

Co-production Comparisons

The role of co-production in delivering real and lasting change

Recent Joseph Rowntree Foundation (JRF) funded research came to two major conclusions about the spread of co-production.

There are two overlapping categories:

- What we might call ‘generic’ co-production, the effort to involve local people in mutual support and the delivery of services
- ‘institutional’ co-production of the kind advocated by Cahn.

Both are clearly different shades of one spectrum, and there is an emerging co-production sector, though it may not be aware of itself as such. The table below outlines how different sectors operationalise the core values of co-production.

	Conventional delivery approach (e.g. institutional public services)	Generic co-production approach (e.g. conventional voluntary sector)	Institutional co-production approach
People as assets	<p>Community members as patients, students, victims, perpetrators, the problems to be solved</p> <p>Strategy and policy documents and quality standards restrict community members to status of consumers, clients, end or services users</p> <p>Significant status and power/ distance differentials</p> <p>Community members may provide user representation on boards, in consultation processes but have little or no real influence over decision making</p> <p>Friends and family networks seen as marginal or, at worst, negative influences</p>	<p>Community members as volunteers usually primary medium of service delivery</p> <p>Community members often describe themselves as ‘just a volunteer’</p> <p>Volunteers often protected and directed by professional staff</p> <p>Community members have some influence over design and creation of services, often sit on management and partnership boards</p> <p>Often co-delivery of services done by volunteers and direct experience valued</p>	<p>Community members seen both by others and themselves as complementary participants equally responsible for positive/ negative outcomes</p> <p>Community members’ direct experience seen as integral part of ‘solution’</p> <p>Networks of friends and families considered positive co-contributors to success</p> <p>Community members meaningfully involved in all stages of service planning, design, creation, delivery and evaluation</p>

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Work	<p>Community contributions often restricted by regulations and institutional risk management</p> <p>Status and pay accorded by professional skills, qualifications and expertise – specialist knowledge delivered/ transferred to lay recipient</p> <p>Paid with some marginal unpaid contributions in specific areas</p> <p>Unpaid contributions do not figure in targets or evaluation of service effectiveness</p> <p>What constitutes work is pre-determined and regulated</p>	<p>Clear distinctions between roles and responsibilities of paid professionals and community members</p> <p>Some regulations and risk management approaches restrict fully inclusive participation by all community members</p> <p>Community members' contributions recorded only for funding purposes rather than to meet organizational aims</p> <p>Unpaid work valued highly but nature of work tends to be limited by type of organization and strategic aims and objectives</p>	<p>Community members' contribution to strengthening the core economy seen as necessary for achievement of successful outcomes – by both professionals and community members</p> <p>Community contributions form integral part of organizational strategy – they are systematically recorded and used to define organizational mission and meet objectives</p> <p>Nature of work is defined by needs and complementary skills and capacity of both community members and professionals</p>

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Reciprocal activity	<p>'Contract' between professionals and community members is implicit with community members required to comply</p> <p>Professionals seen as 'authoritative voice' by both paid staff and community Generally one-way transactions from professional/ expert to lay person/ community member</p> <p>Assumption (implicit) that this is what professionals are paid to do and therefore wouldn't be expected or need to ask for help – nor should community members be expected/ required to provide it</p>	<p>Specific reciprocity – tends to take form of one-way transactions between volunteer and beneficiary (individual or organization) for which volunteer may receive acknowledgement in the form of training, work experience, paid expenses, etc</p> <p>Stated motivation for community members' participation often 'to give something back'</p> <p>Expectation of getting something back in return often viewed as contradictory to ethos of volunteering</p> <p>Reciprocal benefits increasingly used as 'carrot' to incentivise volunteer involvement</p>	<p>Giving and receiving encouraged equally – emphasis on reducing cultural resistance to asking for help (and associated 'weakness')</p> <p>Reciprocal transactions take place in both specific (1-2-1) and generalized (one-to-many; many-to-one; many-to-many) ways</p> <p>Asking for help/ contributions is seen as positive and expected</p> <p>Reciprocal actions take place across conventional boundaries – both horizontally and vertically, e.g. across status divides, interculturally and cross generationally, between organizations</p>

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Social capital and social networks	<p>Generation of social networks and strengthening of both individual and community social capital seen as outside the remit of service delivery</p> <p>Professional networks of high status the norm – foster polarization of in-groups/ out-groups</p> <p>Bonding social capital common – bridging and linking forms are rare</p>	<p>Generation of social networks and strengthening of both individual and community social capital often unintentional by-product of participation, e.g. self-help groups</p> <p>Bonding social capital common, some low-level bridging and linking</p>	<p>Generation of social networks and strengthening of both individual and community social capital is specific and explicit organizational aim</p> <p>Both instrumental and transformational networks are actively promoted and supported</p> <p>Support and delivery of activities that bring people together and generate positive emotions are an integral part of organizational ethos</p> <p>Bridging, bonding and linking social capital building activities are underpinned by organizational policies and practice</p>

There are thousands of projects already happening that embody many of the principles of co-production, even if they are not all engaged in quite the same way, by co-production projects tend to be recognizable by some or all of the following characteristics. They:

- Provide opportunities for personal growth and development to people who have previously been treated as collective burdens on an overstretched system, rather than as potential assets
- Invest in strategies that develop the emotional intelligence of people and the capacity of local communities
- Use peer support networks instead of professionals as the best means of transferring knowledge and capabilities
- Reduce or blur the distinction between clients and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered. Services seem to be most effective here when people get to act in both roles – as providers as well as recipients
- Allow public service agencies to become catalysts and facilitators rather than central providers themselves
- Devolve real responsibility, leadership and authority to ‘users’, and encourage self-organisation rather than direction from above
- Offer participants a range of incentives – mostly sourced from spare capacity elsewhere in the system – which help to embed the key elements of reciprocity and mutuality.

These should also serve, not so much as a definition of co-production, but as a picture of what organizations look like when they use co-production successfully.

All referenced from Hidden Work; Co-production by people outside paid employment, authored by David Boyle, Sherry Clark and Sarah Burns, published in 2006 by the Joseph Rowntree Foundation

Co-producing organisations across the sectors

Health

Social Action for Health (SAfH) Health Guides

Cohorts of local people act as health guides within their community in their own language. The aim is to facilitate own-language access for excluded people on information and guidance about health services and health issues; to promote understanding and awareness of self care and self management.

75 local people from Bengali, Somali and Turkish-Kurdish communities in Tower Hamlets, Newham and Hackney went through training programmes which included how to access resources and services, chronic conditions, how to work with groups, how to listen and how to be representatives. The Health Guides work in pairs to deliver sessions in community settings (community centres, schools, mosques, clubs) to groups of people at different times of the day, evenings or weekends as appropriate. The Health Guides also feedback to healthcare professionals about particular issues/ difficulties that the local community raise and help to develop services that respond to these.

Newham Community Care Navigators

The Community Care Navigators (CCN) are a new workforce that proactively engages the community, carrying out very informal assessments of their needs. Once this assessment is completed the individual will be offered a range of support to help them self-manage their condition. A range of advice and help is offered including counseling, complimentary therapies, housing and benefits, nutrition, smoking cessation, support groups and the expert patient programme. Individuals can self refer to this service or be referred by doctors, health visitors, etc. The CCNs encourage the community to self-manage if they have a long term condition and also promote healthy living. The CCNs are mainly recruited from the local community.

South London and Maudsley (Slam) NHS Trust time bank

Time-based currencies value everyone's contributions equally. One hour equals one service credit. In these systems, one person volunteers to work for an hour for another person; thus, they are credited with one hour, which they can redeem for an hour of service from another volunteer. The Slam time bank is based on the wards of this large NHS mental health trust. Individuals experiencing mental ill-health are encouraged to become members of the time bank, which provides an opportunity to reconnect with the local community.

Because time banks are based on people's skills, rather than their needs, mental-health service users can escape the ghettoisation of services that often leads to mental health service users only ever meeting other mental health services users. By supporting time bank members when they are patients on the wards, the time bank maintains social connections that are frequently lost when individuals are hospitalised. Individual skills exchanges and community activity provides opportunities to develop social networks, contributing to well-being and health. Timebank participants are also able to connect to other local community timebanks based across south London, ensuring a social network is in place for individuals on discharge.

Member to Member, Brooklyn

This is an example of how successful mutual patient support schemes can help mainstream health services, in this case a health insurance agency, provide a more effective service. 'There is a basic need to feel needed', says co-ordinator Mashi Blech, 'we all need opportunities to use our skills and experience to make a difference. We all need to be challenged as lifelong learners. Member to Member brings people together – strangers become neighbours, neighbours become friends, friends become extended family'. Member to Member have been so successful that they have now expanded to cover the whole city of New York and members are even offered discounts on their insurance premiums – because participants in the scheme are a much healthier going concern.

The Expert Patient Programme

The Expert Patient programme illustrates the positive outcomes that can result when the relationship between provider and service user is redefined. The programme recruits volunteers who have themselves experience of chronic ill-health to deliver self-management training to others experiencing ill-health through local PCTs. The programme demonstrates that where patients and health professionals act together to co-produce a positive outcome there are long term reciprocal benefits for all. Volunteers are recognised as assets as a result of their experience, participants are more able to live successfully with their conditions and professionals are less likely to deal with problems that are essentially self-managing.

Education and childcare

Scallywags Nursery, East London

This nursery set up to meet the childcare needs of parents in East London. The project has been able to meet dual challenges of providing flexible and affordable childcare and enabling parents to remain engaged in their child's time while at nursery. The nursery employs a qualified nursery nurse and requires every parent to commit one day per month to the nursery. Parents negotiate their shifts to ensure suitable numbers of carers are available on each day. The nursery is able to take a central co-ordinating role whilst also ensuring that the skills and interests of each local parent are engaged in supporting their own and others children. A secondary outcome of the nursery is that in working together many parents develop friendships that they maintain outside the nursery, overcoming the isolation that many new parents experience.

Mitchell High School, Stoke-on-Trent

Mitchell High School is one of the models for the UK Government's 'extended schools' programme. Its success is based on the efforts of an innovative headteacher and her team, and their ability to turn to the community for help in regenerating a failing school. The school explicitly reaches out to the neighbourhood, mainly to parents, to use their skills – not just on the governing body or helping out in the classroom but also to achieve major projects, including improving behaviour. Mitchell uses the school as a springboard in order to rebuild the local community through co-production. It may be the fact that this is a school is less important – other local institutions have been used in much the same way – than the underlying purpose behind the project. In fact, the project has been only indirectly about raising educational standards. It has been primarily about building emotional capacity within the community, which the headteacher saw as a prerequisite before academic standards could be raised. The central idea has been that the community is an equal partner.

Drug rehabilitation

Basta Arbetskooperativ (Basta), Stockholm, Sweden¹

Basta is a unique partnership between drug rehabilitators and former drug users to develop community services as equal partners, in a co-operative social enterprise structure. It is an example of how co-production can be embedded as part of the legal structure of an institution, rather than relying on the interests of a handful of professionals who may move on to other positions. Basta gives recovering drug users the option to become a partner in the not-for-profit company. The result is a tough model, which gives away nothing, but where the support is entirely reciprocal and where a great deal is expected of the service users.

Environmental projects

Curitiba Recycling Project, Curitiba, Brazil²

This is a ground breaking attempt by a Brazilian city to pull together underused capacity in the public transport system to solve problems of waste and recycling in slum dwellings, and improve the overall environmental performance of the city. It emerged out of the innovative work of Mayor Jaime Lerner, whose key problem was that the streets in the *favelas* were too narrow to allow his waste trucks down. As a result, there was a serious problem of informal rubbish heaps, which festered disease and illness and which were affecting the health of the populace. Lerner's successful solution has been to measure and reward the efforts made by ordinary people to tackle this problem with a credit system that allowed them to use public transport.

¹ For more information see www.basta.se

² Lietaer, B. (2001) *The Future of Money: Creating New Wealth, Work and a Wiser World*. London: Century