
PUBLIC SERVICES INSIDE OUT

Putting co-production into practice

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EXECUTIVE SUMMARY

This report is about real stories of reform, led by people who work in and use public services. The examples included in this report didn't rely on expensive consultants, troublesome IT systems, or grand blueprints drawn-up in Whitehall departments and Westminster think tanks. They depended only on the commitment and creativity of frontline workers and members of the public who wanted better services.

In spite of this – or more likely because of it – these examples represent a radical new approach to public services. They embody what has come to be known as 'co-production': public services that rest on an equal and reciprocal relationship between professionals, people using services, their families and neighbours. They exist today not as promises in pamphlets or manifestos, but as real services serving real people more cheaply and more effectively than traditional approaches.

This is public services inside out – innovation that overturns the conventional passive relationship between the 'users' of services and those who serve them. As we enter a period in which cuts and savings will be made from on high, these examples point to the possibility of a different approach: better, cheaper services created from the ground up by those who know public services the best.

This is the second of three reports on co-production from a partnership between nef (the new economics foundation) and NESTA. The first report, *The Challenge of Co-production*, published in December 2009, identified the problems in trying to reform public services from the centre. It pointed to the exhaustion of improvement efforts through a so-called 'New Public Management' of seemingly endless institutional re-wiring, targets and 'efficiencies' – especially in the face of long-term challenges such as an ageing population and a rise in debilitating health conditions. It also explained why co-production offers the possibility of more effective, and so truly efficient, public services.

We have been inundated with messages from people

who wanted to know more, or who felt they were already doing co-production. Often they were working in the most difficult circumstances, outside the mainstream or 'tolerated' in the corner of major public service organisations. Since then we have been working with a community of practitioners to learn from their experience. In the space of just a few months this community has grown to over 100 people. Their insights, challenges and successes are at the centre of this report. They have shown us how co-production can be applied across a huge variety of public services to achieve cheaper, better outcomes.

From family nurse partnerships to parent-run nurseries, community-led justice to patient-led recovery from brain injuries, the examples here demonstrate six main themes. These include recognising people as assets and building on their existing capabilities, establishing mutual responsibilities between professionals and the public, and supporting people to support each other. Based on these examples, co-production is strongest when it embodies all six of the themes highlighted in this report.

These practitioners might be surprised to find themselves at the forefront of a radical new approach to public services. They have been developing new approaches 'because it makes sense' or simply because 'it works'. Based on their practical experience, they have recognised that services need to be founded on new partnerships with the public, whether students, those in supported housing, living with a long-term illness or experiencing a mental health problem – and that the partnership could be a one-to-one relationship or a community of mutual support.

But in bringing these services to life, these practitioners are realising a vision that is increasingly shared across the political spectrum – of public services that are designed around the public, that are better at building people's capabilities to be productive and healthy citizens, and so are more efficient, effective and sustainable.

The evidence here suggests savings of up to six times the investment made in new approaches – and of course better outcomes for the public.

It would be tragically counter-productive if, in the coming context of cuts, policymakers were to defend traditional approaches in public services at the expense of these new, better approaches. Now is the time to think about how co-production can move into the mainstream of public services.

The first task is to understand the challenges faced by these practitioners *as they have experienced them*. As detailed in this report, these include difficulties in securing support from existing funding and commissioning, traditional approaches to audit and accountability in public services, and developing the professional skills required to bring these approaches into the mainstream.

But the fundamental and provocative issue underlying all of these barriers is that co-production is sometimes blocked because it takes seriously the current political rhetoric about ‘devolving power’ and ‘empowering communities’ – because it challenges the costly but conventional model of public services as a ‘product’ that is delivered to a ‘customer’ from on high, and instead genuinely devolves power, choice and control to frontline professionals and the public.

The second task, then, is to identify how policy needs to be radically rethought to support the wider spread of co-production, and what ‘achieving scale’ means for services that are inherently local in nature. This will be the focus of the final report in the series.

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PART 1:

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 these to use with individuals and communities.

One of the consistent features of successful co-production is that those who have been receiving services are explicitly told that they have something to give back, to other people or to services themselves.

The trouble is that traditional public services don't usually allow them to. The social theorist David Halpern describes how he offered to help other parents with children who needed the regular and rare treatment that he had learned to give his son. There were few enough people around with the skills he and his partner had developed, and he was willing to give other parents in the same situation an occasional weekend off by helping out. But there was no mechanism in the NHS for anyone to take up his offer. Not only this, but such offers of support to others are often labelled as 'risky' – built on an implicit assumption that people are dangerous to other people, rather than assets to be used for the public good.

There are many co-produced services that come up against this barrier; Family Nurse Partnerships is one of them. In the UK they have not yet developed a mechanism for this personal reciprocity either, except informally – though they have explicitly done so in the US – but the civil servant in charge of developing the idea in the Department of Health has noticed the same thing: when you put co-production into effect, people want to give back.¹

"I remember one mother sent a text to a nurse saying she was in the pub watching a mother trying to breast feed her baby," said Kate Billingham, who is in charge of the UK version of Family Nurse Partnerships. "She said I really want to tell her she's not in engagement mode."

There are many examples, also, of mothers changing the way they deal with their own children because they have learned from their daughters, who are themselves going through the Family Nurse process as young mothers.

What seems to be happening here is that services

that build on what people can do, rather than only trying to fix what people can't do, makes for a subtle change in the way people see themselves and everyone else. That was the original idea behind Family Nurse Partnerships, which began in New York, Memphis and Denver in 1977 (as the Nurse Home Visiting Program), and which has developed into a programme now running in 20 states of the US.² It has been so successful that President Obama has announced that the initiative will be a prime recipient of his 2010 health budget, to be rolled out across the US.³

The programme – like so many of the other stories in this report – emerged out of an intractable situation. The early years psychologist David Olds, now Professor of Paediatrics and Preventative Health at Colorado University, was increasingly frustrated by the damage he saw inflicted on children in their first years by parents who were very young, very poor or badly-educated – often in intractable situations themselves, with few financial or psychological resources.

The idea that children bonding with parents in the first years of life actually turns the brain on is much more recent. Dr Olds was feeling his way towards this when he developed his approach to support the relationship between young mothers and their children. The mothers, mainly vulnerable first-time teenagers, are matched with nurses who visit them regularly, sometimes weekly, helping them build a relationship with their babies, and improving their self-esteem and confidence to operate in the world.

Nurses work in partnership with these young mothers and form long-term, consistent relationships which start during pregnancy and last for the first two years of the child's life. The nurse can support the mother in any way which is needed: it could be providing guidance on nutrition and healthy eating, building up the mother's capabilities in breastfeeding and literacy, passing on information on sexual health and contraception, or linking into local employment support services.

Some of the operating principles of Family Nurse Partnerships are crucial to its success as a model, and the approach can be scaled out to new mothers without compromising the most important elements of the programme. For example, the strict relationship ratio means that nurses never work with any more than 25 families at any one time. They don't so much surround them with services, as engage with the abilities they find in the broader families they are working with, and their neighbours, in order to show what kind of behaviour works with the children – teaching as much by osmosis as by instruction.

In practice, the nurses provide models for a relationship between parent and child, and these often cascade through the family.

“I remember hearing about one visit, when there turned out to be fourteen people in the room,” said Kate Billingham. *“That was fine and emotionally refreshing, but at the next visit, they were all there again.”* This level of willing engagement is rare in so many types of services focused on intervening with potentially vulnerable people. It also represents a number of resources that nurses can connect with to develop the support networks needed by the young mother.

Dr Olds has been extremely cautious about claiming anything he can't prove. The result is a battery of evidence that shows that the Family Nurse interventions from birth in the US carry on having effects on people up to the age of 28, and that the cost savings to the public purse can be huge. In the very early years, it impacts on levels of child abuse and neglect. It changes the way mothers behave – there is less smoking, better nutrition, fewer infections and better emotional and behavioural development for the children. But it also seems to have an impact on the lives of the mothers – less welfare dependency, for example. Crucially, it also reduces children's involvement in crime and anti-social behaviour later in life.⁴ These indicate the impact of sustained behaviour change. The prestigious medical journal *The Lancet* has identified only two programmes as capable of reducing maltreatment and child abuse: the Family Nurse Partnership was one of them.

The UK Department of Health went through a similar crisis of confidence in early years policy in 2006, and scoured academic papers for any programmes with a proven track record of impact. Family Nurse Partnerships was the only one that stood out. Kate Billingham was then Deputy Chief Nurse and was asked to test out the idea in ten places in the UK. The idea caught on fast.

“I had a meeting with David Olds, and listening to his stories contributed to the weight of evidence,” she said. *“I was very impressed with the depth of his respectful approach to families. I thought he'd really got it. It was clear that it would work pretty quickly, just listening to the nurses talking about their work and watching them help transform situations on the ground.”*

About 3,000 families in the UK have now been involved in a family nurse partnership, and – over the three years this has been working – it has begun to bring about deeper changes to the way nurses think about their work.

“We have had to look more closely at what engagement means – what a purposeful relationship means between a nurse and a client that can really make change happen,” said Kate Billingham. *“When you get it right, it enables you to have what would otherwise be incredibly difficult conversations. We have come to understand this about behaviour change. People have what they need within them. People can only change themselves.”* Family Nurse Partnerships supports through the vital one-to-one relationships the approach provides, and builds on the capacity and capabilities of young mothers to achieve preventative long-term effects.

Among the positive side-effects of this approach is that the nurses spend much more time supporting each other's work, and Kate Billingham and her team have tried hard to make their systems work mutually and horizontally, even though they are within a government department that sometimes sees things more vertically.

“It is a mutual experience all round,” she says. *“It is as much about the client giving back to the nurse as it is the nurse giving to the client. It is not about sending someone out to assess you. It is about what your heart's desire for your baby and yourself is, and how we can achieve that together.”*

This is one of the repeated themes through co-production in public services. It starts with the client and what they really want, rather than trying to fit them neatly into specific service packages or predetermined outcomes. It is about relationships, not about 'services'. The emphasis is on celebrating progress – and they are currently looking at how they can accredit parents who have completed the programme.

It can be very satisfying for professionals to work in this way: *“It is deeply affirmative seeing people's reactions,”* said Kate Billingham. *“That is when it is about seeing what is possible in people,*

not about their risks, problems or deficits.”

One of their long-term goals is to build mutuality more explicitly into the programme, so that parents can begin to support each other more. This would bring it more into line with the community of mutual support that co-production achieves, but many of the other features are already in place. These are equal relationships between professionals and clients, designed to build up people's capabilities, whatever they happen to be.

The evidence coming from the US is that the Family Nurse Partnership idea can also save significant amounts of money. For every \$1 invested, research shows that between \$2.88 and \$5.70 is saved from future public expenditure across health, criminal justice and social support services, and the savings are greatest for those defined as 'high-risk'. It was identified as the most cost-effective child welfare and home visiting programme in a study by Washington State Institute for Public Policy.⁵

Many of these cost savings come from effectively cutting child abuse and neglect. But the overall costs of running the programme are saved by the time the children are four through reduced health service use, reduced welfare use and the increased earnings of the mother. The biggest long-term savings are because both mother and child tend to be less involved with the criminal justice system. These are indicators of significant change that impacts across a lifetime and between generations.

The estimated cost per child in the UK of the family nurse intervention is about £3,000. This compares to £15,000 average public expenditure for children with troubled behaviour.⁶ This is the kind of financial evidence that lies behind the decision to aim for 70 partnership sites in the UK by 2011, although not yet a complete mainstreaming. The point here is about what can be done when you work with what people can do, rather than simply looking at them as bundles of needs with service solutions and costs attached.

Other examples of building on people's existing capabilities in co-production activity include:

Learning to Lead⁷

“We don't just have our say and then nothing happens,” said John Dixon, a school council member in a Learning to Lead school. *“We turn our plans into action. After all, the school is here for us.”* Learning to Lead is an approach which provides a forum for young people to take a

central role in their education and communities, and supports them in identifying what they are passionate about and enables them to use their skills to act upon it.

The approach pivots around a model of student-led groups, a school council, and school community council development plans. While student councils are becoming increasingly popular in schools, they are rarely managed entirely by students themselves and even fewer are developed to the extent that the Learning to Lead approach achieves.

The whole school community is involved from the beginning of the process, and the model is kept going through teams formed and managed directly by students. These can range from fundraising teams, to dyslexia support and 'beautiful school' teams. Teams are supported by link teachers and staff, but are independent in their activities and management – students can invite a teacher to one of their meetings, in order to draw on their particular knowledge and skills, but students are trusted to plan and manage their activities with a high degree of autonomy.

The school community council provides a tool for developing students' control over their education, and in piloted schools often has a membership of over a quarter of the total student population – significantly higher than student councils allow. The teams work collectively to produce a five-year school community council development plan which is integrated into the school's development plan and provides a meaningful space for students to contribute to the activities and strategies of the school and local community. Learning to Lead shifts the view of students from a sometimes troublesome and disengaged group who come in to receive an education, to a vital asset whose co-creation of their own education is absolutely critical to achieving a strong academic, pastoral and social foundation.

Gloucester Enablement Lead Programme

In South West England a social services team which worked with disabled children, and their families, transitioned away from the traditional model of social service delivery and moved towards a new approach. Action plans and desired outcomes were co-produced with families, making the entire approach much more collaborative. The team goals and roles were restructured, and placed much more emphasis on facilitating with the families, rather than 'delivering' something to them.

PART 2:

MUTUALITY AND RECIPROCITY

Offering participants a range of incentives which enable people to work in reciprocal relationships with professionals and with each other, where they have mutual responsibilities and expectations.

When the phone call came in the middle of 2005 to ask if she could save Scallywags, the last parent-run nursery left in the UK, the key question Debbie Bull asked herself was whether such a thing was possible any more. It was founded in 1992 by a group of parents who have long since moved on.

There had been numerous parents who got together in the 1970s and 1980s to run their own nurseries, usually glorified crèches. There are parent-run nursery schools in Scandinavia. But in the UK, these have tended to run out of steam once the children of the original group are old enough to move onto primary school.

In the UK, by 2005, there were screeds of legislation on child protection, on education, on health and safety and a great deal else besides. That was certainly enough to sink most mutual nurseries projects, and it very nearly sank Scallywags Parent Run Nursery in Bethnal Green, East London.

Then there were the parents. How do you manage all those competing requests, needs and egos, especially when the parents are actually the bosses? The conventional wisdom was that such a position was a potential nightmare for any nursery manager, caught in the tension between inflexible regulation and parental choice. But Debbie didn't agree.

"There are teachers who say it's too challenging to work alongside parents," she says. "But it's not. It's nice and it's fun."

That is how she came to be the manager of what is one of the very few parent-run nurseries in the UK, and it is now a huge success. There are 23 children registered now compared to just six when she took over, and usually 16 attending on any given day – the maximum Ofsted allows in the space. There is a waiting list to join Scallywags.

But most of all, just when childcare costs are soaring as the increasing regulation starts to bite,

Scallywags is still affordable for nearly everybody. It costs just £2.50 an hour, significantly lower than comparable childcare provision in London. This is because what makes Scallywags unusual, and what makes it a prime example of co-production in practice, is that the parents do lots of the work. They don't just manage it and take the decisions – this isn't just about self-management – it is genuine mutualism in practice. They are the decision-makers but they are also a critical part of the staff.

The crisis that Debbie took on in 2005 was partly because of a slew of new Ofsted and early years regulations, which seemed to be impossible for models which were not 'conventional' to comply with, and partly because of the need to move premises. Debbie was working elsewhere in London at another nursery in Hackney as a nursery nurse. It isn't quite clear why they asked her to take over as a full-time manager, but she clearly had the reputation of enjoying working with parents.

"The remaining parents still wanted to be involved," said Debbie. "They didn't want to just drop their children off somewhere. They wanted the values of the nursery to carry on, but they needed leadership and they needed new parents."

In the event, Debbie took over and Scallywags closed for half a term to move premises and get ready. She took all the paperwork away, looked at all the new regulations, looked at the policies which had been developed because of what the parents actually wanted – a different matter entirely – and organised a framework that enabled parents and regulators to meet in the middle. Creating the conditions to co-produce in a childcare setting required navigating a minefield of policy obstacles which, while intending to protect children, had the consequence of pushing away the skills and capabilities of parents who wanted to actually take part in their child's care.

"We were determined to keep the idea of parents coming in and being involved with the nursery, not

just as spare bodies but actually doing activities,” she said, explaining why she didn’t want to be a conventional manager who just did everything herself. “I didn’t want to come in and just push them away.”

Now Scallywags employs Debbie and an assistant, plus there are three parents helping out at any one time. Parents are on duty every fifth day that their child attends, once a week if they are there full-time and once a fortnight if they are there part-time. Every session is run jointly between parents and paid staff.

The result is that parents can afford to work – and there are a many working parents in Bethnal Green – but that they also join what is, in effect, an instant community. When they are shown around for the first time, they realise that this is not your average nursery, but one where they will become co-owners of the enterprise. There are a lot of meetings to hammer out people’s different needs, and it also means that Debbie has to sum up the parents and their capabilities as much as she has to sum up the children, and recognise how she can put them to use.

“I find myself looking at them and thinking – what can they do?” she says. “But it does mean that we have parents who bring a unique experience to the school. We have artists and musicians, and a lot of people from other countries. It means that they get life experience from all over, with different and interesting people and different skills. It is important for the parents to make their own community; if they are from overseas they often have no family here and they tend to make firm friendships through Scallywags.”

The key challenge for Scallywags remains this twin business of satisfying the regulators, even though they look different from nearly every other nursery in the UK, and at the same time satisfying all the parents. But, as Debbie says, that is part of the appeal. In fact, the Ofsted regulations leave room for the broad idea that parents should be ‘partners’. *“They are partners here,” says Debbie, “just a bit more so.”* A glance at the 2009 Ofsted inspection report makes the challenge even clearer. *“Children benefit highly from the involvement of parents in the day to day running of the group,”* it says. *“However, some procedures for safeguarding children are not effective in identifying potential risks to children.”*⁸

There are queries from Ofsted not just about checking out parents, who do all undergo a criminal records bureau (CRB) check, but also about the safety of food when it is prepared

at home by parents and brought in. There is little recognition that this is a different kind of model, where the safeguarding is done in a more traditional way – without having to let the food contract out to a professional supplier. The tension is clear, and much of the innovation in co-production faces a similar challenge from regulators who struggle to categorise and assess a genuinely new approach, when people are seen as much riskier than professionals.

Scallywags is highly unusual in the UK, but there are parallels in France and Germany, and particularly in the parent co-operatives in Sweden. Comparisons of the parent involvement in Sweden in different kinds of childcare, by the Swedish sociologist Victor Pestoff, suggest that this kind of mutual provision is a potential antidote to what he calls the ‘glass ceiling of participation’. Being actively involved in the delivery of childcare leads parents to also become more actively involved in governance. Parents are not involved in democratic decision-making in most other forms of childcare, but where co-production is the basic model parents engage in management decisions too.⁹ This is not restricted to arms-length involvement in management and decision-taking.

“Taken together, the work obligation and their responsibility for decisions provide them with a sense of ‘democratic ownership’ of the childcare facility, not usually found in the other forms of childcare provision. Parents’ participation in the other facilities is restricted primarily to informal talks in combination with some other channels of influence,” wrote Pestoff. *“Only when citizens are engaged in organised collective groups can they achieve any semblance of democratic control over the provision of public financed services.”*¹⁰ This links strongly to the transformational rather than one-to-one models of co-production, and stresses the importance of creating a meaningful public space for co-producers to bring their assets into the delivery of services.

What Pestoff argues is that pursuing public service reform which emphasises *“economically rational individuals who maximize their utilities and provides them with material incentives to change their behaviour”* tends to crowd out some of the other kind of innovations which might be possible, using co-production and reciprocity, and which – as in the case of Scallywags – help solve the problem of affordability, makes members more confident, and hones their parenting skills too.

Again, it is both an advantage and a key challenge for this kind of co-production. It looks different

to regulators. It seems to involve ordinary parents to an extent that some officials might believe is dangerous. Are the children safe? Are the parents sufficiently professional to be able to challenge children and educate them? They probably are, and the evidence from Scallywags is that a range of fascinating people can really enrich nursery education. But can a formal, bureaucratic system understand that? Or will it put so much pressure on reciprocal models of co-production to conform that it eventually drives them out, as so nearly happened to Scallywags in 2005?

All co-production includes an element of reciprocity, both between individuals and public service professionals, who are encouraging them to get involved in helping other people as part of their own recovery or treatment or education – and between the individuals who are involved. Some projects do this more explicitly. Scallywags provides a financial incentive with the cost of childcare offset by parental time contributions; other projects use a counting system that measures and rewards people's efforts using a time currency (see Part 6 for more detail). Often these are rewards that are simply excess capacity, like the sports centres in Cardiff (see below).

There are some volunteering purists who disapprove of getting anything in return, but the truth is that most volunteers get something out of their involvement – it just isn't primarily financial and it isn't at market rates. Reciprocity in co-production is about making the mutual responsibilities and expectations explicit, just as they are in the Scallywags nursery, and triggering more opportunities for people to contribute. These are not one-way transactions between volunteers and recipients but interactions that catalyse further contributions to the benefit of all.

Other projects building reciprocity and mutuality along these lines include:

Taff Housing¹¹

Taff Housing is a community-based housing association with over a thousand homes in some of Cardiff's most 'disadvantaged' housing estates, as well as specialist, supported housing projects for young women. Managers have been working with the social enterprise Spice¹² to build a co-production culture among some of its young, single, female tenants.

The aim is to give them opportunities to be more active in their hostels and challenge the dependency culture that can quickly develop, undermining their confidence and capacity.

Tenants earn credits by volunteering their time to help deliver the services of the housing association, for going to focus groups, tenant and steering group meetings, being on interview panels for Taff staff, writing articles for the Taff newsletter, helping to arrange events and trips for tenants, doing jobs that benefit the hostel collectively, like communal shopping or watering flowers, creating new clubs or community events linked with Taff or acting as a tenant board member. The credits can then be redeemed within Taff, for example by 'paying' for access to training or computer suites, but also in the wider community, like the local sports centre and Cardiff Blues Rugby Club. These opportunities in the broader local community also help to prevent the young women living in the hostel from becoming too separate and isolated from the community networks and resources around them. They are now broadening this programme to all their tenants across all their homes and also allowing people who aren't tenants to earn these credits.

Orange RockCorps¹³

Orange RockCorps was founded in 2005, and its success as a model of reciprocal giving will this year see it scaled out across Europe. RockCorps identifies the value of people's time – donated to a huge range of community projects – and in return 'rewards' four hours of volunteering with a free ticket to a music event where top performers play. In 2009 alone over 5,000 young people dedicated over 21,000 hours of time, which benefitted 41 different charities. The huge success of the programme has shown that all types of people can become contributors, and has involved people from across the socio-economic spectrum. You can only attend a concert if you have dedicated time to a RockCorps project, meaning that a reciprocal mechanism supports the entire process. The challenge for this approach is to explore ways in which this one-off contribution and reward can become a more regular option for young people.

PART 3:

PEER SUPPORT NETWORKS

Engaging peer and personal networks alongside professionals as the best way of transferring knowledge and supporting change.

One of the benefits of improving medical techniques is that the number of people who survive serious head injuries is going up all the time. So is the number of those surviving strokes. The result is that there is now a small but expanding group of people who live with the after-effects of such conditions – they get tired easily, sometimes there are other more challenging side effects to their behaviour – 50,000 people with this experience live in London.

Most of our techniques for helping people recover from serious head injuries date from the Second World War when the priority of ‘curing’ people was to get them fit enough to go back to the battlefield. Times have moved on, but our objectives for helping people in that category have hardly moved at all. The main objective for mainstream rehabilitation is to get people with brain injuries back into the job market as soon as possible – or ‘back to normal’. The main problem is that, because this often isn’t possible, everyone is disappointed – patients, professionals and funders.

That approach also begs some key questions. How do you help people rebuild some kind of quality of life? Or use their skills again? Or move on from being permanently dependent on medical help when they have experienced such a significant physical change. Most of the non-medical provision has gone little further than day centres, according to one specialist, where patients go along, exchange views about how dreadful everything is, and then go home again.

But it isn’t all like that. Headway East London is a charitable operation, a day centre with a difference, which has pioneered a challenging co-production approach to ‘acquired brain injury’, which encompasses the conditions described above.¹⁴

The difference about Headway East London is that, like other co-production projects, they look at their ‘patients’ according to what they can do,

not just what they can’t do – and they build on that. This is a very common theme throughout the whole co-production sector. *“They are all people like you and me,”* says Ben Graham, the resident psychologist there. *“They are all people who used to do a job or who have things to offer. There is really no excuse for keeping them out of work.”*¹⁵

Ben Graham is a psychology graduate who came to Headway East London in 2004. *“I was interested in doing something a bit different,”* he said. *“It was the only place offering volunteer roles working with people with brain injuries.”*

There were seven staff then and 25 now, and what attracted Ben – and the other staff who have joined him in that period – has been the way that the members (rather than ‘patients’) have been increasingly integrated into the professional work of the centre. They are helping to run aspects of the service, mentoring new members, doing assessments or inductions or organising projects.

Assessments are an area of clinical expertise where patients are not usually allowed, but at Headway these are done with a team which includes a staff member and a member of the Headway community. As the Expert Patient Scheme has shown in the NHS, patients are often experts in their own condition, but – in this case – they can also provide vital support to each other. They have been through a similar experience themselves, after all.

That is the most obvious feature of this kind of co-production. Headway East London certainly recognises and works with their members as assets, but they are also building peer support networks alongside the professionals as the best way of transferring knowledge, and building up people’s abilities. It means different kinds of relationships between ‘patients’ and ‘professionals’. At Headway it has become a common endeavour.

Ben is in charge of a new project which is pushing this approach further, which they are calling the

Discovery Project. They have recruited six people from their community, all of whom have been through traditional methods of rehabilitation, have tried going back to work, only to have the job fall through – sometimes more than once.

Each of them is now leading small teams, setting up a series of new enterprises based at Headway. One of these is organising a documentary as a way of launching a new social enterprise to teach people to make films. Another one is organising a programme of live events involving disabled people.

This is the cutting edge of an approach which began back in 1997, led by the centre's director Miriam Lantsbury, a former nurse. Ben describes the approach as being based on *"intuitive wisdom"*. The service is now open five days a week, at the centre in Kingsland Road, with a catchment area that stretches as far east as Dagenham. About 120 people with brain injuries, and other volunteers, use the centre every week.

The subtlety of this approach for the team is that this positive approach needs to be tempered by something tougher. Some people with brain injuries can be aggressive. In some cases the head injury was acquired as result of a chaotic lifestyle which carries on afterwards. But Headway has discovered that giving people responsibility can also motivate them to control their own behaviour and make enduring changes.

"What we have found is that if people are motivated, then they can deal with their challenges," said Ben. *"If they really care about what they are doing, they do use the techniques they have learned to control their actions."*

He describes one member of the community who was often on the verge of physical violence, but who turned out to be very good at greeting people who arrived at the centre. This was one of those risky contradictions that often seem to emerge in co-production. *"He is the first person you meet when you come in,"* says Ben. *"So you can't have him pinning someone to the wall and threatening to kill them. But he knows that what he is doing is important and the way he behaves will affect the centre's future. He can still get stressed or anxious but, because he values being in that role, he has improved enormously."*

This isn't an easy balance to achieve, and it can be chaotic at first. *"It sometimes felt like we were struggling, not sure where we were going with this,"* said Ben. *"But it worked because there was an element of being willing to let things fall*

apart a bit. We were willing to make mistakes, but things were a bit hair-raising in the early days."

The film project is already looking successful after only three months. Despite having a severe memory impairment, one of the team members has raised the initial money they need to get underway.

"This would never have happened in a traditional setting," says Ben. *"It would never have led to the setting up of a viable social enterprise. Traditional rehabilitation treated him as a patient, and gave him a series of job placements, which he didn't care about. What we are doing is throwing out the idea that we can fix people. This man will always have a memory impairment, but there are things he can do to compensate for that."*

The trouble with grooming patents for the job market is that most employers will not cater for employees with complex disabilities. This is not necessarily the fault of the potential employers – the world of work is damaging and exhausting for people even without head injuries. Yet these are people who have something to offer and who will benefit enormously from working.

What Headway East London is doing is building on the idea of a network of mutual support, and pioneering a way that their members can do two or three days' work a week, get a salary and still be part of a community where they can provide some support for each other to flourish within society.

People with brain injuries often have a big gap in their lives. They may well have been in a hospital, spent months in a coma, only to find that the life they knew before had gone. They can become hugely isolated.

One of the side-effects of conventional services – like mental health or justice – is that people can become isolated from the very networks they need to recover, whether it is family or supportive friends. We find where there are co-production projects that knit together these kinds of network of mutual support, they are usually outside the mainstream of service delivery.

"One of the big problems is that the practice of co-production leads to ideas and activities that don't fit with what funders understand to be 'rehabilitation'," said Ben Graham. *"So the Discovery Programme stands little chance of gaining statutory funding as a rehabilitation venture because Jobcentre Plus have a fixed idea of what rehabilitation is – a retraining programme*

over a number of weeks with a job placement at the end that returns someone to the workplace. The idea of an open-ended project that becomes self-financing after an initial investment is way outside their box. Of course, we're not letting that stop us, but it doesn't make it any easier."

should be subject to service user evaluations, to enable the delivery of more effective, and therefore more cost efficient services, and to give offenders a voice in their own rehabilitation and resettlement."¹⁸

The benefits of peer support networks have been recognised by a small number of professionals, particularly those working with people with long-term medical conditions, but these networks are often undervalued and unsupported optional extras to specialist medical services beyond the 'core' business. What makes them co-production is the explicit link between these groups and supportive professionals who are able to respond to and provide appropriate professional support alongside the peer support that group members provide to one another. Anecdotal evidence indicates that it is actually the knowledge, expertise and support gained through these networks that is among the most valuable services you can receive. Some practical examples of developing peer support networks include:

Multiple Sclerosis (MS) Society¹⁶

The MS Society is a charity with elements of co-production apparent across its services. It facilitates a nationwide network of local groups which offer services, mutual support and social activities for individuals living with and affected by MS. Local MS nurses are funded by the charity and are often linked into these local groups to deepen the relationship between nurses and individuals. The society also offers short courses in self-management of MS as part of the Expert Patient Programme. Workshops are held for specific groups, such as young people, who contribute their time to facilitating workshops with their peers and are paid a small amount as recognition of their contribution.

User voice¹⁷

The strapline on the User Voice website is 'Only offenders can stop re-offending'. User Voice is an organisation advocating co-production as a central approach to addressing criminal justice. They have organised seminars led by ex-offenders which look at the root causes of offending, set up one-to-one peer mentoring programmes between successful ex-offenders and existing prisoners, and have recently begun piloting a model of prison councils to give prisoners a larger and more meaningful role in the decision-making process within prisons. The prison councils model is being piloted in three prisons. Their ultimate aim is that "*prisoner programmes*

PART 4: BLURRING DISTINCTIONS

Blurring the distinction between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered.

Murder is blessedly rare in the small Somerset town of Chard, but it was one of those rare once-in-a-decade murders that led to a unique approach to co-producing justice which is now spreading to other parts of the UK.

The key player at the beginning was Chard's local councillor Jill Shortland, now leader of the Liberal Democrat group on Somerset County Council. It was she who made a chance remark to the local paper about their campaign to have the trial locally, rather than send it as far away as Bristol. *"The real problem in Chard wasn't murder, it's the anti-social behaviour and the night time economy and nobody seems to be brought to book for it,"* she says now. A week after Jill suggested a local justice panel, the paper had received a deluge of letters which – to Jill's surprise – were overwhelmingly in favour of the idea. *"You'll have to do it now,"* said the reporter.

So Jill sent a more formal proposal to the Home Office together with copies of the letters. A month later – backed by the local paper's campaign to 'Bring Justice Home' – she began the process of being pushed from department to department in the Home Office. *"I'm a bit of a nag,"* she says. *"I wore them down."*

As it turned out, Home Office officials had been studying some of the youth courts in the US, but had been unable to develop a workable equivalent for adults, so they were interested in finding a better way of dealing with 'minor' crimes. After a great deal of funding applications, and a few small grants, the Home Office agreed to fund a pilot scheme, which began in 2005. They attracted 40 volunteers from Chard in just two days and appointed a co-ordinator, Valerie Keitch.

The result was called the Chard Community Justice Panel. It incorporated some of the best practice in restorative justice, but what was genuinely new was the way that it gave responsibility to local people. The co-ordinator and a professional administrator facilitated the

activity taking part but the work needed to make the panels operate – interviews and hearings – was done by local people who wanted to take part.

This is what makes community justice panels one of the most interesting examples of co-production which deliberately blurs the distinction between professionals and recipients. The agents in this project are the consumers of justice services, the general public, but not just at a distance as advisors or directors of the operation – taking decisions that paid staff carry out. They are involved as people running the frontline service themselves, sitting in hearings and delivering sentences and doing so very successfully.

Part of the power of the panels is that they are local, and that local people can take some responsibility for justice. They deal with cases sent, not just by the police, but by local authorities and housing associations as well. The offenders have to accept that they are guilty, otherwise the police can't divert the case out of the court system. Every case gets an Acceptable Behaviour Contract (ABC), an idea pioneered by Islington Borough Council, which can last from three months to a year, and which includes some kind of restorative action.

The biggest impact of the panel has been on those offences which are classed as minor but which have a corrosive effect on the life of any neighbourhood, anything from tipping over a rubbish bin to GBH, often – but not entirely – committed by under 30 year olds after too much alcohol. It was widely perceived in Chard, as it is in many places, that these minor offences were ignored by the police and courts system. Yet as research shows on both sides of the Atlantic, it is often small misdemeanours that attract bigger ones and determine the crime pattern over the whole town. They also generate fear of crime. By engaging new capacity it has been possible to tackle these offences at an early stage.

Jill believes that the justice panel works partly

because it is well run and partly because it exemplifies real community action, *“We helped provide a framework for the community to use to make a difference, and my goodness they have put a lot into it.”*

It is also a genuinely different approach to crime – not a raft of new offences, more CCTV and overstretched and centralised policing – but the reinvention of an old idea. *“The idea that communities should run their own justice goes back centuries,”* says Jill. *“Every community had this system, but we have consistently lost it from civic society for generations. Chard has helped to put it back.”*

Take the example of Pauline (not her real name), who was drinking in one of the noisier pubs in Chard when she looked up and saw her boyfriend walk in with another woman. She had drunk a considerable amount that night, and she dealt with the incident by smashing a bottle over his head. It was the kind of rowdy incident of minor thuggery that happens in many towns on a Saturday night, and which seldom comes to court. In this case, Pauline’s boyfriend refused to press charges, and in almost every other community in Britain that would have been that. But in Chard she was referred instead to the innovative community justice panel. After all, Pauline’s behaviour had not just affected her boyfriend. There were the other customers in the pub whose evening had been disrupted. There was the couple who ran the pub who had to clear up the blood and glass. There were the police and emergency services as well.

Valerie Keitch, the co-ordinator, visited Pauline and arranged a Community Justice Panel hearing. At the hearing the chair asked one of the key restorative justice questions: ‘who do you think has been affected by your actions?’ Pauline’s boyfriend and the pub managers were there too, and at the end of the hearing, all those involved signed an ‘Acceptable Behaviour Contract’ (ABC), which Keitch calls *“a conference agreement with a bit of legal bite”*. As part of this contract, Pauline had to spend three weekend evenings collecting glasses in the pub, and this turned out to be a transformative experience.

From behind the same bar, and with the objectivity derived from being stone cold sober, she was able to watch the behaviour of her friends and contemporaries under the influence. *“I never would have believed people behaved in this way,”* she told the landlady after one evening. *“I feel ashamed. I am never going to get drunk again.”* The landlady took the opportunity to

show her the CCTV footage of the evening with the bottle. Now Pauline works regularly behind the bar and is paid for doing so. What was an unpleasant alcoholic scrap has been transformed by the intervention of the panel into a turning point in somebody’s life.

The Community Justice Panel idea has now spread to Sheffield and – after one false start – across the whole of Somerset. Jill Shortland claims that at about 5 per cent it has the lowest re-offending rate of any of the experiments with restorative justice in the UK. The false start in Wellington, Somerset was partly because of how the approach was developed. *“I realised that it didn’t work there really because we had just given them the structure that we were using in Chard,”* said Jill. *“You couldn’t just replicate exactly what we were doing in Chard. We had to learn from Chard but develop the approach in Wellington with the people there, evolve it that way.”*

The paperwork is now done in Chard and relationships with the police are organised on a county basis. The Chard hearings take place at the district court, and Wellington hearings at the town council. Sheffield uses neighbourhood centres. The Community Justice Panel staff are also all trained as trainers. Training, one way of building on the capabilities of individuals, is always going to be a key factor in projects which blur the distinction between professional and service user.

The original three panels with volunteer members has now shrunk to just one, though there are more people available if the dispute involves whole families or neighbours. The other change is that, as the project has expanded, the proportion of young people going through the panel is much higher.

But it turns out that there is some kind of alchemy that happens when young people have to speak alongside their parents, said Jill. *“Often these are parents who are at the end of their tether. The young people usually come in quite cocky, and usually it is the mother who comes in to support them. When the mothers answer the question ‘what did you think when you first heard this had happened?’ it gives them an outlet so that the child can hear – maybe for the first time – what their parent feels. You can see they are often taken aback by it.”*

Jill uses the example of a 20 year old – let’s call him Brad – who went on a drunken rampage in the town and broke some shop windows. At the hearing, the panel persuaded their oldest volunteer to come and give evidence about what

it was like being an older person in the town and fearing that kind of violence and disorder. When Brad was asked if he wanted to say anything afterwards, he referred back to her. *“That lady could be my grandma,”* he said. *“I really didn’t think about what my grandma would have said.”*

A few weeks later, the police officer who had brought the case saw Brad on the other side of the street, with about 30 friends. Brad shouted at him to come across and, with some trepidation, he did so. *“I wanted to introduce you to my mates,”* he said, and did so. At the end he introduced him to two in particular. *“Their job is to make sure none of us gets wasted,”* he said.

The sub-text of this kind of co-production, especially with young people, is to find ways that people can become advocates of good behaviour, as in this case.

Importantly there is also a local sense that it has been successful, especially from those taking part. *“You often start the facilitation panel thinking, this person is never going to change, and then suddenly the penny seems to drop and they sit there and listen,”* said Jill Shortland. Evaluation since the panel began shows that the perception of the police has improved, especially among offenders. While a large minority of the locals said they were afraid to go out after 5pm before the panel began, they now say that this nervousness is just late at night and at weekends.¹⁹

There remain problems caused by central government targets. Because cases diverted to the panel are not defined as ‘sanctioned detections’, they can’t go into the police figures for cases successfully cleared up, which undermines police support for the whole idea. Jill is trying to persuade the Home Office to start a new category called ‘community sanctions’ which will allow the police to count these cases too.

The risks that professionals sometimes associate with the involvement of lay people in justice have not emerged as a problem. There also seems to be no problem in Chard getting volunteers, and these range in age from 18 to 87. They include ambulance drivers, paramedics, former naval officers and youth workers. *“I am constantly amazed at the quality of people who come forward,”* said Jill.

The key problem is finance. There is no core funding and most of the administrative time is taken up bidding for grants. *“This should not have to be done by begging,”* said Jill. *“The money should be coming from the justice system because*

the people we are really saving money for are the police and the courts.”

Other projects that have found ways to blur the distinction between professionals and ‘users’ of services include:

Merevale House²⁰

Merevale House is a private residential home for people living with dementia which believes in and supports ‘person centred care’. The philosophy which underpins their work helps make co-production a reality by recognising that ‘service’ isn’t always a one-way delivery, but a collaborative endeavour.

Merevale House has won awards for its achievements, which are based on the values that *“there is no ‘us’ and ‘them’”* in the home. Residents take an active role in all the day-to-day activities within the home, from preparing meals to recruiting staff and gardening. The give and take relationship between staff and residents is central to the success of the home; it allows residents to take control over their lives and fosters a collaborative and empowering sense of community. This is seen in very basic ways, for example people set the tables and eat meals together, rather than ‘staff’ servicing ‘residents’.

In a publicly funded setting – Merevale House is privately funded – there might be some public outrage at the idea that older residents living with dementia are expected to contribute towards the daily activities that keep a home up and running. But the national awards for excellence Merevale House has won would suggest otherwise: that fostering reciprocal relationships and eroding the boundaries between staff and residents genuinely empowers people. Weekly residents’ meetings and daily activities also build social support and focus on using people’s strengths and abilities to create the best possible care environment.

Richmond Fellowship/Retain²¹

Richmond Fellowship employment and training services began 20 years ago. In 2008, it began working with employers and employees to support individuals whose work is affected by their mental health problems.²² The model is based on preventative services and early intervention. Advisors work with clients in one-to-one sessions, as well as connecting them to peer support groups and peer networks with regular meetings. The key to this is the equal partnership with clients and an explicit focus on facilitating and supporting a client in their own choices

and wishes, rather than delivering a prescribed service.

“Advisors are praised when they can do less for the individual, and the more they encourage the clients to do for themselves,” says Vicky Edmonds’ from Richmond Fellowship’s Retain project. *“Clients can do whatever they wish to do.”*

Retain recognises that clients come to them with valuable knowledge and skills and experience of their own lives, while their advisors bring knowledge of employment and employment law. Between the two of them, they ensure clients build on their own choices. They are now working with over 1,000 clients. They reject specific time objectives for each client.

The focus on choices for the individuals is often at odds with funders’ objectives, which are to set quantitative targets. It was also sometimes hard to change the expectations of staff and clients. *“If you’re working with people who have been within a service for a very long time in the residential area it’s very difficult to change perceptions, and bring in a new way of working,”* says Vicky. *“People who have been working within the area as ‘carers’ are doing work in the old way and it’s harder for them to get a grip on new ways of working.”*

In the same way, people who have been involved for a long time expect to be recipients. *“This is a huge cultural struggle. But doing as little as possible for somebody is actually the most helpful in our service.”*

Envision²³

Many of the examples of co-production here create a meaningful space for individuals, groups, families and communities to take ownership of a service, or part of a service, and decide their activities and priorities in partnership with professionals and supporting organisations. Envision is employed by schools to work with young people on environmental, community and social initiatives – not in the traditional volunteering model but with a genuine sense of collaboration and control.

Co-ordinators at Envision see their role as facilitators, allowing young people to take responsibility for their surroundings, environment and community. Current groups across London, Birmingham and Leeds are managing projects on climate change, fundraising by selling baked goods and organising a gig, organising ‘bike to school Thursdays’ and making a documentary

about Size Zero media pressure on young people, to be showcased in local secondary schools and running workshops about body image.

Once students have completed the Envision programme they have the opportunity to join the Graduate Advisory Panel, where they are involved in developing the strategy and direction of the organisation. They, along with other ‘grads’ are involved in hiring new staff, making decisions about marketing, designing flyers and delivering workshops, whilst Envision continues to provide them with resources and the opportunities to help continue making a difference in their communities. Envision staff view their users as equal partners, and are trained to harness the knowledge, energy and enthusiasm of young people and support them in turning their ideas into practical projects which benefit the young people and the local community.

PART 5:

FACILITATING RATHER THAN DELIVERING

Enabling public service agencies to become catalysts and facilitators of change rather than central providers of services themselves.

If traditional services tend towards pigeon-holing people according to the needs they identify and the available service options before them, many co-produced services start somewhere else – more like: what sort of life does this person want? What does this person feel is a good life for them? They definitely don't start with the question: what services does this person need?

In Middlesbrough, a range of developments are under way to put this idea into practice, so that individuals, families and communities are more obviously at the heart of everything that happens.

Local Area Co-ordination (LAC) is an innovative approach that is at the heart of the Middlesbrough vision of supporting disabled people and their families to get a 'good life' by transforming existing support and services. Its framework is built on the principle that, while each individual is different, *"the essence of a good life for someone with a disability is the same as the essence of a good life for someone who does not have a disability"*.²⁴

The LAC approach is designed to help people to stay strong, rather than waiting for them to fall into crisis before intervening to fit them into services. Instead, LAC actively works with individuals, families and local communities to build on and share assets and skills, capacities and passions to make local communities more welcoming and to value everyone's contributions.

LAC first started in Western Australia in 1988, partly as a response to concerns about quality, cost and outcomes of traditional services, and from a range of new ideas about how individuals, families and communities can make a difference. It owes much of its success to the drive, contribution and commitment from people like Eddie Bartnik, from the Western Australia Disability Services Commission. It is now also working across many Australian states, Scotland, Canada, Ireland and New Zealand.²⁵

Local Area Co-ordination has a number of elements to it, including individual co-ordination, personal advocacy, information and advice, family support, building social capital, early intervention and handing back control. This approach contains strong preventative qualities and over the two decades it has been in place in Australia it has reduced the number of specialist interventions needed by disabled people.

LAC also aims to make the system less complicated. A local area co-ordinator works as a single accessible point of contact in a defined local area, supporting between 50-60 individuals (children and adults) and their families in the local community. Co-ordinators get to know people, their assets and skills, strengths and aspirations, and the local communities in which they live. They provide and support access to accurate and timely information from a variety of sources.

They support people to be heard through promoting self advocacy, advocating with people and accessing local advocacy services. They also contribute to building welcoming, inclusive communities, identifying community opportunities and responding to gaps in local communities. But one of the key areas – and this is what makes co-production central to LAC's approach – is that they help people develop personal and community networks to enable practical responses to their needs and aspirations, and they help people to contribute and share their skills, assets and strengths through these networks.

Ralph Broad was a member of a community based specialist team supporting disabled people and their families during the implementation of Local Area Co-ordination in Western Australia, and then worked alongside co-ordinators in the community as part of a community-based organisation that provided support. He was also involved in rolling out the idea in Scotland, where LAC was a key recommendation in the national review of learning disability services.²⁶

What seemed radical back in 1988 when LAC began is now becoming more widespread, he says. *“Suddenly, rather than assessing people to find out what they couldn’t do and then thinking about money, resources and how they could fit into a service to solve their problem, there was a different discussion,”* said Ralph. *“Co-ordinators started asking people ‘what would be a good life for you?’ rather than ‘what service do you need?’”*

“Instead of the only discussion being about money and services, it started to be about the range of ways that people could lead the life they wanted, a range of practical ways of getting support and assistance to overcome issues and the importance of focusing on keeping people strong rather than waiting for people to fall into crisis. Also, people started to think about the assets and skills that people had, their personal networks, the contribution the community could make, and the contribution people could make to the community.”

Before LAC, those who were receiving these services talked about feeling undervalued, they complained that they were not listened to and were unable to control the life they wanted. They felt they had somehow to fit in with the agenda of experts.

“The system was also really complicated,” said Ralph. *“They kept seeing different people and were assessed over and over to find out what they couldn’t do. It was difficult to get information in an accurate and timely manner and therefore difficult to make choices or take control. Communities were often not welcoming or had nothing obvious to offer. Perhaps most tellingly, the focus was not on what people had to offer but what services and resources were required to fix their problems.”*

Much of what LAC is trying to achieve is about changing this. It is about really getting to know people, families and local communities, and standing alongside them. It is about building a long-term relationship with people and understanding their vision for the future and a good life. It is about community building, getting people information and helping them develop networks around themselves. Only then is it about finding formal services if they are still needed.

“Eddie Bartnik has been inspirational in focusing on the range of ways people can gain useful information to make choices, access what they want or feel confident in the future,” said Ralph.

LAC is underpinned by ten clear principles which

guide the co-ordinators in the work they do:

1. As citizens, disabled people have the same rights and responsibilities as all other people to participate in and contribute to the life of the community.
2. Disabled people, often with the support of their families, are in the best position to determine their own needs and goals, and to plan for the future, whether as self-advocates or supported by advocacy.
3. Families, friends and personal networks, which may include support workers, are the foundations of a rich and valued life in the community.
4. Support should be planned in partnership with individuals and others important to them, including their family.
5. Access to timely, accurate and accessible information, in a variety of ways, enables people to make appropriate decisions and to gain more control over their lives.
6. Communities are enriched by the inclusion and participation of disabled people, and these communities are the most important way of providing friendship, support and a meaningful life to disabled people and their families and carers. Inclusion requires changes in many areas of community life and in mainstream public services, including transport, leisure and employment.
7. The lives of disabled people and their families are enhanced when they can determine their preferred support and services and control the required resources, to the extent that they desire. Individuals should be at the centre of decision-making about their lives.
8. LAC enhances support systems. All services and support, whoever delivers them, should aim to achieve a good life for disabled people, should recognise and support the role of families, carers and their supporters and should be able to demonstrate that the service they give to an individual is available, consistent and of high quality.
9. Partnerships between individuals, families and carers, communities, governments, service providers and the business sector are vital in meeting the needs of disabled people. Investment in building the capacity and resources of communities is essential to

enable inclusion.

10. Disabled people are citizens and have a life-long capacity for learning, development and contribution. They have the right to expect that services and support should respond to their changing needs and aspirations and they should have the opportunity to contribute to society through employment, public service and by other valued means.

What makes LAC so interesting in the UK is the amount of research backing there is for it.²⁷ Some of the key findings include increased value for money. Costs per person accessing the LAC approach are 35 per cent lower than the average support package. LAC also has a 58 per cent higher take up of people in receipt of disability support than other services. This model of local support proved to be highly effective in preventing people from having to leave their local community or take up unnecessary out-of-home placements. Reviews in Queensland, Australia, showed that families were increasingly capable of continuing care, and increasing independence, self-sufficiency and community contribution.²⁸

“Basically, he’s on our side,” one parent told the Western Australian Disability Services Commission in 2005 about their local area co-ordinator. *“He doesn’t question what we say; he doesn’t question the validity of my son’s opinions on anything. He’s there for him and he’s the only one who’s there for him. He’s not on the school’s side, the council’s side. He’s not on anyone’s but my child’s side. He’s there for him.”*

What emerges from the research is a story of very individual solutions. One local co-ordinator used her knowledge of the local community to link the parent of a child with high support needs with another family in the local area. This meant that the disabled child could be taken to school each day in the other family’s vehicle, rather than having to use specialised transport, which had been a real problem in the past.

In another example, an intellectually disabled woman had become increasingly isolated in an area she had recently moved to. The local area co-ordinator got to know her and found out she was interested in crafts and going to church, introduced her to a local crafts group where she made new friends who visited her and provided her with some of the support she needed. She also found a valuable role in the church. These personal solutions provided access to a wider community of people and the opportunity of new friendships with a wide range of people. The

support from the LAC was in making the first connections and introductions.

Ralph Broad is now working with Inclusion North, a membership organisation that works to promote the inclusion of people with learning disabilities, their families and carers in the North East, Yorkshire and Humber. They are supporting Middlesbrough Council to develop LAC locally as a core approach to personalisation and co-production. The first two co-ordinators will be recruited by the end of April 2010.

“LAC is a way of putting into practice the ideas of control, leadership and contribution,” said Carol Taylor, the new LAC development manager in Middlesbrough. *“It’s not about doing that for people, it’s about supporting people, families and communities to take leadership roles, to share and contribute and to make the most of the opportunities that our communities present. It is also about doing the hard work of overcoming traditional obstacles, but doing it in partnership with people who know best – local people.”*

Carol, Ralph and the local steering group have spent considerable time, with support from Eddie Bartnik and the Disability Services Commission in Western Australia, designing and preparing the role, to get it right and keep it true to the core principles of partnership, personal approaches, capacity building and citizenship.

These ideas are not uncontroversial. They provide a critique of intensive professional help, but an equal critique of the idea that people should somehow be ministered to ‘in the community’ where they remain isolated. People steeped in the values of LAC are also sceptical about the new big idea, individual budgets, if they are administered in a way that results in people remaining isolated from each other. The story of the engineer Mike Hammond, who advertised in April 2008 for someone to take his father to the pub twice a week at £7 an hour, is a symbol of what individual budgets could be if we are not careful – where ordinary reciprocal support gets replaced with expensive market transactions.²⁹

The approach described relies explicitly on personal relationships between co-production professionals and clients. There is bound to be scepticism about whether this kind of intervention is sufficiently ‘professional’ and can possibly be cost-effective. But the evidence of LAC suggests it can be, even whilst achieving significant improvements in quality of life for disabled people and bringing broader benefit to communities.

Other projects that facilitate change rather than deliver service solutions as an explicit part of their activity include:

KeyRing³⁰

KeyRing is a housing and advisory service for people with learning difficulties. There are 899 members in over 105 networks nationally (the biggest is in Oldham). The approach is to set up a series of local networks which each have nine adult members, and one volunteer, each living independently, usually within a 10-15 minute walk of each other. The networks provide mutual support, support for independent living, and links into other local networks and resources.

Volunteers provide regular housing related support, such as helping to pay bills, organising maintenance and other work helping members connect into the community. In return they receive free accommodation. Once networks have matured, the support becomes more mutual within the network, and the volunteer role is reduced as members turn to each other. The volunteer is often perceived as a peer by members: in the 2008 floods in Gloucester, the local network volunteer's flat was flooded and all members arrived to help clear the rain and debris away.

Elements of co-production are evident across the service. It is a members' organisation driven by and for the members. At least two members are involved in the recruitment of new KeyRing staff and members are trustees on the board. Members also refer new members and actively increase the network, shape the development of networks and facilitate network meetings. Critically the networks developed are not simply for other people with a learning difficulty, but instead incorporate a wide range of people from the local community.

PART 6:

RECOGNISING PEOPLE AS 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.

Whilst this section is a distinct core element of co-production in practice, it is also in many ways a critical underpinning shift in values that makes the other elements possible. The example contained here demonstrates how patients are now viewed and engaged with as assets by those professionals working with them, but it is also clearly a feature in all of the examples contained in earlier sections.

Imagine going along to your local doctor's surgery to learn IT skills or creative writing, or to find a friend. Most of these are not usually on the list of services available on the NHS. Nor, you might imagine, would they be high on the list of priorities for a government looking for public expenditure cuts – though giving people lifts to hospital appointments or collecting prescriptions for people who are too ill to go themselves are pretty important health objectives. Yet these are among the services available at the innovative Paxton Green Group Practice, on the borders of Southwark and Lambeth in south London and they're proving to be very good for people's health.³¹

Paxton Green is a seven-partner practice and one of the largest practices in south east London. It is also one of the latest surgeries to use timebanking.³² Timebanking is a mutual volunteering approach which enables people to swap skills with one another, using an equal currency of time. One hour of anyone's time is the same, whatever the skill they share. It works with the basic premise that all of us have something to give. This means that people who live in the same area, whether or not they are actually patients at the practice, can now get involved in a range of activities including befriending, visiting, lifts, art, creative writing, meditation, walking and much more besides. As always in timebanking, the key idea is mutual support: all these services are delivered and exchanged by other members of the time bank.

This is, in short, a broader kind of public service. Surgeries without some kind of system to use

the skills of those people sitting so quietly in the waiting room will not be able to give lifts to people, pick up medicines, or visit them when they've come out of hospital. But that may not be the most important idea at the heart of this. What makes Paxton Green, and those like it, different from the mainstream is their attitude to their patients. They recognise that these are people who, whatever health problems they might have, also have huge experience, skills, often time – certainly the human ability to connect with other people. They also recognise that both the prevention and management of someone's health often needs more than a prescription.

These are important resources which are usually wasted – and they may turn out to be important economically too. Just as government departments are seeking out financial assets which can underpin services, all these people are clearly 'assets' too, and this approach to co-production is a result of transforming the perception of people as passive recipients of services and burdens on the system into one where they are equal partners in delivering services.

Many doctors are aware of the problem that the patients in front of them don't really need pills, but would benefit from a friendly visit once a week. Having a time bank means they can write them a prescription for that and the time bank will fulfil it, a type of social prescribing that brings mutual solutions. The other important impact is the way in which this affects the doctors: *"The time bank has broadened the view of how we as clinicians see patients,"* one of the doctors told researchers. *"So patients get some benefit even if we don't refer them to the time bank. We consider patients in more societal terms. The time bank has helped form an identity for the practice, and a focus for patients. Patients' groups often fail because they focus too much on illness, but through the time bank we've formed a community."*³³

What Paxton Green Timebank is doing now is

building on pioneering work which began in Brooklyn in New York City in 1987 (see end of section) and timebanking experiments beginning in a GP's surgery in Catford. At Paxton Green, Alison Paule describes one of their 'ambassadors', the team of members who promote the time bank, who had a long history of alcohol dependency and unemployment. *"He told me that ten people had phoned him over Christmas,"* says Alison. *"The previous Christmas, he didn't speak to anyone for the whole of December. It has clearly made a difference to his social networks, and he is much more confident and articulate now as well. I notice he feels part of the time bank too. He says things like 'what are we doing today?'"*

The story of timebanking in Paxton Green goes back to 2008, when one of the doctors heard about timebanking and raised the money from the local Primary Care Trust to do something similar. When Alison arrived as development manager in 2009 she set up in a small room in the cramped surgery, which they had to share with pre-natal classes and a range of other activities. There were no computers and no phones so the time bank staff looked around the area and moved out into a rundown stately home which houses the local library, next to the children's centre and at the heart of the local Kingswood Estate. *"This turned out to be a blessing in disguise,"* said Alison. *"It meant we had to get out there, do the face-to-face stuff and meet people and be where they were."*

Their first clients were referred immediately by some of the doctors. They were people with low level mental health conditions, including some who had been recently bereaved. There were some who had been out of work for a long time or people who the doctors felt needed something to do, either because they lacked self-esteem so seriously or because they had become very isolated. It was immediately clear that Paxton Green's members were young, mainly under 50, often out of work and frequently depressed. The majority were men. Often they were using timebanking as a kind of club which supported them to try new things and develop new skills, and then move on with their life. It offered a potential solution to so many people like them, of working age who have become stuck and isolated.

The link with the surgery at Paxton Green was an immediate advantage. *"People believe in their doctors,"* she says. *"If they suggest you join the time bank, you trust them. But half of the members now are people who just heard about timebanking from friends or posters or who*

contacted us because they needed something done." The growth of the activity by word of mouth – people inviting friends and family along – is a strong sign of endorsement of the approach by local people.

The link with the NHS in West Norwood provided an instant leveller in Paxton Green, a neighbourhood with extremes of wealth and poverty and includes plush Dulwich Village. Everyone goes to the doctor, after all. As Alison recognises, the levelling also comes about because everyone is making a contribution, *"I did a lot of volunteering while I was growing up and it always seemed rather a white middle class activity. Someone always had to be doing good and someone had to be receiving help. The timebank drew people in because everyone did both."*

At Paxton Green the paid staff aren't responsible for getting people to take part in pre-determined activities that are seen to be 'good for them' but that they may not want. The ideas for activities come from the members, and if none of them want to organise them, they just don't happen. Nor do the paid staff hold people's hands more than a minimum as they embark on new relationships. These are basic human capabilities, after all. Paxton Green members were soon taking walks together, providing IT support, gardening, doing patchwork and a great many other things, as well as the usual support for individuals.

"Once there were 20 or 25 members, it suddenly became a lot easier," says Alison. *"It meant there were a number of people who wanted to join in with people's ideas, enough people to take part in the activities. People don't need herding. We want to create a space where people can come up with an idea and start doing it."*

The surgery is now just one stakeholder in the project. They have been joined by 11 other local organisations, including local public services and more broadly the local Emmaus homeless group, library and the Dulwich Picture Gallery nearby. Time bank members are now actively involved in all of these. Research into timebanking back in 2003 found they were better able to reach groups who would not volunteer, and this appears still to be true.³⁴

The challenge is to break out of the pattern where public services are just places where people have to be passive and grateful, while the professionals around them can barely cope with the need. *"People are used to being patients, especially if they have chronic problems of ill-health,"* says

Alison. *“But it can be refreshing for them to know that, even though they may have long-term depression, they can still change a light bulb for an older neighbour. They don’t have to be defined by their illness.”*

Many of the basic activities of Paxton Green are health-related, like giving people lifts to the doctor or hospital, or picking up prescriptions for people who are too ill to go themselves. That is a broadening of what the NHS can do, without additional cost, if they use the skills and abilities of patients. Some of the social activities are focused on healthy eating, but, as the membership grows – it is now over 85 – the range of activities increases as well. They have quilt-making and creative writing sessions in the local library. All activities are reciprocal with members offering their skills in order that others can learn.

Rewarding people for changing their behaviour has been at the heart of government policy recently, but the evidence suggests that this won’t work as some kind of glorified reward card or with unsustainable token financial payments. It will only work if it is embedded in some local scheme of mutual support which people know and trust, where the results are not levered out of people, but co-produced. Fundamental shifts in behaviour need to come from people, and be both intuitive and self directed in order to effect a sustainable change in people’s patterns and habits. These attitudinal and behavioural shifts also need to be supported by organisational and structural changes which are flexible enough to accommodate new initiatives and social norms.

The point about the Paxton Green approach to co-production is that it recognises that the recipients of public services are wasted assets, whose experience, time and ability to care could be put to use – but which generally speaking are not. This is not straightforward; there are potential pitfalls around health and safety, and safeguarding measures such as CRB checks. Co-production examples, including time banking, would defeat their purpose if they monitored every detail of the relationships that result from it. People inevitably let each other down sometimes, sometimes seriously. The challenge for organisers is to encourage participants to deal with this, and to know how far each of them can be challenged, and to see how much people are changing their behaviour and taking more responsibility as a result. It is in some ways the very antithesis of conventional safeguarding approaches, which is another reason why it is hard to slot this approach into existing public service systems.

Another problem is that although it means broadening the kind of services which can be provided – befriending or visiting through the surgery, for example – these can only be provided on the basis of the willingness of local participants. Every service may be broadened but they may not be broadened in the same way and how they broaden will reflect local people’s resources and needs. As a result new services may not be reliably available to everybody and are unlikely to look exactly the same everywhere. NESTA’s work on the Big Green Challenge indicates that what makes local solutions effective is their local focus and the ability of groups to tailor solutions to local contexts. This can cause tension, due to the impulse to scale projects up in order to achieve impact nationally.³⁵

Most GPs have not yet made this kind of service part of the mainstream. Current examples rely on pots of grants from central funds in the case of primary care trusts (PCTs) or charitable donors. These funds and grants tend to be focused on supporting one narrow interest or needy group. The whole idea of co-production goes the other way: the Paxton Green Time Bank does not focus on narrow segmented problems – which tend to have their neat funding pots – but on broad solutions that reflect how people live their lives, which have fewer obvious sources for funding.

Yet despite this it does seem possible to make it work. There is significant research into how co-production works through timebanking in health settings. Early research on timebanking in a health setting showed that the time bank helped build people’s confidence and self-esteem by shifting the emphasis from areas where they are challenged or failing, to activities and skills that they enjoy and can share with others.³⁶ This was confirmed by a similar but larger project organised through Lehigh Valley Hospital outside Philadelphia, which showed a physical health improvement among 18.6 per cent of members of the Lehigh Community Exchange, a mental health improvement among 33.3 per cent, and a social support improvement among 51.2 per cent.³⁷

Paxton Green has found, in the first year, that members who had taken part in their survey felt that their involvement had made them more confident and positive. *“Just getting myself out of my home is a major plus of the time bank system,”* said one respondent. Another said: *“I used to hang around people who did the same thing day in and day out – and never want to change. But through the time bank, I’ve been able to change myself. I’m more able to appreciate the positives in life.”*³⁸

Of course, these are soft findings, but we also know that low self-esteem or low well-being feeds inevitably into other kinds of ill-health and other costs. National surveys of psychiatric problems in UK adults show that the most significant difference between this group and people without mental health issues is social participation.³⁹ If you have a restricted social network, made up of three or fewer close friends and family, this is a major predictor of mental health problems in the future. Co-production builds these supportive networks around people and services as its central purpose. This brings a double prize of saving money and maintaining well-being.⁴⁰ That is why Lambeth PCT has been funding the Paxton Green Time Bank. *“It terms of promoting well-being, I think it achieves this in a number of ways,”* said Lucy Smith, who leads on well-being for the PCT. *“I have seen it at work first hand and we have also carried out a Mental Well-being Impact Assessment and it ticks the boxes on the key issues. We also believe that well-being is important for health and social inclusion and for preventive work.”*

Identifying measurable cost savings requires continuing work. It is likely that savings will emerge largely on the balance sheets of other services.

Whilst the examples described in this section are largely related to health, earlier sections demonstrate how co-production can work just as well outside healthcare settings. The following examples demonstrate further examples of the benefits of treating people as assets:

Elderplan Member to Member Scheme, Brooklyn US

Elderplan is run by health insurance companies in New York and they originally launched their Member to Member scheme as a way of getting their members to look after people who were slightly more infirm, so that they could stay in their own homes for longer. People earned ‘time dollars’ for the hours of effort they put in, which gave them the right to draw down time from somebody else in the system when they needed it. It was an outline of a mutual support system which measured and rewarded the effort everyone put in, and utilised key assets in the community.

To Elderplan’s surprise, the real health impact wasn’t gained by those being helped; it was in fact enjoyed by those doing most of the helping. It gave them a purpose; a reason for getting out of bed in the morning. So much so that Elderplan

members were allowed to pay a quarter of their insurance premiums with the credits they had earned helping neighbours. Many of the services provided by Member to Member were beyond anything that could normally be offered by a health insurance company. Many are also services which money can’t buy anyway. *“Often you can’t buy what you really need,”* says Mashie Blech, then Elderplan’s director of community services. *“You can’t hire a new best friend. You can’t buy somebody you can talk to over the phone when you’re worried about surgery.”*

Member to Member now has more than 10,000 members in Brooklyn, and it was a major feature of their recent advertising campaign when Elderplan went New York wide. They featured their DIY team, originally started as a way of getting husbands involved as volunteers. Their poster carried a picture of a DIY team member, complete with hat and spanner, with the slogan ‘Does Medicare send you a friend like George?’. ‘Does Medicare lift your spirits?’ asked Elderplan’s advertising later. When the American healthcare industry was plunging into cynicism because of its apparent inhumanity, Member to Member was able to demonstrate a human alternative.

Co-housing at the Threshold Centre⁴¹

Co-housing is a long-established movement of people and families who design and create a housing collective, with an emphasis on community, sustainability and reviving mutual relationships in neighbourhoods. The Threshold Centre in Dorset is a co-housing group which has been working in partnership with the Synergy Housing Association to double local housing provision in response to increased demand for co-housing for older people.

The distinction between ‘professional’ and ‘user’ was slowly eroded throughout the process of co-designing the new homes. Synergy Housing were dependent upon the skills, input and commitment of the co-housing group, while they provided the resources needed to create the housing, such as architects, plumbers, engineers and builders. It was necessary to work genuinely in partnership: residents’ lived experience of ageing was a vital asset in this process and enabled them to design suitable accessibility for those with limited mobility, which hadn’t been factored into the initial designs. Residents play an active and explicit role in creating the community in which they will all live. The Synergy Housing Group recognised the value the housing community had in co-creating a space which is suited and adapted to the community living there – in this

case, older people. The outcome is a housing space which meets a genuine demand and a community that is already established by the time the homes are built.

Fureai Kippu, Japan

Japan has the second-fastest ageing population in the world. Fureai Kippu translates to 'caring relationship tickets', and provides a system for valuing the hours that a volunteer spends supporting older or disabled people with their daily routines by crediting it to that volunteer's 'time account'. This is managed exactly like a savings account, except that the unit of account is hours of service instead of yen. The time account credits are available to complement normal health insurance programmes. Different values apply to different kinds of tasks – for instance a meal served between 9am and 5pm has a lower credit value than those served outside of that time slot. Household chores and shopping have a lower credit value than personal care.

These health care credits are guaranteed to be available to the volunteers themselves, or to someone of their choice, within or outside of the family whenever they need similar help. Some private services make sure that if someone can provide help in Tokyo, the time credits become available to his or her parents anywhere else in the country. A strong stimulus to the growth of Fureai Kippu was the powerful earthquake that hit the Kobe area in January 1995. The capacity of the Japanese government during an event of this scale was severely limited and a spontaneous grassroots volunteer movement sprung up in order to complement the emergency services.

At the end of the year, there were over 300 healthcare time account systems operating at the municipal level, mostly run by private initiatives such as the Sawayaka Welfare Institute, the 'Wac Ac' (Wonderful Ageing Club) and the Japan Care System – all of them seeking to demonstrate that these new kinds of innovative credit systems could provide both more cost effective and more compassionate mutual care than more institutional forms of care-giving. A surprising part of the project has been that members tend to prefer the services provided by people paid in Fureai Kippu over those paid in yen because of the nature of the relationship. Having this system in place means that the limited time available by qualified professional staff can be focussed on the most valuable areas in which they can provide support, making this paid-for system most efficient. Fureai Kippu continues to be widespread in Japan and has also now spread to China.

PART 7: CHALLENGES, CONCLUSIONS AND FUTURE WORK

All these examples have their challenges as well as their successes. They show the range of innovative approaches that are already being taken to co-production. Co-production is no longer a theoretical discussion; it is happening but it is not yet mainstream. These examples demonstrate some of the challenges faced, the regular pressure for funding, the problems in how regulation is applied and the structural changes we need to make co-production work.

Overall, the challenge seems to amount to one clear problem. Co-production, even in the most successful and dramatic examples, barely fits the standard shape of public services or charities or the systems we have developed to ‘deliver’ support, even though policy documents express ambitions to empower and engage local communities, to devolve power and increase individuals’ choice and control. We still need to answer a major question about how we can mainstream co-production, and to decide whether existing structures can be modified to enable it better, or if we need new frameworks. The policies that shape public services also play a critical role in making co-production mainstream, and this will be the focus of our next publication.

These challenges can be grouped into four key themes:

- Funding and commissioning co-production activity.
- Generating evidence of value for people, professionals, funders and auditors.
- Taking successful approaches to scale.
- Developing the professional skills required to mainstream co-production approaches.

The first two are barriers that current co-produced services face. The second two are potential obstacles that must be addressed if we are going to shift co-production from the margins

to the mainstream, positioning it as the standard model for public services. We address these in more detail below, and suggest further work to address these challenges.

1. Funding and commissioning co-production activity

Commissioning with public money looks for efficiency and, in an effort to achieve this, tends to apply strict quantitative targets with pre-defined roles and narrow outputs for different providers in distinct spheres of activity.

Co-production can be awkward for funders and commissioners, who tend to look for specific objectives and pre-determined outputs generated from a narrow range of anticipated activities and evidenced by limited indicators of success. Co-production looks much messier than this, often encompassing a broad and multiple range of activities which continue to evolve as relationships develop between professionals and people using services. The indicators of success are found in broader outcomes and longer term changes that often fall across multiple funding streams and are not always easy to measure with current methods. There is, in short, a culture clash. Our report suggests that this failure to encompass what is new and innovative – even when it manifestly succeeds in tackling otherwise intractable problems of public policy – is bound to hold back the development of co-production.

Lessons learnt

Everyone we have spoken to during our research has had stories to tell about the battle to reconcile their objectives and ways of working with the demands of funders and commissioners. This makes the work vulnerable and diverts time into fundraising that could be better spent co-producing services.

For example, because most funders have a very specific view of what constitutes ‘rehabilitation’,

innovative activities such as those run by Headway East London are perceived as unproven and cannot attract financial support as easily as more conventional support mechanisms, even though they are clearly effective.

KeyRing's director of operations said that funding is a huge challenge for the organisation: *"Who puts out a tender for a mutual support service? Our model of combining independent living with growing an individual's social networks isn't recognised as a service as such by many local authorities and commissioners. But it works."* The result is that KeyRing has to work twice as hard to build relationships with local authorities to persuade them that their model gives disabled people more control and genuine empowerment, while offering significantly lower costs than assisted residential placements.

There are also problems with large grant funders, who are focused on particularly 'needy beneficiaries' and insist on knowing what a funded programme will consist of in detail over three years. This often results in pre-determined activities set up ahead of any real dialogue with the people who might become involved. It actively prevents co-production projects from evolving their activities as people learn and change.

Challenges and barriers

Efficiency is not the same as effectiveness. Innovative service solutions are often at odds with the commissioning structures in place. Peer and mutual support networks, for example, are a strong feature of co-production, but are not usually accounted for in commissioning specifications, either because they are assumed to exist already or because they are not seen as important for the services provided. Commissioning routinely focuses on what people can't do, and what types of services are required to meet a need, instead of working with people to build on their existing capabilities and develop solutions – beyond conventional 'services' – that enable individuals to gain the support they want.

Steps forward

Holy Cross Centre Trust has been commissioned to co-produce mental health day services as part of a local third sector consortium in Camden. This is possible because the London Borough of Camden has begun commissioning for outcomes (such as a thriving local community) and has specified that all services should be co-designed and co-produced. The commissioners included

questions in the tendering process so that they could understand how future providers would co-produce services. These included:

- What role would you envisage for service users in the development and delivery of your service?
- How does your service identify and mobilise service users' strengths?
- How would the contribution of service users, carers, family, peer group, neighbours and the wider community be measured or rewarded?

They then judged bidders on their responses to these questions rather than just looking for the least expensive service provider. Camden is rolling out its outcome focus in commissioning across its services, which shows that existing structures of local government can be adapted to create a space for co-production.

Areas for further work

nef has worked with Camden to support their transition to outcomes-based commissioning and its focus on co-production. A briefing on this work is forthcoming. We plan to work with commissioners to help them find better ways of commissioning co-produced services.

2. Generating evidence of value for people, professionals, funders and auditors

Co-produced services can be awkward for regulators, because key aspects of other public services are missing, such as clear hierarchies between staff and service users. They are often nervous about aspects that are absolutely central to these projects, such as the provision of home cooked meals for the children at Scallywags. This isn't done in registered kitchens but at home, by parents who cook for themselves and their own children. Concerns about safety mean that pre-prepared meals provided in bulk are seen to be preferable to parents actively contributing the foods that are home made.

Public services often rely on strictly defined outputs and targets, whether this is the number of patients who are seen each day, or the number of students achieving A* to C grades, or the percentage of offenders re-offending. But sometimes these targets seem fundamentally at odds with the nature of the service. How, for example, would we quantify the success of supporting people with dementia, at Merevale

House? In some cases the fear of regulation, rather than the actual regulation itself, prevents professionals from working more collaboratively. Having residents with dementia playing an active part in preparing and serving meals to other residents and staff on a day-to-day basis might be seen as too high-risk for many staff. Yet elements like this create a culture of mutuality at Merevale and improve the quality of support experienced by residents.

Lessons learnt

Many of the examples here have re-evaluated what success looks like for the people they work with. This has a direct impact on how they measure their success. It means that traditional methods of evaluation are unable to capture the full benefit of working in this way.

Current rehabilitation programmes for people with a severe brain injury measure success by how many are retrained and return to the workplace within a set period of time. At Headway East London, success is not linked to employment rates, but to how people's lives have changed, and how they can begin to use their skills and abilities. Given the differing objectives of these approaches, it is impossible to compare their services with more conventional ones. Yet many organisations that co-produce services find themselves needing to fit into the existing measurement and evaluation models to demonstrate the value of what they are doing and get more funding.

In many cases, the benefits generated by co-production reach beyond a single service area. A recent, intensive study of time banking in the US produced a wealth of quantitative evidence about how it helps improve social, mental and economic well-being.

- One-hundred per cent of all time bank members surveyed stated that they had benefitted from the time bank, and those with the lowest levels of income reported the highest level of benefit.
- Forty-eight per cent of participants reported improvements in self-assessed physical health, while 72 per cent reported improvements in self-rated mental health.
- Sixty-seven per cent reported increased access to health and community services, and 73 per cent with an annual income under \$9,800 stated that membership of the time bank had helped them to save money.

These findings demonstrate the wide ranging benefits of one co-production approach. Many of these outcomes necessarily underpin good public services but would not necessarily be attributed to one service or funder.

Similarly, LAC, the Community Justice Panel and KeyRing all have ideas about what constitutes valuable outcomes and these ideas are developed in partnership with the people who access support. Identifying an outcome – whether it is independent living, an extended social network or community based restorative justice – starts with what is possible to create and build, rather than a deficit process of looking at what needs to be fixed and delivered.

Challenges and barriers

There is evidence from many of the examples here that co-production can have a preventative effect. Capturing and accounting for this is challenging, particularly when the benefits may be experienced by a number of different stakeholders. Successful outcomes from the Chard Community Panel may generate benefits for other public services, for example by reducing demand for the services as people change the way they feel and relate to one another. It might help the wider local community if they become less afraid of crime. Capturing these effects can be complicated and expensive and is rarely pursued by funders, leaving services to gather evidence at their own expense, if at all.

Steps forward

What the emerging sector needs are analytical tools for scrutinising co-production activities in terms of their own 'theories of change' (see box opposite). Methods such as Social Return on Investment (SROI), which has been developed by nef, extend cost benefit analysis to undertake a broader analysis with a wide range of stakeholders and capture social benefits alongside economic ones. The Office of the Third Sector is currently developing national support for SROI analysis in England and Scotland.

NESTA and nef will be working together to develop a range of tools and approaches for more comprehensive evidence gathering. This will include a review of existing approaches to measurement and evaluation approaches, assessing their strengths and weaknesses and also drawing together evidence about the value of co-produced services from a range of project evaluations. This will help us develop an appropriate model to capture the full benefit

Theory of Change

A Theory of Change is essentially a description of how a project or service expects to reach a commonly understood long-term goal. It explains how early and intermediate outcomes lead to the resulting long-term goal. This model articulates both the interventions that will bring about the outcomes and assumptions about the process through which change will occur. It often includes a map showing the relationship between actions and outcomes which reveals the often interdependent and complex activities through which change will be brought about.⁴²

of co-production. However, it is important to recognise that, while metrics and indicators of success are important, it is qualitative evidence from people directly involved with co-production that has proved to be the most persuasive for the organisations involved.

3. Taking successful co-production approaches to scale

Many of the organisations and projects we have worked with are operating at a local level. While there are some local authorities who are beginning to move commissioning models and specific services towards co-production, it has yet to become mainstream. Commissioners and policymakers are sometimes worried whether these examples can be replicated.

Co-production is personal; it suits smaller organisations and these are mainly in the Third Sector. Introducing co-production as a mainstream approach to public services will require a significant structural shift away from hierarchical and centralised arrangements, towards flatter and more reciprocal relationships; it will also require a cultural transition away from delivering things to people, towards working with people to enable them to help themselves and each other. The values that underpin co-production are essential to its success: for example, co-production often depends on face-to-face relationships with key practitioners, like a KeyRing volunteer or a local area co-ordinator, to make it work.

Lessons learnt

A few organisations, such as KeyRing, the MS Society, time banking and LAC, have managed to scale out their services to a national level. Most of these have a central co-ordination point, and people specialising in funding and

communications, but the bulk of their activity takes place through a national micro-network with a multitude of project activities taking place locally. Not only does this keep the personal relationships which are so central to co-production, but also it means that funding is devolved to as local a level as possible. There is a space for control, decisions and action to be taken locally, and the services can evolve alongside the individuals who would traditionally have been recipients of the service.

KeyRing has managed to reach many people not by centralising and reducing the scheme to a series of deliverables, but by scaling out – seeding small local networks much more widely. The fact that relationships are so important to co-production will determine how services are expanded to reach significant numbers of people.

At Envision, local education co-ordinators work with individual schools to help pupils identify their own interests and priorities, a process that is unique and highly individualised. The effect is a more engaged and active student population, who are able to decide which programmes they would like to run, rather than picking from a centrally developed, managed and delivered list of ideas or projects. Likewise, the Learning to Lead approach is adapted with each school's population. The key ingredients are familiar, the overall structure and principles remain the same, but the individual activities and processes are often completely different. This local shaping of activity develops a vital local ownership which seems important to successful co-production.

Organisations that provide nationwide services have to stick to some key principles. Barack Obama's recent decision to expand the model of family nurse partnerships across the US to a nationwide programme will require strict adherence to the principles which have made it so successful as a local model, such as the

guideline that nurses do not work with more than 25 families at one time, and the focus on building each family's individual capabilities. Similarly, LAC has expanded significantly in Australia over the past two decades, becoming a central pillar of the government's disability support strategy. Yet despite a huge expansion in the total number of people supported by local area co-ordinators, the model still has local support networks of 50-60 people, because this is part of what makes it such a valuable service.

Challenges and barriers

Exact replication or duplication of a model can lead to failure. It is not possible for co-produced services to be blue-printed and exported to other areas. Each of the examples we have described is a product of the particular assets and resources that are found among the people and places directly involved.

The service blueprinting approach also presents problems because it doesn't recognise the structural and cultural shifts involved in mainstreaming co-production. The initial LAC experience of rolling out the approach in one region found that simply transferring existing staff into new roles with the supporting LAC infrastructure was not enough to guarantee success. Where this scaling out of activity worked best, frontline staff, people who might access LAC support and wider communities were more comprehensively involved in understanding how the approach worked elsewhere and in developing a locally appropriate model.

The challenge is finding ways in which practitioners can identify the key ingredients and key principles that the success of an approach depends on, for example the relationship ratio that has been kept in place in many successful examples. New areas should also be able to learn from what others have achieved, and to adapt them to their local context and make the best use of local resources, if they are going to build an infrastructure that works for them.

Steps forward

Co-production examples need to clarify their own 'theory of change' and the key ingredients that make their approaches work. These might include the mechanisms by which funding, decision-making and control are devolved to both individuals and co-ordinators. It is also important to be clear what local factors, such as the funding or commissioning, create the conditions for co-production. NESTA and nef will be working with

practitioners to develop tools and approaches to help successful small-scale co-production initiatives to go to scale.

4. Developing the professional skills required to mainstream co-production approaches

What is the particular mix of skills that co-production practitioners need? From the examples in this publication, necessary skills include being able to see and harness the assets that people have, to make room for people to develop for themselves, and to be able to use a wide variety of methods for working with people rather than processing them. This represents a significant shift away from a culture of caring to a culture of enabling. In several examples, it is also important to have local knowledge or to be able to connect with someone who has that knowledge.

Challenges and lessons learnt

A big challenge is the often narrow and restricted scope of roles within public services, which has led to strictly defined job descriptions that inhibit engagement with activities outside the normal professional remit. The doctors at Paxton Green have adapted their attitudes to patients and their behaviour as clinicians, in ways that might be seen by others as community development work or social care. Yet by having contacts and relationships across the entire community, they are now much better placed to promote and encourage broader health solutions - with clear benefits all round.

Another challenge is the uncertainty that sharing responsibility brings, set against a growing culture of safeguarding, blame and risk aversion. One London borough was asked about citizens playing a bigger part in delivering, or co-producing, local community safety and policing services: the instinctive answer was it could only lead to 'local vigilante mobs'. It was assumed, wrongly, that inviting citizens to co-produce would replace professional roles. It was also assumed that ordinary members of the public couldn't be trusted to make sensible decisions and that it was therefore too risky to share responsibility with them.

Even where organisations are open to co-production, there is sometimes a perception that certain types of users won't be able to co-produce. For example, one London-based substance abuse organisation is actively seeking

to embed co-production at the heart of its activities, but assumes that certain vulnerable people cannot be directly involved. Part of the challenge for these organisations is to recognise the assets, skills and knowledge that such individuals bring to the service. This is all the more difficult when service professionals are habitually expected to focus exclusively on people's needs.

One challenge is not to train citizen co-producers to the point that they begin to look like professionals themselves, but instead to recognise the distinct contribution that citizens can bring. Another is to avoid the difficulties experienced when Local Area Co-ordination was initially being launched in one region: at this point, the essential ethos was only partially understood by many of the managers involved, and traditional social workers were sometimes just re-assigned to be local area co-ordinators. Unsurprisingly, not much changed.

As the experiences of Headway and Scallywags have shown, taking some risks is vital to realising what works and what doesn't. Seeing people as assets, and providing a space for them to take an active role in running a children's nursery, or mentoring other patients, is perceived as risky because we have become used to a strict delineation between user and professional. But co-production, in practice, manages to erode these boundaries to the point where the service would fail to function without the input and activities of both users and professionals.

A model of top-down service delivery lends itself to a customer mentality, where services are delivered in one-way transactions between professionals and recipients. By contrast, co-production facilitates a much more equal partnership and – in doing so – shifts the balance of responsibility, so that it is more evenly shared across both parties. Yet this shift is not supported by the management structures and regulatory regimes in which public sector staff work. Research conducted by nef for the Joseph Rowntree Foundation found that, in order for professionals to engage in co-production, they needed to feel sufficiently engaged themselves.⁴³

Co-production does not assume, by any means, that specialist training and skills are no longer required in public services. Co-production provides a mechanism to make best use of the increasingly pressurised resource of professional skills while also offering a critique of the way in which these skills have been imparted to date. Co-production relies on a distinct ethos and an approach that leans less on delivery and much

more on facilitation. It also recognises that, while professional expertise is vital, this will never replace the knowledge that comes from personal experience. Real change comes from combining both these sources of knowledge.

Steps forward

We need to help current and future professionals adapt professional practice and performance frameworks, learning from those who are already successfully co-producing services. NESTA and nef are developing a self-reflection tool with co-production practitioners over the coming months. It will help professionals, programmes and those who use public services to work out how much co-production is already in practice. This tool will also highlight how projects in certain sectors can succeed in some aspects of co-production more easily and more thoroughly than others.

Where do we go from here?

There are genuine challenges in understanding co-production and extending it into a mainstream approach to public service delivery. There are difficult questions that need answers, and significant structural and cultural issues which require careful thought and extensive discussion. To create the conditions for co-production to flourish, we shall need policy solutions supported by changes in practice. In the immediate future nef and NESTA will be preparing a document to support policymakers and commissioners. If you would like to be part of this debate please contact us.

Through the second phase of the partnership between nef, NESTA and co-production practitioners we will be returning to these challenges and developing practical solutions. We will be supporting several innovation projects and testing out new approaches and models to overcome the challenges this report has highlighted. We will also continue to work with the network of frontline practitioners to draw learning from its members' extensive experience. If you would like to be part of the network, be informed of upcoming publications and events, or have questions or comments on this report or co-production more widely please contact Julia Slay: Julia.slay@neweconomics.org.

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THE LAB AND CO-PRODUCTION

Our public services face unprecedented challenges, made more urgent by the impact of the current economic crisis. Traditional approaches to public services reform are unlikely to provide the answers we need.

NESTA is applying its expertise to find innovative ways of delivering our public services. More effective solutions at cheaper cost will only come through ingenuity. Our Public Services Innovation Lab is trialing some of the most innovative solutions and bringing them to scale across the country's public services.

Co-production is a new vision for public services which offers a better way to respond to the challenges we face – based on recognising the resources that citizens already have and delivering services alongside their users, their families and their neighbours in partnership with the public. Early evidence suggests that it is an effective way to deliver better outcomes, often for less money.

This paper is the second publication from a major project between the Lab and nef (the new economics foundation) to increase the understanding of co-production and how it can be applied to public services. We have established a network of pioneering frontline workers from across the UK who are using co-production to engage citizens and improve services, and will use these insights and evidence to promote a more positive environment for co-production in our public services and in policymaking.

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nef is an independent think-and-do tank that inspires and demonstrates real economic well-being. We aim to improve quality of life by promoting innovative solutions that challenge mainstream thinking on economic, environmental and social issues. We work in partnership and put people and the planet first.

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