez-Jolly***

- O I have read and understood the information provided about this research project in the Information Sheet dated 7 December 2022
- O I have had an opportunity to ask questions and to have them answered.
- O I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- O I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- O I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- O I agree to take part in this research.

- I would like to receive a copy of the interview questions before the interview **Yes** **No**
- I wish to receive a summary of the research findings. **Yes** **No**
- I wish to receive a copy of the audio recording of my interview. **Yes** **No**
- I wish to receive a written transcript of my interview. **Yes** **No**

Participant's signature: ....

Participant's name: ....

Date:

Participant's Contact Details (optional):

…………………………………………………………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

If currently residing a

Responsible Clinician Name:

Responsible Clinician Signature :

Date :

Approved by the Auckland University of Technology Ethics Committee on 20 August 2021 AUTEC Reference number 21/26
Note: The Participant should retain a copy of this form.

April 2018 page 1 of 1 This version was last edited in April 2018

Appendix H: Research Assistant Confidentiality Agreement Form

Confidentiality Agreement

For an intermediary or research assistant.

Project title: ***Setting up a café using co-production principles in a forensic mental health service: a case study.***

Project Supervisor: ***Professor Brian McKenna & Dr Daniel Sutton***

Researcher: ***Romelli Rodriguez-Jolly***

- I understand that all the material I will be asked to record is confidential.
- I understand that the contents of the Consent Forms, tapes, or interview notes can only be discussed with the researchers.
- I will not keep any copies of the information nor allow third parties access to them.

Intermediary's signature: ....

Intermediary's name: ....

Intermediary's Contact Details (if appropriate):

………………………………………………………………………………………..

………………………………………………………………………………………..

………………………………………………………………………………………..

………………………………………………………………………………………..

Date:

Project Supervisor's Contact Details (if appropriate):

………………………………………………………………………………………..

………………………………………………………………………………………..

………………………………………………………………………………………..

Approved by the Auckland University of Technology Ethics Committee on 20th August 2021 AUTEC Reference number 21/26

Note: The Intermediary should retain a copy of this form.

Appendix I: Interview Schedule

Interview Schedule for tāngata whai ora

	Kia ora ***Thanks for facilitating this interview.*** ***Be prepared to clarify or reword a question if the person is unsure.*** ***If you think of a question that seems relevant to you, please go ahead.***
Focus Area	**Examples of Questions and Probes: Some answers may suit more probing questions e.g. can you talk a bit more about that, how did you feel about that, can you clarify that, can you share with me an example of when that occurred?**
Welcome/ karakia/ create comfort for the interview as appropriate.	*START RECORDING* Example: Kia ora Thank you for giving your time to be here and do this interview. The aim of this interview is to ask you questions about your experience with the Café project at to get your perspective and thoughts on the project, what your experience was working with others, and how it has impacted you. At any point you can choose to not answer a question, ask for a break, or ask for the recording to be paused. Are you happy to continue with the interview? Let's get started.
Overview of project	• You were involved with the project to set up a café at . What was that like for you? • How did the group come together? • How did the group decide what to do? • How was this group compared to other programs you've been involved with a ?
Personal Experience	• What was being in the group like for you? • How do you feel about having been involved? • Did the project hold any particular significance for you? • Could you describe what values this project represented to you? • What/if any benefits were there for you?. • Were there any drawbacks/disadvantages being involved? • Any experience that stands out from being involved in this project - could you talk about that experience

Working together	• How did the working group work together? • How did the working group make decisions? • Could you share an example of a decision that the group made and how it happened? • What decisions did you have a part in making? • Were there benefits to working together -if so what? • Were there any disadvantages to working together - if so what? • What challenges did the working group face? • How did the working group manage these challenges? • Were there any disagreements, how did the group work through these? • Was there anything that made working together difficult/easier? • Did you have any specific roles? • What contributions did you make, how did you feel about it? • Who did the working group work together with to achieve what it did? • What was that experience like?
Outcomes	• What did the project achieve? • What helped the project to achieve this? • What do you think this project did well? • What could have been done differently? • What is your hope for the future of this project?
Personal Impact	• What impact has being involved in the project had on you? • What did you learn about yourself throughout this project? • What did you learn about others throughout this project? • What impact has it had on your recovery journey? • What do you think this project means for other clients a[illegible]c? • What do you think this project means for staff at [illegible]? • Has this project had an impact on your family? • Any other learnings?
Co-Production	• Do you remember talking about co-production in the group? • If so, what did that mean to you?
Closing Comments/Karakia/close as appropriate.	• Anything else you would like to share about this project? Thank you very much. *STOP RECORDING*

Interview Schedule for Staff

	Thank you for facilitating this interview. **Be prepared to clarify or reword a question if the person is unsure.** **If you think of a question that seems relevant to you, please go ahead.** **Some answers may suit more probing questions e.g. can you talk a bit more about that, how did you feel about that, what did you think about that, can you clarify that.**
Focus Area	**Examples of Questions and Probes**
Welcome, Introduction	*START RECORDING* Example: Kia ora Thank you for giving your time to be here, and do this interview with me. To confirm, the aim of this interview is to ask you questions about your experience with the Café project at c, to get your perspective and thoughts on the project, what your experience was working with others, and how it has impacted you. Are you happy to continue with the interview? Let’s get started.
Overview of project	• You were involved with the project to set up a café at . Can you tell me about the project? • How did the working group come together? • From your point of view, what was the purpose of the group? • How was this group compared to other programs you’ve been involved with at
Personal Experience	• What was being in the group like for you? • How do you feel about having been involved? • What did the project mean to you? • Could you describe what values this project represented to you? • What/if any benefits were there for you?. • Were there any drawbacks/disadvantages being involved?
Working together	• How did the working group work together? • How did the working group make decisions? • What decisions did you have part in making? • Were there benefits to working together -if so what? • Were there any disadvantages to working together -if so what? • What challenges did the working group face? • How did the working group manage these challenges? • Were there any disagreements, how did the group work through these? • Was there anything that made working together difficult/easier?

Outcomes	• What did the project achieve? • What helped the project to achieve this? • What do you think this project did well? • What could have been done differently? • What is your hope for the future of this project?
Personal Impact	• What impact has being involved in the project had on you? • What did you learn about yourself throughout this project? • What did you learn about others throughout this project? • What impact has it had on the way you work in forensic services? • What do you think this project means for people who work and live at [redacted]? • Any other learnings?
Co-Production	• What place do you think co-production principles have in program development? • What's the potential for coproduction in a forensic mental health setting? Challenges, opportunities?
Closing Comments **Karakia/ close as appropriate.**	• Anything else you would like to share about this project? Thank you very much. *STOP RECORDING*

Appendix J: Presuppositions Interview

Pre Suppositions Interview Framework (Barrett-Roger et al., 2022).

Structure	Reason	Prompt Question(s) / Guidance
Ontology	To develop an understanding of the nature of being via personal / professional experience.	• Imagine someone you didn't know asked you to describe yourself. o What words would you use and why? o What would be important for them to know? • Tell me the story of what has led you to your current role – start from wherever you want to. • Why did you choose to do an EdD at the time you did? • What do you envisage the EdD will give you?
Epistemology	To clarify assumptions about what knowledge is.	• How did you decide on your subject area? • Why is this subject important to you? • What do you hope to achieve through your research?
Research Question	To elicit origins of subject focus.	• How did you develop your research question(s)? • Why did you choose the question(s)?
Paradigm	To recognise beliefs about approaches to research.	• What factors were involved in choosing your research paradigm? • What challenges/opportunities did this decision present for you?
Methodology	To identify notions about how we find out about things.	• What was the process of selecting your methodology? • What are the opportunities and challenges presented by your methodology?
Methods	To examine the underpinning decision-making for research tools.	• How did you decide on your research tools? • What are your hopes/concerns about your research tools?
Summary	To offer a visual recap.	• On the paper provided, use words/symbols/pictures to sum up what you have gained from this experience.