



General Election 2015 policy briefing

Co-production:

New resources for public services

‘Co-production’ is a new way of getting things done when people need help to improve their well-being and to care for themselves and each other. At its best, it can transform public services and make them more effective, and do so despite public spending cuts. That’s because co-production recognises that people who use services are not just bundles of problems and needs. In fact, they have immensely valuable human and social resources that are routinely overlooked and undervalued.

Co-production taps into human and social resources, making it possible for professionals to work constructively with the people they are supposed to serve. Together, they decide what needs to be done and then design and deliver activities to meet their needs and revitalise their neighbourhoods.¹ Without this contribution, professionals struggle to make change happen, or to improve people’s lives. They face a rising tide of demand and find themselves unable to make a lasting difference.

The idea of co-production was first explored by development economists in the late 1970s to explain why development programmes seemed so difficult to sustain, and why they so often had exactly the opposite result to what was intended. It was because treating people as needs and problems, instead of recognising their assets,

made them feel worthless and useless – which ultimately did them more harm than good.

Why change is needed

Even with the best intentions, professionals who see their role mainly as *doing things to* people, rather than *working with* them, can find their efforts are counter-productive. They can foster a sense of powerlessness and inadequacy on the part of services ‘users’, by failing to build on their wisdom and experience, or to tap into their own capacity to help themselves and others. It was an idea that reached its fruition in the USA thanks to the civil rights lawyer Edgar Cahn.²

Traditional patterns of top-down service delivery, for example in health and social care, police, housing and education, often fail to do more than tackle symptoms, rather than create sustainable change. Several factors have made matter worse:

- *Demographic changes*: as people live longer and the post-war baby-boomers come up for retirement, there are rising numbers who are not in paid employment and who run higher risks of chronic ill-health and disability. Costs related to ageing for the public sector are set to rise to £300 billion by 2025 (about three times what we now spend on the NHS).³
- *Changing expectations*: public attitudes to public services have changed dramatically over the past half century – from shared pride, commitment and gratitude in the early years, towards an increasing sense of entitlement and individual choice.
- *New demands*: patterns of inequality, joblessness' precarious employment, poor housing, chronic disease and family breakdown are all giving rise to new and intensified needs, which help to create a vicious cycle that drives up demand for public services.
- *Assets*: transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.
- *Building on people's existing capabilities*: altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people's capabilities and actively support them to put them to use at an individual and community level.
- *Reciprocity and mutuality*: offering people a range of incentives to engage which enable us to work in reciprocal relationships with professionals and with each other, where there are mutual responsibilities and expectations.
- *Peer support networks*: engaging peer and personal networks alongside professionals as the best way of transferring knowledge.
- *Breaking down barriers*: removing the distinction between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered.
- *Facilitating rather than delivering*: enabling public service agencies to become catalysts and facilitators rather than central providers themselves.

Co-production can help to reverse these patterns. It understands that pupils, parents, neighbours and people who are ill or frail have assets as well as needs. Many have valuable life experience and the ability to care, often with time that they would willingly give if there were institutions that could manage it. If professionals are going to succeed in the long-term – services must become equal and reciprocal partnerships between professionals and the people they serve, and their neighbours, pooling different kinds of knowledge and skill, and respecting what everyone can contribute.

Principles of co-production

Co-production is best understood as a set of principles that should be applied wherever possible. These are the essential elements of co-production:

Co-production is not intended as an ideal that professionals simply aspire to. Nor is it just about consulting with clients, or asking people's opinion, or even basic participation in decision-making. All that has been tried: it either isn't enough, or it is used to railroad people into agreeing with decisions already made or to tick the target about 'user involvement'.

Co-production often requires systems that can measure and reward the efforts that people are

Community energy

making, so that the relationship between service users and professionals is genuinely reciprocal. One such system is time banking. Time banks have been embedded in doctor's surgeries, community centres and schools, providing them with a lever that can rebuild social networks of mutual support.

Co-produced services are recognisable because they tend to start from people's abilities, and their everyday experience, and from an agreement about where they want to get to in life. Because of this, they help to break down departmental siloes and to encourage services to work more closely together.

Making a difference

The big idea behind co-production – that public services work most effectively when they are jointly produced by professionals and the people they serve – is now being put into practice in a series of successful innovations in health, social care, education, housing, criminal justice and other areas. There is considerable evidence about the savings that mutual support and co-production can mean:

- *Time banks.* According to one study, they cost £450 per member per year but deliver economic benefits and savings worth £1,300. One time bank recorded a drop in youth crime of 17 per cent locally after they opened.⁴
- *Community courts.* The pioneering Chard Community Justice Panel has a re-offending rate of 5 per cent. The Washington Youth Court reduced reoffending from 25 per cent to 9 per cent.⁵
- *Health champions.* There are now more than 17,000 community health champions in Yorkshire alone, with proven health benefits

such as increased self-esteem and confidence and improved well-being.⁶

- *Connected Care.* In Basildon, this support programme has claimed impacts of over £1,000 per client, and a total of over £500,000 across the town.⁷
- *Local Area Co-ordination.* This is the Australian approach to putting together care packages for disabled people – and which start from what neighbours and friends can do to help. Costs per person are 35 per cent lower than the average support package and take up is very much higher.⁸

A policy revolution

Co-production has been highly successful where it has been tried. Now it needs to be the standard way of getting things done. This means a policy revolution in the following areas:

1. **Change the way services are commissioned:** co-production needs to be built into the commissioning framework, giving priority to preventing needs emerging in the first place, encouraging flexibility and collaborative working and measuring what matters.
2. **Change the way services are managed and delivered:** co-production requires new incentives, new structures to dissolve the boundaries between existing services – and new skills for frontline staff and for the new co-producing professionals.
3. **Develop new kinds of accounting:** at the moment, services which invest in co-production get few of the benefits when the savings accrue to other services. Services need to feel rewarded rather than punished for their innovative investments.

The key to rolling out co-production is to recognise that the users of services represent vital resources – not just to deliver services, but

Community energy

to knit communities and neighbourhoods together around them. This would be accelerated if we achieved the following:

- *Ask every organisation bidding to run human services*, where relationships between people and professionals and with each other are vital to their objectives, how they intend to involve users as equal partners in planning and delivery – and to assess their suitability on the basis of their plans.
- *Investigate how far existing rules, targets and contracts based on payment-by-results* prevent public services from making co-production their default option, and develop suitable alternatives.
- *Bring together needs assessments and asset-based assessments*, especially in social care, where we need to replace the current entitlement to an ‘assessment of needs for care and support’ with an entitlement to an asset-based assessment. This would take into account someone’s capabilities as well as their needs and the various informal and community resources available to them, rather than assuming that formal services are the only solution to support needs.
- *Clear away the obstacles*. Work with staff and people who use services to identify processes that get in the way of co-production. Examples often mentioned include: risk and safety protocols that make it difficult to engage with the community, or stop peer support networks developing; professionally-led assessments of need or hidebound rule-driven approval panels; contracts that are over-specified with detail of what the activities to be delivered, and how.
- *Train a new kind of public service professional*. If the idea is to be mainstreamed, it must happen everywhere, not just in corners reserved for ‘co-production’ experiments. Throughout the system, lessons from co-production can be shared by role models, mentors and ‘experts by experience’, who learned how to do it through active participation, as well as through formal training.
- *Move towards entitlement rather than privilege*. Help service users to gain access to peer support and to give time back to services as an integral part of service delivery, rather than as a marginal privilege; peer support networks should be able to use space in doctors’ surgeries and schools on a similar basis.⁹
- *Shift the role of frontline staff*. Co-production requires a major shift in the way professionals and other frontline staff work and are organised, so that they can become partners, mentors, facilitators and catalysts, not just ‘fixers’ of problems and guardians of resources. This means recruiting staff with different skills and undertaking new kinds of evaluation, as well as new training programmes and accreditation.
- *Make sure that ‘personalisation’ also gives people the option of shared solutions*, by pooling budgets and similar arrangements that could allow users to benefit from informal support and collaboration. The charity In Control has been experimenting with projects to link up local recipients of personal budgets into networks of broader mutual support. This kind of adaptation enables personal budget holders to co-produce the services they need, making all their resources (including budgets) go further by pooling them with others and getting better results all round.¹⁰
- *Invest in prevention*. Co-production plays a critical role in preventing harm by strengthening the resources of people and neighbourhoods. Higher priority must be given to commissioning services and other activities that help to prevent

needs arising or intensifying. Ultimately, this is what commissioning for outcomes should be all about: finding ways, as far as possible, to keep people free from harm and living healthy, satisfying and self-sufficient lives, instead of fixing things when they go wrong. Prevention needs to become a guiding principle for commissioners, against which their performance will be judged.¹¹

- *Build more flexible services.* Co-production works to break down barriers between services. The logic of this approach suggests that services pool their budgets, to replace multiple contacts with single points of support and assessment.
- *Measure what matters.* The way public services are currently measured by narrow output targets within an increasingly risk-averse culture limits opportunities for co-production. Co-production needs its own, more appropriate, measures of success. The way services are evaluated should be reformed to take better account of innovation, social value and broader outcome measures. Indicators of success should be generated through co-production partnerships so that the full range of costs and benefits are accounted for.

Find out more

The Challenge of Co-production (and other joint reports by **nef** and Nesta).¹² See also:

- *Budgets and Beyond.*¹³
- *Co-production Catalogue.*¹⁴
- Online film by **nef**'s social policy team.¹⁵

Co-production Practitioners Network.¹⁶

Centre for Innovation in Health Management.¹⁷

Connected Care (Turning Point).¹⁸

Governance International.¹⁹

No More Throwaway People (Edgar Cahn's book).²⁰

Scottish Co-production Network.²¹

Social Care Institute for Excellence.²²

Spice UK (time banking consultancy).²³

Think Local Act Personal.²⁴

Time Banking UK.²⁵

Endnotes

¹ See David Boyle and Mike Harris (2009), *The Challenge of Co-production*, Nesta/nef, London.

² This approach was first set out in this way in Edgar Cahn (2001), *No More Throwaway People: The co-production imperative*, Essential Books, Washington.

³ www.nesta.org.uk/areas_of_work/public_services_lab/past_projects_public_services_lab/innovations_in_mental_health/assets/features/uk_unprepared_for_a_geing_nesta_launches_new_progra

⁴ Martin Knapp et al (2010) Building community capacity: making an economic case. Personal Social Services Research Unit (PSSRU). See: <http://www.pssru.ac.uk/pdf/dp2772.pdf>.

⁵ David Boyle et al (2010). *Public Services Inside Out*, Nesta/nef, London.

⁶ James Woodall (2012), 'Improving health and well-being through community health champions: a thematic evaluation of a programme in Yorkshire and Humber', *Perspectives in Public Health*, Aug 13.

⁷ Annette Bauer et al (2011), *Economic Evaluation of an "Experts by Experience" Model in Basildon District*, LSE Health and Social Care, London.

⁸ Ralph Broad (2012), *Local Area Co-ordination*, Centre for Welfare Reform, Sheffield.

⁹ Matthew Horne and Tom Shirley (2009), *Co-production in public services: a new partnership with citizens*, Cabinet Office, London.

¹⁰ See for example Alex Fox (2013), *Putting People into Personalisation*, ResPublica, London.

¹¹ Mike Harris and Anna Coote (2012), *The Prevention Papers*, nef, London.

¹² Boyle and Harris (2009), *op cit*.

¹³

www.neweconomics.org/publications/entry/budgets-and-beyond

¹⁴ Joe Penny et al (2010), *People-Powered Health Co-production Catalogue*, Nesta/nef, London.

¹⁵ www.neweconomics.org/publications/entry/in-this-together

¹⁶ <http://coproductionnetwork.com>

¹⁷ www.cihm.leeds.ac.uk

¹⁸ www.turning-point.co.uk/community-commissioning/connected-care.aspx

¹⁹ www.govint.org/good-practice/publications/co-production/

²⁰ Edgar Cahn (2001), *No More Throwaway People: The co-production imperative*, Essential Books, Washington.

²¹ www.co-productionscotland.org.uk

²² www.scie.org.uk/topic/keyissues/coproductionparticipation

²³ www.justaddspice.org

²⁴ www.thinkpersonalactlocal.org.uk

²⁵ www.timebanking.org