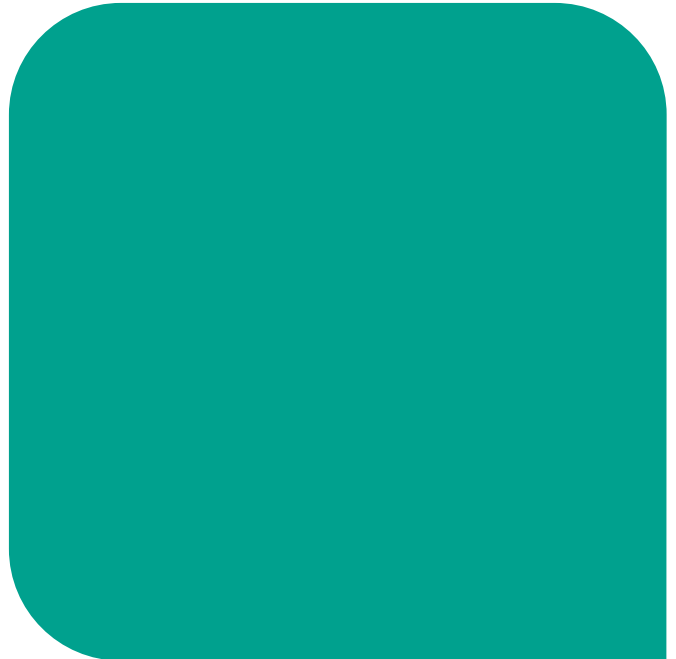


# Co-production in social care: What it is and how to do it



A guide to co-production in social care and how to develop co-productive approaches to working with people who use services and carers.

The Social Care Institute for Excellence (SCIE) was established by Government in 2001 to improve social care services for adults and children in the United Kingdom.

We achieve this by identifying good practice and helping to embed it in everyday social care provision.

SCIE works to:

- disseminate knowledge-based good practice guidance
- involve people who use services, carers, practitioners, providers and policy makers in advancing and promoting good practice in social care
- enhance the skills and professionalism of social care workers through our tailored, targeted and user-friendly resources.

First published in Great Britain in October 2013  
by the Social Care Institute for Excellence

© SCIE

All rights reserved

**This report is available online**  
**[www.scie.org.uk](http://www.scie.org.uk)**

**Social Care Institute for Excellence**

206 Marylebone Rd

London

NW1 6AQ

tel 020 7535 0900

fax 020 7535 0901

[www.scie.org.uk](http://www.scie.org.uk)

# Contents

Acknowledgements .....	
Introduction.....	1
About this guide.....	2
Recommendations .....	5
Culture .....	5
Structure .....	5
Practice.....	5
Review.....	6
What is co-production?.....	7
Defining co-production .....	7
Principles of co-production.....	9
The policy context.....	14
The link with personalisation.....	16
Economics of co-production.....	17
How to do co-production .....	21
Culture .....	21
Structure .....	25
Practice.....	31
Review.....	38
References .....	41
Practice examples.....	46
Action for Carers Surrey .....	46
All Together Now project.....	47
Birmingham City Council's Adults and Communities Directorate.....	49
KeyRing .....	53
Look Ahead Care and Support .....	54
My Way.....	56
Northamptonshire Community Housing Network .....	57
Northern Ireland Disability Strategy .....	59
Redesigning Support for Care Leavers.....	60
The Healthy Living Club.....	62

# Acknowledgements

## Project Advisory Group

- Claire Abbs, Equal Lives
- Fran Branfield, service user consultant
- Alison Cameron, Cameron McLeish Consultants
- Jane Carrier, National Development Team for Inclusion
- Clenton Farquharson, Think Local Act Personal Co-production Monitoring Group
- Patrick Harris, London Borough of Newham
- Don McLeish, Cameron McLeish Consultants
- Graham Price, Shaping Our Lives
- Shahana Ramsden, Think Local, Act Personal
- Julia Slay, New Economics Foundation
- Angela Smith, Race Equality Foundation

Copy editor and proof reading: Rowena Mayhew

Scoping to identify literature: Paul Ross and Sarah Carr

Evidence review: Dr Catherine Needham, Health Services Management Centre, University of Birmingham

Peer review by David Boyle and Dr Angela Sweeney

Project support: Andrea Allen

Thanks also to the people who helped with details for the practice examples:

- Action for Carers Surrey: Jane Thornton
- All Together Now project: Nick Andrews, University of Swansea
- Birmingham City Council's Adults and Communities Directorate: Melanie Gray
- KeyRing: Charlotte Crabtree
- Look Ahead Care and Support: George Garrad and Ceri Sheppard
- My Way: Katherine Yates, McIntyre
- Northamptonshire Community Housing Network: Marion Turner
- Northern Ireland Disability Strategy: Karen Hall, Disability Action
- Redesigning Support for Care Leavers: Gayle Rice, the Institute for Research and Innovation in Social Care
- The Healthy Living Club: Simona Florio and Michael Edwards

Practice examples researched by Sue Bott, Disability Rights UK

Advice on the economics section: Annette Bauer, London School of Economics

Co-production films: Sybil Ah-mane and Russell Hall at Flexible Films

## Introduction

Co-production is a key concept in the development of public services. It has the potential to make an important contribution to all of the big challenges that face social care services. Implementing co-production can support:

- cost-effective services
- improved user and carer experience of services
- increased community capacity
- integration.

The idea that public services need to work with the people who use services is not new. However, the failure to listen to the voices of people who use services and carers has been a key theme in all the high-profile scandals in health and social care in recent years. Enquiries into the abuse and neglect of people who use services, including the Francis report [1], have highlighted the need for providers to develop more equal relationships with people who use services and carers. Co-production provides the concept and the framework to develop these more meaningful relationships.

Definitions of exactly what co-production means still vary but it is the term that is gaining common currency as the way to describe working in partnership with people who use services, carers and citizens to improve public services. Its development has been influenced by an intriguing mixture of sources, including:

- thinking around personalisation by Charles Leadbeater [2], a British social policy expert
- the work of Edgar Kahn, a former speech writer for Robert Kennedy and early time bank advocate
- academic work about public service governance
- new ideas about developing projects from the world of design
- ongoing discussion in the disability and mental health movements for people who use services about their role in public services.

There is an interest in co-production across the full range of public services, not just social care and health. Public and private sector organisations and politicians from all three major parties have shown an interest in co-production. This interest is partly motivated by the pressure to cut costs but is also indicative of the widespread acknowledgement that the citizen has a vital role in achieving positive outcomes from public services.

Implementing co-production is challenging and complex. It involves looking at every aspect of how an organisation works. This resource draws on the learning from a wide range of sources to help managers, practitioners, people who use services and carers to both understand and implement co-production in social care and beyond.

## About this guide

The term 'co-production' dates from the 1970s and has more recently become a new way of describing working in partnership by sharing power with people using services, carers, families and citizens.

This guide is about how to do co-production in social care. The guide was co-produced with a Project Advisory Group, which included people who use services, carers, a commissioner from a local authority, policy development professionals and staff from the Social Care Institute for Excellence (SCIE). The guide aims to answer the following question: How do organisations work effectively in a co-productive way?

## Overview and how to use the guide

- To provide a strong evidence base for co-production
- To provide practical advice for organisations looking to adopt co-productive approaches.

## Who the guide is for

- managers and commissioners
- frontline practitioners
- people who use services and carers.

## Evidence used for the guide

The guide is based on three sources of evidence:

- a review of the evidence from 15 studies of co-production that were published in peer-reviewed journals (references to these documents are identified with a '\*')
- other literature that was not part of the evidence review identified by SCIE staff and some recommended by the Project Advisory Group
- practice examples that show current practice on co-production in 10 projects/organisations.

There are 10 practice examples referred to in the guide from the following organisations:

- **Action for Carers Surrey**
- **All Together Now project**
- **Birmingham City Council's Adults and Communities Directorate**
- **KeyRing**
- **Look Ahead Care and Support**
- **My Way** - a project by the charity MacIntyre in partnership with Derbyshire County Council



- **Northamptonshire Community Housing Network**
- **Northern Ireland Disability Strategy**
- **Redesigning Support for Care Leavers** – this project developed support for care leavers making the transition to adulthood in Argyll and Bute in Scotland
- **The Healthy Living Club**

They represent a range of organisations and projects using co-production in social care. Many have used co-production approaches to develop new and innovative services. Further details of the practice examples are in Appendix 2 and a full account of each example is given in Co-production Practice Examples.

## How the guide is organised

The guide is organised into two sections:

- **What is co-production?** This section looks at what co-production is and the principles on which co-productive approaches to working with people who use services and carers should be based. It also outlines the policy context, the economic impacts and describes key issues associated with co-production.
- **How to do co-production.** This section gives guidance on how to put co-production approaches in organisations and projects into action. It gives clear recommendations on the key changes that organisations need to make to develop co-production approaches. It is structured around a jigsaw model of the management of change. This brings together four important areas of change: culture, structure, practice and review.

## How the guide was produced and NHS Evidence Accreditation

SCIE has produced this guide in a way that meets the requirements for NHS Evidence Accreditation.

The process began with a scope of published research and reports on co-production and related issues. The Health Services Management Centre at the University of Birmingham then reviewed 15 of the documents identified by the scope. These were based on empirical studies and had been published in peer-reviewed journals.

The reviewed documents most closely met the research quality requirements for accredited guides but on their own did not produce sufficient information on which to base a full guide to co-production. The guide therefore includes reference to other research and reports.

In addition to drawing on written resources, SCIE commissioned reviews of 10 practice examples to ensure that the guide includes current practice on co-production in social care. The practice examples represent a range of different social care services and include examples from England, Wales, Scotland and Northern Ireland.

Finally, the guide was produced in conjunction with a Project Advisory Group, which followed the requirements of NHS Evidence Accreditation. This included the group identifying the key question at the core of this guide: How do organisations work

effectively in a co-productive way? The group also reviewed recommendations for the guide, identified additional issues that needed to be covered by the recommendations where there was insufficient evidence and commented on drafts of the guide.

The practice examples, together with the evidence review, the broader literature and the contributions from members of the Project Advisory Group have been put together to form the guide.

## Recommendations

**How to do co-production** – gives recommendations on how to develop co-productive approaches in organisations and projects. The section and its recommendations are based on a framework for change management structured around a four piece jigsaw covering culture, structure, practice and review.

The recommendations are:

### Culture

- Ensure that co-production runs through the culture of an organisation.
- Ensure that this culture is built on a shared understanding of what co-production is, a set of principles for putting the approach into action and the benefits and outcomes that will be achieved with the approach.
- Ensure that organisations develop a culture of being risk aware rather than risk averse.

### Structure

- Involve everyone who will be taking part in the co-production from the start.
- Value and reward people who take part in the co-production process.
- Ensure that there are resources to cover the cost of co-production activities.
- Ensure that co-production is supported by a strategy that describes how things are going to be communicated.
- Build on existing structures and resources.

### Practice

- Ensure that everything in the co-production process is accessible to everyone taking part and nobody is excluded.
- Ensure that everyone involved has enough information to take part in co-production and decision making.
- Ensure that everyone involved is trained in the principles and philosophy of co-production and any skills they will need for the work they do.
- Think about whether an independent facilitator would be useful to support the process of co-production.
- Ensure that frontline staff are given the opportunity to work using co-production approaches, with time, resources and flexibility.
- Provide any support that is necessary to make sure that the community involved has the capacity to be part of the co-production process.

- Ensure that policies and procedures promote the commissioning of services that use co-production approaches.
- Ensure that there are policies for co-production in the actual process of commissioning.

## Review

- Carry out regular reviews to ensure that co-production is making a real difference and that the process is following the agreed principles.
- Co-produce reviews and evaluations.
- Use the review findings to improve ways of applying the principles of co-production, so that continuous learning is taking place.
- During reviews and evaluations, work with people who use services and carers, to think about ways of showing the impact that co-production has, as well as the processes that are involved.

## What is co-production?

Co-production is a slippery concept and if it is not clearly defined there is a danger that its meaning is diluted and its potential to transform services is reduced. At the same time, a definition that is too narrow can stifle creativity and decrease innovation. An important part of the process of co-production is for organisations and projects to come to an agreement on what they understand co-production to be and the principles that will guide its implementation.

This section of the guide looks at how co-production can be defined and then outlines a set of co-production principles that can help to give direction to co-production projects. It also looks at the policy context and the economics of co-production.

### Defining co-production

There is no single formula for co-production but there are some key features that are present in co-production initiatives. They:

- define people who use services as assets with skills
- break down the barriers between people who use services and professionals
- build on people's existing capabilities
- include reciprocity (where people get something back for having done something for others) and mutuality (people working together to achieve their shared interests)
- work with peer and personal support networks alongside professional networks
- facilitate services by helping organisations to become agents for change rather than just being service providers. [3]

Some definitions of co-production include:

Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them. [4]

A way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it. [5]

A relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make in order to improve quality of life for people and communities. [6]

Definitions and language are important. But the move toward co-production needs to be more than just a change in words because there is a danger of assuming that the right words will be followed by the right actions. Real change is accompanied by a movement of resources to people who use services and to frontline staff. [7]

There is a difference between co-production and participation: participation means being consulted while co-production means being equal partners and co-creators. [8]

A distinction has also been made between co-production and co-creation. In co-production, people who use services take over some of the work done by practitioners. In co-creation, on the other hand, people who use services work with professionals to design, create and deliver services. [9]

Co-production has been broken down into the following:

- co-design, including planning of services
- co-decision making in the allocation of resources
- co-delivery of services, including the role of volunteers in providing the service
- co-evaluation of the service. [10]

Some people argue that co-designing services (managers and citizens working together in the planning stages of projects), while important, must be accompanied by co-delivery (involving people in actual service provision).

It can also be useful to think about there being different levels of co-production. For example:

- descriptive – where co-production already takes place in the delivery of services as people who use services and carers work together to achieve individual outcomes, but activities cannot challenge the way services are delivered, and co-production is not really recognised
- intermediate – where there is more recognition and mutual respect, for example where people who use services are involved in the recruitment and training of professionals
- transformative – where new relationships between staff and people who use services are created where people who use services are recognised as experts in their own right. There is respect for the assets that everyone brings to the process and an emphasis on all the outcomes that people value, rather than just those—such as clinical outcomes—that the organisation values. [11]

The range of definitions and the proliferation of terms such as ‘co-creation’ and ‘co-design’ can be bewildering. However, there are a few things we can say with some certainty that transformative co-production is about:

- social care professionals and people who use services work in equal partnerships towards shared goals
- there is a movement from involvement and participation towards people who use services and carers having an equal, more meaningful and more powerful role in services
- people who use services and carers are involved in all aspects of a service – the planning, development and actual delivery of the service

- power and resources are transferred from managers to people who use services and carers
- the assets of people who use services, carers and staff are valued
- it is recognised that if someone makes a contribution they should get something back in exchange
- frontline staff are seen as a group that needs to have more autonomy and a greater role in planning services.

### **Practice examples**

#### *Action for Carers Surrey*

For this organisation, co-production meant that it was treated and valued as an equal partner in the coalition it brought together to develop a new service to provide breaks for carers.

#### *Birmingham City Council's Adults and Communities Directorate*

The Adults and Communities Directorate defines co-production as 'a way of working in partnership to understand and agree the things that need to improve and work together to change things for the better.'

#### *All Together Now*

This project defined co-production as 'a value based approach that is about building relationships, is a force for good, and can be used in a variety of settings.'

## **Principles of co-production**

Some commentators have suggested that it may be useful to approach co-production as a set of distinctive principles rather than trying to define it. [10] The following principles of equality, diversity, accessibility and reciprocity are critical values for putting co-production into action.

### **Equality – everyone has assets**

Co-production starts from the idea that no one group or person is more important than any other group or person. So everyone is equal and everyone has assets to bring to the process. [14, 15, 16] Assets refer to skills, abilities, time and other qualities that people have. This is different from approaches that focus on people's problems and what they cannot do.

Much of the writing on co-production focuses on the need to recognise the assets of people who use services and others in the community. However, the assets that workers, practitioners, managers and other professionals bring to the process also need to be recognised. [12, 13] Peer support workers have challenged a 'them and us' culture as not being compatible with a culture of co-production. [17\*]

The Project Advisory Group that oversaw the development of this guide pointed out that equality can only be achieved with a shift in power towards people who use services and carers.

## **Practice examples**

### *Northamptonshire Community Housing Network*

This network grew out of a project to develop a housing plan for people with learning disabilities initiated by the local partnership board. This work was co-produced with all stakeholders taking part, including people with learning disabilities, their supporters, community volunteers and a range of professionals including people from local housing authorities, care management staff, social care commissioners, children and young people's officers, the partnership board's black and minority ethnic communities officer, and representatives from voluntary organisations.

The working group was co-chaired by a person with a learning disability and a community member, with everyone working together as equals.

This principle was then carried over to the establishment of the new network. It is based on values of mutual support and recognises that all members have skills to share with each other. It doesn't have any hierarchy. And it helps people to be in control of their lives without being out on their own.

### *The Healthy Living Club*

People who do and do not have dementia help to run this club. Everyone involved uses their assets to make a contribution to the club.

They have discovered that between them they have a range of talents and skills. These include, bid writing, book keeping, computer work, information technology skills and music making. All these skills are used to run the club and its activities. Everyone contributes to how it functions and the decisions that need to be made to the extent that they are able and willing to do so.

### *All Together Now*

This initiative involved moving from a 'deficit-based approach', which emphasised what people with dementia could not do, to an asset-based approach. It used a model of shared living that built on the strengths and contributions of people living with dementia, their families and staff.

Achieving this required a different approach to the assessment of people living in the home. The new approach, called an exchange model, recognised that everyone is an expert and assessment involved negotiation between different people, including the person with dementia. This contrasts with the procedural model of assessment that focuses on professionals determining and asking the questions, often accompanied by lots of form-filling.

For a culture of equality to be fostered, everyone involved in co-production will need to get to know each other. There can be complexities around this issue because of the unequal power relationships between professionals and people who use services, and between people who use services themselves.

It can take time and considerable patience to address these issues. Training and support will be a key part of achieving this and ensuring that there is equality in the principles and practice of co-production. If people who use services are brought into the



process without this, they will be at a disadvantage in their relationships with professionals.

Experienced and well-trained people who use services bring a lot of value to co-production, particularly in terms of more equal and potentially more challenging relationships with professionals. This can sometimes lead to them being dismissed as 'the usual suspects'. [18] However, they do have the capacity to make a particular contribution to the leadership of co-production initiatives.

The Project Advisory Group also recognised that there is a danger that some people who use services can become too like professionals (which can be called professionalisation or isomorphism).

The principle of equality and recognising that everyone brings assets to co-production that should be used and valued, provides the basis for a balanced approach to this issue. If everyone is treated as equal in the process of co-production, greater experience or expertise should not mean greater power. So no one group (professionals, experienced or less experienced people who use services and carers) should have a greater role to play.

#### **Practice example**

##### *Northern Ireland Disability Strategy*

The meetings held with disabled people during the development of this strategy included people who were experienced in user involvement and people who had never before attended such a meeting. This mix of perspectives worked well and led to lively and informative discussions. Particular efforts were made to attract seldom heard groups to the meetings.

#### **Diversity**

It follows from the previous principle that diversity and inclusion are important values in co-production. This can be challenging but it is important that co-production projects are pro-active about diversity.

It has been found in work on the involvement and participation of people who use services that some groups are under-represented or excluded from such work, and this is likely to apply equally to co-production.

People who use services can be excluded because of equalities issues or because of the nature of their impairment. The main groups likely to experience exclusion are:

- people from black and minority ethnic communities
- people from lesbian, gay, bisexual and transgendered communities
- people who communicate differently
- people with dementia
- older people who need a high level of support
- people who are not affiliated to any organised group or 'community'. [19]

Where a person lives can also be a barrier to participation: people living in residential homes, homeless people, Gypsy and Traveller communities and people in prison experience exclusion on this basis. [18]

**How to do co-production** includes some practical advice for projects and initiatives to ensure that that activities are inclusive for all communities and groups. The practice examples demonstrate a range of approaches to achieving diversity.

### **Practice examples**

#### *The Healthy Living Club*

This club has successfully involved people with dementia and people from a wide range of ethnic backgrounds, reflecting the diverse community where the club is based. It has achieved this by having one-to-one conversations with people as a means of building on what takes place during formal meetings.

#### *My Way*

This project carried out an equality impact assessment – that is, looking at the likely or actual effects of its policies on different groups of people – and this led to young disabled people in Gypsy and Traveller communities and young disabled care leavers becoming part of the project.

#### Birmingham City Council's Adults and Communities Directorate

This directorate ensures that planning for co-production includes thinking about how to promote activities to the city's diverse communities. In practice this has meant using networks in the community such as churches and schools.

Co-production is approached as an opportunity for people from different backgrounds, with different skills and experiences, to work together as equals. There are two quality boards led by people who use services and the terms of reference for the boards include a requirement to ensure that people who use services from black and minority ethnic communities are represented.

### **Accessibility**

Access needs to be recognised as a fundamental principle of co-production as the process needs to be accessible if everyone is going to take part on an equal basis. [20, 21] Accessibility is about ensuring that everyone has the same opportunity to take part in an activity fully, in the way that suits them best. [22]

As well as physical access, making sure that information is accessible and that it is provided in appropriate formats is a key part of making sure that everyone can take part in co-production. This is important as co-production can bring together diverse groups of people, from managers and practitioners to people who use services, carers and families. It may also involve staff coming from different disciplines and backgrounds. Some of the language used can be problematic because it can involve jargon that is inaccessible. [21] And it is particularly important that all stakeholders understand the term co-production itself in the same way. [23] Getting the language right so that everyone understands each other is therefore essential.

There is also a broader issue about all information being available and shared. All parties need to have enough information to take part in co-production and decision making. There may be issues around confidentiality and information sharing, which will need to be resolved for co-production to be successful. For example, confidentiality is key in work shared between peer support workers and professionals. [17\*]

Another important aspect of accessibility is time and timing, which can be overlooked. Several reports have referred to the impact of time on co-production and the need to allow time for co-production to develop. [12, 20, 24]

### **Practice examples**

#### *Northamptonshire Community Housing Network*

When this partnership began co-producing its housing strategy, it found the issue of language particularly challenging. Up to that point, strategies had always been designed by the county council using its own terminology. And people who used services and their families were asked for their views using the same terminology. The new co-production relationship meant not assuming that people who used services would just 'fit in' with the language being used. This new relationship, based on the principle of equality, involved changing the language to make sure that it was accessible to everyone involved.

#### *Redesigning Support for Care Leavers*

This project encountered challenges around the language used in the work, including the use of the term 'co-production' itself. The designers who facilitated the project also brought their own language to the project associated with their design approach, such as 'prototype', and while this was discussed and explained in detail, some still found it difficult to follow.

#### *My Way*

This project recognised that for co-production to work it was important to have good communication and also to make sure that everything was accessible. It found that breaking everything down into clear actions was helpful.

### **Reciprocity**

'Reciprocity' is a key concept in co-production. It has been defined as ensuring that people receive something back for putting something in, and building on people's desire to feel needed and valued. [25] The idea has been linked to 'mutuality' and all parties involved having responsibilities and expectations. [3]

Older people can feel supported by services that use reciprocity and mutuality in their approach. Methods can be formal – based on reward schemes such as time banks – or informal – being about developing positive relationships. Flexibility is important to the success of working in this way. Clear communication and raising people's awareness are also important factors. [26]

The word 'reciprocity' may be considered as a piece of jargon when discussing co-production. It may not seem particularly accessible but there is not another word that fully captures what it means. Also, if used carefully, with a full explanation and

discussion with everyone involved in the co-production process, the term can form a positive part of the process and help to highlight the sense that co-production is new and different from previous approaches.

### **Practice examples**

#### *KeyRing*

This organisation's approach is based on the idea that people like to help each other and it believes that this avoids the need for complex bureaucracies. It sees this approach as being different from models such as time banks because it is not about putting something in and getting something of equal value back.

#### *Northamptonshire Community Housing Network*

Membership of this network is open to everyone – housing and social care professionals, disabled people, and family and friends – and everyone in the network works together to help each other out.

#### *The Healthy Living Club*

This club grew from the closure of a day centre for people living with dementia due to budget cuts. Everyone involved thought that this was a great loss and they have shared their skills and experiences to build the new club, which they all benefit from.

## **The policy context**

The role of co-production in the health and social care field has been recognised more and more in recent years, both nationally and internationally.

The ideas and values of co-production have been included in a growing number of policies in England and Wales.

The 2010 NHS White Paper, *Equality and excellence: Liberating the NHS*, [27] included the aim of giving people who use services a stronger say, with more 'clout and choice in the system' (p 16). The term co-production is not used but the goal of services making decisions in partnership with people who use services and giving people full information to support their decision making clearly reflects co-productive approaches. The Secretary of State for Health at that time used the phrase 'no decision about me without me' to sum up his ambition for the way that the NHS should work. [28] This was adapted from one of the key mantras of the disabled people's movement – 'nothing about us without us'. Both are good ways of thinking about co-production.

### **A vision for adult social care**

The 2010 report *A vision for adult social care: Capable communities and active citizens* [29] refers more explicitly to co-production. It sets out an approach to social care designed to use the potential of local support networks and build upon the capacity of communities. It refers to several examples of initiatives that call themselves co-production, and refers more broadly to co-productive principles such as reciprocity and innovations such as time banks.

## **Caring for our future**

The 2010 social care White Paper, *Caring for our future*, [30] outlines several key areas in which user-led organisations can play an important part in social care. These organisations can give people who use services a voice and also provide some support services directly, particularly around advocacy, peer support and joint purchasing by people with personal budgets.

## **The Health and Social Care Act**

The Health and Social Care Act 2012 includes a number of requirements that relate to co-production and broader ideas around participation/involvement. It sets out requirements for engagement:

- in the commissioning of services
- through health and wellbeing boards
- through HealthWatch with local and national organisations to give citizens a greater say in the NHS.

## **Care and Support Bill**

The Care and Support Bill includes some plans that may support and encourage the use of co-production. The Bill includes:

- A requirement for local authorities to use approaches to assessments and planning that are asset-based
- more of a focus on outcomes for people who use services
- more support for joint commissioning of services and a pooling of budgets
- supports greater flexibility around the use of personal budgets and direct payments, with more emphasis on the needs of the person and the outcomes they want to achieve. This may make it easier for groups of people to use their budgets together.

The Bill was still in progress at the time of writing so these points are subject to change. It will also be some time before it can be seen how they work in practice.

The move to more personalised services or ‘personalisation’ – services that take into account a person’s individual needs and wishes – has been one of the key policies that have been behind the drive towards co-production.

## **Think Local Act Personal partnership**

Co-production in the form of new, collaborative ways of working and new partnerships is a key aspect of personalisation. [2] To help organisations to develop personalised services, the Think Local, Act Personal partnership’s Making it Real programme has set out a framework for action. It stresses the importance of co-production with people who use services and other citizens. [5]

## **Policy and legislation in Northern Ireland**

Policy development in Northern Ireland has yet to embrace the language of co-production although it is beginning to take on some of the principles and features of co-

production. Social care guidance from the Department of Health, Social Services and Public Safety [31] and Social Care Guidance and then the Health and Social Services (Reform) Northern Ireland Act 2009 have established requirements for personal and public involvement (PPI).

The Public Health Agency says that PPI should:

- increase the sense of ownership that people feel about services
- reduce imbalances of power
- tackle inequalities in health and wellbeing
- improve patient and staff morale. [32]

## The link with personalisation

Co-production has developed over a similar time period as ideas around services that are person-centred. And some have said that co-production is essential to making services more personalised. [2]

Ideas around personalisation go back to the 1970s and the beginnings of the independent living movement. At this time, disabled people started to challenge the expectation that they should live in institutions and to assert a right to be able to live in the community.

New organisations run by disabled people such as the Union of the Physically Impaired Against Segregation were formed. These organisations set out to fundamentally change how social care was delivered – from a system driven by services to one where people decided for themselves how their support needs would be met. [33]

Approaches developed by disabled people and the independent living movement have become central to social care services, with person-centred planning developing into personalisation. [2] The development of personalised services has seen governments of all of the major political parties commit themselves to involving people more directly in the services they use as well as taking responsibility for costs and risks. Various initiatives in England and Wales have emphasised the need for people to be able to choose and manage how their needs for support are met. Examples are:

- individual budgets
- the Putting People First concordat [34]
- the Right to Control Initiative [35]
- *Caring for our future: Reforming care and support* (White Paper). [30]

People who use services and carers being part of the co-production of the service they receive on an individual basis is a prominent feature of personalisation [36]. Examples of this include direct payments and individual budgets. Some see this as the most common form of co-production. [37] They draw a distinction between individual co-production and collective co-production where people work together on community issues.

## Economics of co-production

Economics is the science of looking at the costs and benefits of goods and services. This section looks at this important issue in relation to co-production.

Organisations, programmes and projects that use co-production have a complex and dynamic nature, which makes it difficult to assess their costs and benefits.

Evaluations of co-production have tended to focus on how people have participated and on their experiences, rather than on costs and benefits. [38, 39]

### The costs of co-production

Issues around the costs of co-production are particularly complicated. While there is some evidence that it can reduce costs, the available evidence is inconclusive. This may be something that varies between different organisations and different projects.

None of the studies included in the review of the evidence for this guide produced reliable information on costs. Most ignored the issue altogether. In several cases, the evaluations looked at peer support mechanisms – where people who use services take on peer support roles on a voluntary basis – suggesting that delivery costs are minimal. However, even in some of these cases there were costs that were significant, such as for training. There are also costs for professionals in taking time to work more effectively with peer support workers. However, such activities may reduce costs in the long term if services are better fitted for purpose and more effective.

Co-production will probably lead to short-term increases in the use of services and other costs as it increases people's knowledge of and access to services. It may also lead to services that are 'more appropriate'.

### Potential savings

One of the key arguments about the economic benefits of co-production is the potential returns from a perspective that focuses on prevention, and on early intervention when people's needs arise rather than letting them get worse. So if there is investment in community services, this means that people are less likely to need more expensive services (such as crisis and emergency services) later on. This will reduce the cost of acute services.

Some of the clearest evidence of the potential savings that can be achieved in prevention using co-production in health services has come from Nesta's People Powered Health programme. [40] This programme focuses on ways to improve practice in health services, including peer support and co-design/co-delivery with people who use services. Nesta's analysis of the programme shows that where these approaches are used with people with long-term conditions, they deliver savings of approximately seven per cent through things like reduced and shorter hospital admissions and fewer visits to casualty departments. They also argue that these savings would grow to 20 per cent as the different parts of the programme support each other.

A few other points to note about co-production and costs are:

- Co-production may lead to some costs being reduced and others increased. [41]

- It may only be possible to know whether co-production is cost-effective by looking at things over a period of time. [12] If it is cost-effective it will have reduced the number of inefficient, ineffective and unwanted services.
- There will be costs of engaging with services, projects and so on. [42]
- It might be found during the co-production process that more spending is needed in some areas. [42]

One of the key studies of the economics of co-production looked at three co-production/community capacity projects. [43] It analysed them using a method called 'decision modelling'. This compared what happened with the projects in place with what might have happened if they had not existed. The projects were a time bank, a befriending scheme and a community navigator scheme (volunteers who support people to obtain support services). The authors looked at all of the costs and gave a monetary value to all of the benefits. They recognised that there were limitations in their analysis. However, they made conservative estimates that the projects produced net benefits for their communities in a short time.

Economic evaluations of direct payments, individual budgets and—more recently—personal health budgets have shown that they are cost-effective. Giving people who use services and carers more control over those services can increase their health and wellbeing. [44, 45] But it is important to give them more support in the form of information, advice and advocacy. [44, 45] This will mean that more people will take up budgets. However, not everyone will benefit from personalised approaches. [44, 45]

### **Practice examples**

#### *KeyRing*

This organisation has described co-production as a way of making the best use of resources. They give the example of people being supported to use public transport. This frees up resources that might be needed for specialised transport services.

#### *The Healthy Living Club*

The people with dementia, carers and volunteers who run the club kept the club running after funding ceased. The club's coordinator worked unpaid for a time but the club secured a grant from a charitable trust. Volunteers still play a key role in the club, with their time being rewarded through a time bank.

Co-production approaches can bring a range of benefits and improvements for all concerned. Ensuring that everyone involved has a shared understanding of what benefits are expected from co-production is important to the success of the initiative. [42]

Potential benefits from co-production can be divided into two types: [36]

- instrumental benefits – the use of people's experience and expertise, which can contribute to a more efficient use of resources



- intrinsic benefits – an increased sense of social responsibility and citizenship and benefits to the wider community (sometimes defined as social capital), particularly to improved health and wellbeing. [46, 47]

Professionals working with communities and people who use services are likely to have a stronger focus on the outcomes of the support provided when they are co-producing, and potentially a greater focus on prevention. So there are improved outcomes for people who use services as a result. [36, 48]

The contribution that co-production makes to developing social networks and communities is another benefit. [48] Some have argued that this only happens where there is collective co-production with groups and communities and not where there are individuals involved in the co-production of the services they receive. [36]

### **Why does co-production lead to improved outcomes?**

One study looked at how effective co-production in services that support people looking for employment is. It found that trust and personalised communication between professionals and clients positively influenced whether a person found employment. They were also linked to a higher level of self-confidence and motivation. [49]

Evidence from the health field shows that incorporating co-production principles into programmes for people with long-term conditions can help them to gain knowledge, learn skills and adopt behaviours that are thought to be important in achieving better health and wellbeing. [50, 51, 52, 53]

### **Practice examples**

#### *The Healthy Living Club*

This club's activities and events contribute to everyone's sense of wellbeing. A warm environment has been created where everyone feels relaxed because it is viewed as normal to have dementia. The collaborative approach in which people with dementia, carers, volunteers and the coordinators all help each other also contributes to the running of the club.

#### *KeyRing*

KeyRing believes that its co-production approach in which members support each other helps people to gain independence in the sense of being in control of their lives.

#### *Action for Carers Surrey*

The new system set up for direct payments for respite breaks for carers is simple and avoids complex systems of referrals and form-filling. During the first 18 months of the service, it gave over 2,500 direct payments to carers so that they could have a break. It is believed to have improved the health and wellbeing of carers in the county and to have raised general practitioners' awareness of carers' issues.

#### *My Way*

This project supports young disabled people in the transition from school to adult life to take up opportunities that are in keeping with what they want to do in their lives. These opportunities have to be within the available budget but they are imaginative and flexible. The experience of co-production in the project has helped everyone involved to become experts and push the agenda of personalised care forward.

#### *All Together Now*

Using a co-production approach in a residential setting, this project has delivered an improved quality of life for the people living in the home. Support is focused on maintaining personal identity, meaning and purpose. This has meant that some people in the home now need less nursing care.

Outcomes are assessed through the 'senses framework', which considers how supportive the environment is in terms of people's sense of security, continuity, belonging, purpose, achievement and significance.

## How to do co-production

This section explains how to put co-production approaches into practice in organisations and projects. It uses a jigsaw model for the management of change.

The four pieces of the jigsaw are:

- **culture** – the beliefs and values that define an organisation and the way that it works
- **structure** – the way the organisation is arranged and the systems it has set up to carry out its work
- **practice** – how the organisation and the people who work for it carry out their work
- **review** – monitoring how the work is carried out and the outcomes or impacts that result from the work.

This is a ‘whole systems approach’ that SCIE originally adopted for participation [19] because:

- organisations must change at every level – from senior management to frontline staff – if they want to achieve meaningful participation
- participation should become part of daily practice – and not be a one-off activity
- participation operates at different levels as there are many ways to involve people who use services in different types of decisions. [19]

SCIE now sees the jigsaw model as a useful way to approach co-production and has used it for its own co-production strategy. [8]

### Culture

The culture of an organisation is key to determining whether co-production can take root. It needs to be a culture that is open to change and comfortable with well-managed risk.

The culture in existing staff teams has been found to be a key determinant of the effectiveness of introducing peer support workers. [17\*]

A change in culture may be necessary if there is to be progress with co-production. There needs to be a move from delivering services to facilitating services [15] and from facilitating and enabling rather than a one-way process of providing care. [41]

A range of cultural issues need to be thought about so that professionals can successfully co-produce with people who use services and carers. These range from ownership of the project throughout the whole organisation to valuing the skills and assets of everyone involved. The culture of the organisation also needs to embrace the key principles of co-production.

### **Embedding co-production throughout the organisation**

Most of the practice examples included in this guide were projects that were part of larger organisations. A commitment to co-production throughout these organisations was critical to success. The support of senior management was especially important.

So co-production needs to be supported through the leadership and management of organisations. [24, 42] For example, strong leadership helps to overcome barriers in a project. [56\*]

### **Practice examples**

#### *Birmingham City Council's Adults and Communities Directorate*

Co-production has become part of the culture of this directorate and working with people as equals is part of its ethos. This was achieved through a vision that is shared by all those who are involved, identified goals and an understanding of what success will look like.

It took time to develop this ethos through work to raise people's awareness and understanding of co-production. It also took time to persuade and educate them about the value of the approach. People working in the directorate needed to actively work together to change the culture towards one of co-production.

#### *My Way*

This project has benefited from the culture of the McIntyre organisation where it is based. Co-production and personalisation are part of the culture of the whole organisation and this has helped the project to build on and embed the experiences from previous work with schools and parents.

Senior management have responsibility to put co-production into action in the organisation. This means that the approach is valued and avoids an assumption that co-production will just happen. It has given a clear sense of direction and purpose and avoided the danger of just working to rigid targets.

#### *Look Ahead Care and Support*

This organisation has worked to ensure that co-production runs through the culture of the whole organisation. There is commitment at all levels of the organisation, including senior management and the board.

Co-production has involved recognising that people who use their services have a great deal to offer. The organisation has moved away from viewing customers as passive recipients of services to people with the potential and power to be major assets to the organisation.

Introducing and embedding co-production involved taking Look Ahead's existing approach to customer involvement and personalised services one step further. It represented the next step and an evolution of the ways in which it was already supporting and valuing customer experiences.

#### *KeyRing*

This had a strong culture built around the idea of mutual benefit following the vision of its founder, Carl Poll. He introduced a co-productive approach before the term co-production became fashionable.

### **A culture of risk awareness**

Issues around risk were not identified in the literature on co-production but they were an important issue in the practice examples. These showed that a culture of co-production means:

- being aware of risk
- taking managed and planned approaches to risks
- being prepared for anything that may go wrong with plans for addressing these, rather than being too averse to risk and missing out on positive outcomes that can only be achieved through actions that involve a level of risk.

The Project Advisory Group noted that while there are risks associated with co-production, they can be managed. At the same time, there are risks around not co-producing as it can be a key part of maintaining services at a time of limited resources. The group discussed safeguarding as a good example of co-productive risk management. Good practice in safeguarding is that everyone should have a role in the protection of people from harm, rather than it being only a professional responsibility. Where this happens, it reflects co-production in action.

### **Practice examples**

#### *Northamptonshire Community Housing Network*

This network found that power sharing and letting people who use services lead involved being prepared to take risks. It suggested that a way of dealing with this would be to start by taking small risks and then building up to bigger projects that are led by people who use services.

#### *All Together Now*

This project found that being averse to risk created barriers to co-production in two important ways. First, there was concern of physical risk as people became more active. Second, there was a concern that staff having or showing feelings towards people and offering reassurance or support by touching or holding them could lead to accusations of abuse and trigger safeguarding procedures.

It addressed this by developing a Choice and Risk Framework. This set out a system for identifying, assessing and managing risks, and balancing potential benefits of taking a risk against the possible problems it could lead to.

The literature has identified the need for organisations to be more open to risk in other areas too. For example, strategic commissioners need to redefine what risk is so that small- and medium-sized enterprises are not automatically defined as high risk due to their size even when they are profitable and successful. [57]

### **Recommendations**

- Ensure that co-production runs through the culture of an organisation.
- Ensure that this culture is built on a shared understanding of what co-production is, a set of principles for putting the approach into action and the benefits and outcomes that will be achieved with the approach.
- Ensure that organisations develop a culture of being risk aware rather than risk averse.

## Structure

Thinking about structure involves considering how an organisation or initiative is arranged. This includes looking at decision-making structures, leadership and the way the organisation plans and develops projects.

An evaluation of six peer support work pilot projects found that the development of peer support had been held back by the lack of infrastructure and clear role descriptions. Also, integrating peer support workers within existing teams was a challenge. [17\*]

So it is very important to change the role, systems and structures of an organisation so that it can support co-production. [14] Examples of the types of structural changes that might be required are:

- new goals
- revisions to staff roles
- developing peer/mutual support networks
- new management structures
- revised procedures for commissioning.

This may be particularly challenging for large organisations as co-production puts an emphasis on personal relationships. Organisations will need to move away from centralised and hierarchical structures so that they can support co-production. [14]

There is a need for more evidence about the structural changes that organisations need to make to achieve transformative co-production. [14]

### **Building on existing structures and resources**

Developing a co-productive approach does not necessarily mean starting from scratch. There may be an opportunity to build on existing cultures, structures and practices. [17\*]

The most successful co-production may come from building on the resources already in the community: 'Clearly, the most effective and efficient forms of community co-production tap into existing social networks.' Outreach work in the community is a way of identifying and building links with the community. [10]

### **Practice examples**

#### *Action for Carers Surrey*

The group of organisations in the coalition used the existing joint planning structure of the county council and the primary care trust to co-produce its new service. It was able to build on a structure that had a history of working well in the county and had developed a culture of close cooperation between all parties.

#### *The Healthy Living Club*

This club has really benefited from the structures available in the local community. A staff member from the local Age UK gave practical support and agreed to be a part of the management committee.

Good contacts have also been developed with the local time bank so that the volunteers at the club can earn credits for their volunteering activities. They can use the credits to buy local goods and services through the 'local currency' – the Brixton Pound.

#### *All Together Now*

This project began by using a community development approach called 'Learning, Evaluation and Planning (LEAP)'. This focuses on outcomes and learning together. It began by identifying the groups and agencies in the community working with older people. It then supported them to get to know what each other does and how they can work together.

#### *KeyRing*

This organisation recognises the importance of networking with all sections of the community. This includes working with people in local authorities – ranging from housing officers to librarians. It also involves bringing in members of the community as volunteers when needed.

### **Identifying and involving the right people from the start**

It is important to identify all the people who need to be involved in any co-production project or initiative at the beginning of the process. [20]

### **Practice example**

#### *Birmingham City Council's Adults and Communities Directorate*

This directorate organises an annual opportunities fair for disabled people. After the first fair, volunteers involved in organising the event asked to be involved all the way through the planning process for the following year. This meant that they were part of the decision-making process and made choices about the venue, the structure of the fair, marketing and deciding on people's roles.

### **Resources for co-production**

The costs of doing co-production and getting people on board are an important issue to think about. As a new process, co-production is time-consuming and will need resources for building the project and for support. [12] If there is a reluctance to commit



resources, this may affect how the project progresses and what it is able to achieve. [12, 56\*]

In rural areas, the costs of co-production will be particularly high because people will be coming to the project from a wide geographical area and they may need to travel some distance. [23] It is recommended that people's expenses – like train tickets and hotels – are paid where possible. [22]

### **Practice examples**

#### *The Healthy Living Club*

This club faced closure when its original funding was withdrawn but continued because of the efforts of its members, their carers and volunteers. The club's coordinator agreed to work unpaid until more funding was secured.

Funding has now been secured for the club and for the coordinator to be paid, but it is still essential that the club keeps generating income if it is to survive in the long term. Some members use their personal budgets to pay for support they get from the club.

#### *Action for Carers Surrey*

Funding from the National Carers' Strategy meant that this coalition was able to pioneer a system of direct payments for respite care. Local funding will continue until 2014. It is hoped that clinical commissioning groups (the new structure for general practitioners to buy services for their patients) will continue the funding when they see the evidence of the value of the service.

#### *Birmingham City Council's Adults and Communities Directorate*

The directorate saw a clear need for resources to support co-production in terms of an allocated budget and dedicated staff time.

#### *Redesigning Support for Care Leavers*

This project was funded with resources from the three agencies involved. This paid for the costs of an independent facilitator and for the costs and expenses of the young people who took part in the project.

### **Structures for valuing and rewarding people**

The issue of paying people emerged as a key concern in the practice examples and in the discussions at the Project Advisory Group. Some of the practice examples saw this as one of the most difficult issues that they experienced in the co-production process.

It has been recognised for a long time that payments to people who use services and carers for taking part in activities such as co-production are a problematic matter. This is mainly because of the impact of rules and regulations around welfare benefits. [58] SCIE has produced a guide to the most recent changes to these rules. [59]

There are growing constraints on financial resources and some organisations may find it difficult to pay fees. They may only be able to use other ways of rewarding people.

Time banks are used more and more as a way of rewarding people who take part in co-production. The simple principle behind them is that one hour of everyone's time should be valued in the same way. They are a way for people to exchange skills and services.

They have been described as providing a way of valuing and measuring the work done by people and communities that is not paid. [25]

Time banks have been described as showing some of the core values of co-production. [59] They recognise people's assets, support equality and they include reciprocity (where people get something back for having done something for others). The benefits of time banks are as follows:

- they help more people to get involved in providing services
- they help communities to do more with less resources
- they support social justice by rewarding everybody equally
- they make communities stronger by building links and networks between people. [60]

There is a growing number of successful time banking schemes in the United Kingdom and abroad. Two examples of time banks are:

- **CareBank**. This scheme is based in the borough of Windsor and Maidenhead. People who give support to older people and other people who use services in the area – by doing things such as shopping, housework and getting them out of the house – are rewarded with credits to use at local authority facilities.
- **Glynoch Youth Time Bank** (part of Time for Young People) in South Wales. This has supported young people to produce a mural at a primary school, run a youth club and help run a community centre. In return, the young people have been able to use time bank credits for activities ranging from going to the theatre to quad biking.

**Timebanking UK** has a practical online guide to setting up and being a member of a time bank.

### **Practice examples**

#### *Northamptonshire Community Housing Network*

This network saw rewarding everyone who took part in co-production as a key issue. With professionals being paid for their work, they saw the need to face up to the issue of paying people who use services as well. Some funds were available to pay people and a time bank was used as another system for rewarding people. But the network believes that it has more to do on the issue to find a full solution.

#### *Look Ahead Care and Support*

Look Ahead wanted to recognise and reward customers for their contribution. It developed a recognition and reward policy to address this. It offered people who use their services the chance to earn credits that could be spent in the local community. This was arranged through linking up with a local time banking organisation.

#### *Redesigning Support for Care Leavers*

One of the problems that this project came across was the inequity of young people not being paid for their time when everyone else taking part was being paid. This was seen as an important ethical dilemma. The organisations involved weren't able to resolve this issue during the project. But they will consider it for future work. And one of the organisations has developed a policy to pay people who use services.

Rewarding people for getting involved in co-production activities is clearly important. But there is also a need to recognise the other benefits that people who use services and carers can gain from the experience of co-production. This is an area where there is strong evidence. For example, being part of an organisation that is led by people who use services is a positive experience. It contributes to a sense of shared identity and purpose. And it also improves the outcomes of a project. [41\*]

In the mental health field, peer support workers report benefits around the building of confidence and self-esteem. [61\*] They also say that co-production has helped them in their personal recovery from mental health problems. [61\*, 62\*] And it can improve peer support workers' chances of further employment too. After one peer support training programme, three-quarters of the people who attended went on to take part in or set up mutual support groups. [63\*] 'Gone from how we were unemployable because we're mentally ill, to mentally ill, therefore, we're employable.' [62\*]

People may get similar benefits from other co-production activities. If people who use services and carers understand the benefits of co-production this is likely to encourage them to take part. This maybe especially helpful in projects where it is not possible to offer direct financial rewards.

The Project Advisory Group noted that professionals also gain from the experience of being involved in co-production. Professionals often say that working in a co-productive way is more satisfying and rewarding

### **Practice examples**

#### *KeyRing*

KeyRing believes that co-production gives people a sense of self-worth and helps them to become more confident. Some KeyRing members have found that their increased self-esteem has helped them to get paid work.

#### *Birmingham City Council's Adults and Communities Directorate*

People who have been involved in this project have grown in confidence and self-esteem. They say that they are now ready to take on new challenges. They have shared the rewards of a job well done.

### **Structures for communication**

The Culture subsection noted how important it is to use language that is accessible and understandable for everyone involved.

Accessible communication needs to be supported by strategies that are flexible and use a range of different approaches to communication. This will ensure that people have as much opportunity to take part as possible. These approaches should include meetings, telephone conversations and online interaction. [64]

The main evidence about the importance of communication comes from the practice examples, detailed below. This is an area where more evidence is needed. The importance of relationships in co-production suggests that personal contacts and 'word of mouth' (people telling other people about something) may have a particularly important role in the co-production process.

### **Practice examples**

#### *Birmingham City Council's Adults and Communities Directorate*

The directorate makes sure that it has good communication with people who use its services. It does this by finding out each person's preferred way of communicating. This means that communication takes place using accessible formats. Examples include easy read documents, large print documents, sending printed documents where these are needed and using email if people use computers/the internet.

The directorate has also used a range of methods to promote co-production activities to the widest audience possible in the city. This has included using a range of media – radio, posters, flyers, the local paper and the council's website – and 'word of mouth'.

#### *Northern Ireland Disability Strategy*

Getting the language right and not misrepresenting the views of people who use services was an important issue in this practice example. As well as having a note taker at the focus groups it held, the events were recorded to make sure that the minutes were as true to what had actually been said as possible.

Social media may have a lot of potential for supporting co-production. For example, it can help to overcome the barriers that people face in accessing information and services. It can also provide new ways of influencing public awareness and policy. [18] And Facebook has been used to start some community projects. [65] But there needs to

be a focus on the media that most people are likely to use. While social media has become a popular way for councils to communicate with people, email and text messaging are better ways to reach many people. When organisations and projects think about how they are going to communicate with people, they need to make sure they take a balanced approach. [66]

### **Practice examples**

#### *Redesigning Support for Care Leavers*

This project found that it was more helpful to use models to show ideas rather than just verbally describing them. This included producing maps and writing 'mock' information packs to show what proposed services would actually look like. This helped them check that everyone had the same understanding of what was being suggested and explore whether it would work. Regular blogs were published on the project's website with details of the project's work.

#### *The Healthy Living Club*

This club used social media to raise awareness of its facilities. It also found social media useful for fundraising.

### **Recommendations**

- Involve everyone who will be taking part in the co-production from the start.
- Value and reward people who take part in the co-production process.
- Ensure that there are resources to cover the cost of co-production activities.
- Ensure that co-production is supported by a strategy that describes how things are going to be communicated.
- Build on existing structures and resources.

## **Practice**

Making co-production happen in practice is about all those who are involved in the process – who may have different perspectives – working together to achieve agreed aims. This means building relationships. In several of the practice examples this was described as developing the conversation.

But there can be difficulties in the relationships between the people who use services and professionals. For example, one study found that there were tensions in the relationships between volunteers and staff in a chronic disease self-management programme in Australia. Professionals felt that the volunteers were not contributing to the programme very much and saw them as a burden to their work. The volunteers found their relationships difficult because they were not given status or a strong voice in their role in the programme. [67\*] In another study, on peer support workers, relationships between peer support workers and professionals got better over time. Group supervision sessions were used to talk about and address concerns. [62\*]

It is important to make sure that people who use services attend all co-production meetings. This will help new working relationships to develop. It will also help with the

shift in power that is involved in transformative co-production. [24] It will also be helpful if people who use services are given opportunities to meet on their own to talk about and agree their priorities.

The Project Advisory Group stressed that the relationships involved in co-production need to be based on trust and confidence. The group argued that the success of co-production is likely to be based on the people involved and their relationships. Success needs to be defined in terms of achieving the long-term goals of the co-production, with understanding that there may be some mistakes along the way.

This is reflected in the concept of the 'relational state'. [68] Public services and governments need to be based on a relationship approach, with the devolution of power at all levels, so that people have power as well as responsibility. An important part of this concept is the idea that governments and service providers need to trust citizens and people who use services.

### **Access**

Access is a fundamental issue in any type of work with people who use services and carers. It is a cornerstone of equality. Co-production cannot happen if processes and practices are not accessible.

It is important that information is accessible. [21] It is also important that meeting places are accessible. [20, 21] But this accessibility needs to flow through the whole process of the meeting. People need to be able to easily prepare for, get to and be heard at meetings and events. They then need to be able to follow progress through minutes and reports. [20]

SCIE has produced a thorough guide to holding accessible meetings and events. [22]

### **Practice examples**

#### *Look Ahead Care and Support*

This organisation uses accessible venues for co-production meetings and other activities. It also provides transport to meetings when needed. People with a range of support needs are given the help that they need to take part in all parts of the co-production programme, including staff training.

#### *Birmingham City Council's Adults and Communities Directorate*

Meetings for co-production activities in this directorate aim to be inclusive and interactive. This means making sure that everyone is fully involved in every meeting so that their voices are heard. Achieving this has meant using accessible venues and making sure that meetings are held at times that are suitable for people. Using 'ground rules' in meetings has also been useful.

#### *Redesigning Support for Care Leavers*

This project involved access issues around the timing of meetings. The project ran during working hours, which meant that some young people were at college or at work and found it difficult to attend meetings. While child care commitments were supported, similar support could have been provided to young people by running the project out of working hours. But there was no ideal solution, so ongoing discussions and flexibility were required.

The rural area in which the work took place also presented problems for which there was no ready solution, with bad weather meaning that there were times when some people just could not attend meetings.

### **Independent support**

Two of the practice examples found that using an independent facilitator was helpful to the process of co-production. The Project Advisory Group also saw the potential value of using independent support/facilitators to help with co-production. It also suggested that advocates could help to support people who use services to be part of co-production.

Care may need to be taken to make sure that the person chosen for this role is acceptable to everyone concerned.

### **Practice example**

#### *Redesigning Support for Care Leavers*

This project was facilitated by an independent organisation, Snook, which uses design processes to support the design of services and community engagement/co-design. It came in from outside the region and brought a perspective completely separate from that of the local statutory agencies or the young people. It also brought new approaches to the work. This made the project interesting and increased people's motivation to be a part of it.

## **Building community capacity**

Taking action to develop or utilise the capacity of the constituent community, the people living in a particular area or the users/potential users of a specific service to take part in co-production is crucial to its success.

The need to build the capacity for co-production in wider communities was a particular concern of the Project Advisory Group. It links particularly to issues of funding and making sure that user and community organisations have enough resources to actively support co-production. The Project Advisory Group saw working with organisations run by people who use services as essential to co-production and the empowerment of people who use services.

It may be useful to map the assets and resources in a community rather than just looking at problems and needs. [15] Where a community does not have the capacity to develop co-production, it would be necessary to identify exactly what capacities are needed and how they can be developed. [23]

The Scottish Community Development Centre has produced a guide to developing community capacity for co-production. [69] This highlights:

- the need for both support and investment
- the importance of developing the skills of members of community organisations
- the role that larger community organisations can play in their areas to help to ensure equality by supporting smaller organisations to be part of co-production.

## **Co-production and staff**

Engaging with frontline staff and practitioners is an important part of the co-production process. Frontline staff are as essential to co-production as people who use services are, but this is often overlooked. [25] The change in the way organisations work with co-production needs to be accompanied by changes in the way staff and professionals work. This includes a change in focus from people's problems to their abilities and assets. Also, frontline staff need more scope to make decisions. Management processes need to recognise and reward these changes.

Achieving this can involve reviewing staff roles and changing human resource policies. [15] For example, appraisal procedures can be developed to support new ways of working co-productively. Managers should explore ways in which people who use services can give feedback on the staff they work with and use this in supervision and appraisal. [70]

As an example, the London Borough of Lambeth has said that staff are an essential part of its approach to co-production. It called this 'the co-operative council sharing power'. It noted that this meant that the council needed the right approaches to recruitment and training. It included an assessment of each staff member's 'co-operative' approach in their appraisals. It also introduced recognition and reward schemes to give staff further incentives to support new ways of working. [13]

There are examples of co-production being used in relation to staff issues in residential homes. This includes involving residents in developing job specifications and staff



training. During the recruitment process job candidates were assessed for their ability to relate to the people they would be working with. [71]

### **Practice examples**

#### *Birmingham City Council's Adults and Communities Directorate*

This directorate found that staff have a strong sense of commitment and have found co-production very energising. They have found working alongside new people from different backgrounds and organisations who are passionate about co-production refreshing. It has given them the opportunity to look at situations from different perspectives, working to a shared goal with everybody committed to working on the same task to achieve a positive outcome. This has been welcomed, particularly in the current climate of severe cutbacks in funding, which can sap people's morale and energy.

#### *Northamptonshire Community Housing Network*

The staff involved in developing the housing strategy had no experience of sharing power and responsibility. In the past, plans had always been about what social services wanted to do. Introducing co-production principles was different and challenging for staff. While it was not especially difficult to share power, it has had an emotional impact for everyone involved because it is life-changing. The professionals involved have found it very rewarding to hand over some power and to support people to be fully involved.

#### *My Way*

The organisational culture where this project is based encourages staff to feel they can be open in meetings and their contributions and ideas are supported. There is recognition that the skills people have used in the work and the creative approaches they have developed have made the project stronger.

#### *All Together Now*

The co-production approach in a residential home led to some changes in staff roles and staff being valued for approaching their work differently. It meant that all staff took responsibilities around making sure that people living in the home were doing meaningful activities – for example, people working in the kitchens started to cook with people and not just prepare meals for them.

### **Training and support**

There is a clear need for training and support for professionals and practitioners to help them to adopt a co-production approach. [21, 42] It is also important that to make sure that everyone else involved in co-production – including people who use services and carers – is given appropriate training and support.

In the mental health field, peer support workers have been found to benefit from initial training followed by ongoing support and supervision meetings every two weeks. [62\*] It is important there are suitable line management and supervision systems for peer support workers. [17\*]

**Practice examples***Look Ahead Care and Support*

Look Ahead has an Experts by Experience Customer Training Team. This provides training led by people who use services to support staff. The training is developed and delivered by Look Ahead's 'customers', based on their personal lived experience of homelessness, substance misuse and mental health issues. It has already been delivered to over 700 staff.

*Redesigning Support for Care Leavers*

Young people involved in the project have also been involved in developing staff training. This has built up their confidence to work with practitioners.

**Commissioning**

Commissioning (the process of buying services from other organisations or people not directly employed by the commissioner) is recognised as a key part of the co-production approach. [15, 42]

For co-production to be successful, organisations need to change their systems for commissioning. This involves developing approaches that recognise the social, economic and environmental impact of commissions. [15] It also involves moving to commissioning based on outcomes rather than outputs (outcomes would describe the changes a service delivers to the lives of people, while outputs would just be the number of people helped). This can present problems for commissioners because outcomes can be difficult to measure. [41]

For commissioning to be co-productive and meet the challenges of reduced resources, it should have the following aims:

- recognise local assets
- apply local insights
- work collaboratively
- innovate
- take a long-term view. [3]

To achieve these aims, commissioners need to embrace the following complimentary approaches: including co-production in the commissioning process itself and including it in the services they actually commission. Co-producing the commissioning process means people who use services and wider communities being part of decision making. Commissioning co-productive services is achieved by awarding contracts for services to suppliers that use co-productive approaches. It is important to make clear to potential suppliers that co-production is a key quality criterion on which tenders will be assessed. **The New Economics Foundation** has produced several examples of documents to support co-production in commissioning.

Guidance has also been produced on how local authorities can develop stronger links with the communities they serve through strategic commissioning. This includes:

- using more flexible contracts

- developing 'localist' agendas that recognise the value of supporting local providers
- using value tests to assess whether contracts are delivering on the criteria established when they were awarded and then renegotiating the contracts where appropriate. [57]

As noted above, organisations run by people who use services (often referred to as user-led organisations) and carers have a key role in co-production. SCIE has produced a comprehensive guide to how local authorities can support user-led organisations so that they are in a position to bid for and provide services in a way that supports co-production. [54]

There are three steps that can be used by local commissioners to support user-driven commissioning:

- supporting personal budget holders pooling their resources to buy support
- using people's experience from this to support commissioners to re-commission in-house services and larger contracts and move from block to spot contracts
- forming new and building existing user-led organisations to deliver these contracts. [72]

#### **Recommendations**

- Ensure that everything in the co-production process is accessible to everyone taking part and nobody is excluded.
- Ensure that everyone involved has enough information to take part in co-production and decision making.
- Ensure that everyone involved is trained in the principles and philosophy of co-production and any skills they will need for the work they do.
- Think about whether an independent facilitator would be useful to support the process of co-production.
- Ensure that frontline staff are given the opportunity to work using co-production approaches, with time, resources and flexibility.
- Provide any support that is necessary to make sure that the community involved has the capacity to be part of the co-production process.
- Ensure that policies and procedures promote the commissioning of services that use co-production approaches.
- Ensure that there are policies for co-production in the actual process of commissioning.

## Review

Co-production should not be seen as a one-off activity. Successful co-production will introduce changes to systems that will lead to the ongoing review, development and delivery of new forms of support. Co-production therefore benefits from a culture of continuous learning about what has worked and what has not worked. This subsection looks at how to achieve this.

Review is a key part of the management of any organisational change. It is important for:

- monitoring progress
- marking the achievements and/or milestones that have been reached
- identifying areas where improvements can be made to the process or impacts can be increased.

Review and evaluation are an essential part of any co-production initiative [20], to be carried out with people who use services. [73] Review and evaluation may focus, for example, on a particular service or project, on a developing programme of co-production, or on annual performance of an organisation in relation to its ongoing commitment to co-production.

It is important to ‘measure what matters’. Better outcomes for people who use services and carers are a key aim of co-productive approaches, so these should be evaluated for example – in particular the outcomes that people who use services actually want. The contribution a project or initiative makes to developing new approaches should also be taken into account. [41]

Looking at outcomes and processes should help the development of co-productive approaches but there have been very few full evaluations of co-production initiatives. [74] Indeed, SCIE only found a few evaluations of co-production meeting the criteria required for the review of the evidence that was carried out for this guide. So there needs to be more evaluations of co-production, and a focus on the efficiency as well as the effectiveness of co-production. [74]

Evaluation also needs to focus on the actual difference that co-production makes to people’s lives. [20]

### Regular reviews

It is helpful to regularly review the aims of co-production and the principles being used to achieve those aims. [21]

Regular co-production audits could be introduced that look at:

- the co-production process itself and how well everyone works together
- social, well being and environmental outcomes
- the full costs and benefits, including added value such as the benefits of reciprocity. [41]

### **Practice examples**

#### *Birmingham City Council's Adults and Communities Directorate*

Evaluation is a key activity, with co-production in past projects being reviewed to inform future projects. A review of an opportunities fair reported that people who had taken part in the organisation of the event thought that it would have worked better if they had been involved from the very start of the process. The following year the directorate acted on this recommendation and was able to improve its co-production approach.

#### *Northamptonshire Community Housing Network*

This network holds regular reviews of co-production because it has found that goals and processes may be easily overlooked in day-to-day events. It is helpful to build in time and meetings to pause and take stock.

#### *Redesigning Support for Care Leavers*

Its review process was helpful in learning from ideas that did not work out as was hoped when the project started. And it was not possible to develop some of the ideas that emerged from the project. But everyone was told about the issues and outcomes through regular reviews and feedback, so people learnt the lessons and moved on.

### **Co-production of reviews and evaluations**

Co-producing a project with people who use services has a powerful effect on all aspects of the project. And it helps the project to focus on the experiences and expectations of everyone involved, adding authenticity to the reporting of the findings of the project. [75\*]

Co-production fits well with the idea of empowering people and involving people who use services in evaluation. But it is rarely used in policy analysis and evaluation. [76]

Evaluation of co-production should themselves be co-produced. [41]

Think Local Act Personal's Making it Real approach to personalised services and co-production includes a requirement for service providers to obtain feedback from people who use services every six months. This approach includes a set of progress markers that have been co-produced with people who use services and carers. They are then able to measure progress towards personalised support. It is a requirement of the programme that all organisations that are signed up to it develop an action plan and report on progress on the plan every six months. [4]

SCIE has looked at key areas to evaluate in participation by people who use services and carers. It noted that evaluations tend to focus on the process of participation rather than its impact. But both need to be evaluated so that they can be improved. This also applies to co-production. With co-production, though, it can be more difficult to evaluate the impact of co-production than its processes. [19]

**Recommendations**

- Carry out regular reviews to ensure that co-production is making a real difference and that the process is following the agreed principles.
- Co-produce reviews and evaluations.
- Use the review findings to improve ways of applying the principles of co-production, so that continuous learning is taking place.
- During reviews and evaluations, work with people who use services and carers, to think about ways of showing the impact that co-production has, as well as the processes that are involved.

## References

References marked with a '\*' were included in the review of the evidence carried out for this guide.

1. Francis, R. QC (chair) (2010) Independent inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009, London: The Stationery Office.
2. **Carr, S. (2012) Personalisation: A rough guide, SCIE Guide 47, London: Social Care Institute for Excellence**
3. **New Economics Foundation (2012) 'Co-producing commissioning', unpublished but online.**
4. Think Local Act Personal (2011) Making it real: Marking progress towards personalised, community based support, London: TLAP.
5. **National Occupational Standards (undated) SFHMH63: Work with people and significant others to develop services to improve their mental health.**
6. **National Co-production Critical Friends Group (undated).**
7. Social Care Institute for Excellence (2009) 'Co-production in action: a SCIE expert seminar', 1 October.
8. **Social Care Institute for Excellence (2012) Towards co-production: Taking participation to the next level, SCIE Report 53, London: SCIE.**
9. Cottam, H. and Leadbetter, C. (2004) Health: Co-creating services (Red Paper 01), London: Design Council.
10. Löffler, E. (2009) 'A future research agenda for co-production: overview paper', in Local Authorities & Research Councils' Initiative (2010) Co-production: A series of commissioned reports, Swindon: Research Councils UK.
11. Needham, C. and Carr, S. (2009) SCIE Research Briefing 31: Co-production: An emerging evidence base for adult social care transformation, London: Social Care Institute for Excellence.
12. **Evans, A., Littlewood, M., Henderson, D. and Grant, S. (2011) Evaluation of local housing strategies: Co-production pilots with disabled people, Edinburgh: Scottish Government Social Research.**
13. London Borough of Lambeth (2011) The Co-operative Council sharing power: A new settlement between citizens and the state, London: London Borough of Lambeth.
14. Boyle, D., Slay, J. and Stephens, L. (2011) Public services inside out: Putting co-production into practice, London: National Endowment for Science Technology and the Arts.
15. Slay, J. and Robinson, B. (2011) In this together: Building knowledge about co-production, London: New Economics Foundation.
16. Governance International (2011) Transforming communities: Creating outcomes: Improving efficiency, Birmingham: Governance International.
17. \* McLean, J., Biggs, H., Whitehead, I., Pratt, R. and Maxwell, M. (2009) Evaluation of the delivering for mental health peer support worker pilot scheme, Edinburgh: Scottish Government.
18. Beresford, P. (2013) Beyond the usual suspects, London: Shaping Our Lives.

19. **Social Care Institute for Excellence (2007/2013) Practice guide: The participation of adult service users, including older people, in developing social care, London: SCIE.**
20. **Archibald, A., Barker, S. and Barry, J. (2009) Personalisation – don't just do it – co-produce it and live it! A guide to co-production with older people, Christchurch, Dorset and Stockport: National Development Team for Inclusion and Helen Sanderson Associates (HSA).**
21. Equal Citizens Services (2011) Co-production: As easy as baking a cake!, London: Equal Citizen Services.
22. **Social Care Institute for Excellence (2012) Making events accessible, London: SCIE.**
23. **Atterton, J., Woolvin, M., Steinerowski, A. and Homer, T. (2011) The benefits and challenges of the coproduction of health and social care services in a rural context, Edinburgh: Rural Policy Centre.**
24. **Bennett, T., Newman, S. and Sanderson, H. (2008) Co-production in practice: What are we learning?, Stockport: Helen Sanderson Associates.**
25. New Economics Foundation (2008) Co-production: A manifesto for growing the core economy, London: NEF.
26. Bowers, H., Mordey, M., Runnicles, D., Barker, S., Thomas, N., Wilkins, A., Lockwood, S. and Catley, A. (2011) Not a one way street: Research into older people's experiences of support based on mutuality and reciprocity: Interim findings, York: Joseph Rowntree Foundation.
27. Department of Health (2010) Equality and excellence: Liberating the NHS, White Paper, Cm 7881, London: DH.
28. **Boseley, S. (2010) 'Andrew Lansley promises information revolution in NHS shakeup', The Guardian, 12 July.**
29. Department of Health (2010) A vision for adult social care: Capable communities and active citizens, London: DH.
30. HM Government (2012) Caring for our future: Reforming care and support, London: HM Government.
31. Department of Health, Social Services and Public Safety: Personal and Public Involvement (PPI) under Circular HSC (SQSD) 29/07, London: DH.
32. **Public Health Agency (Northern Ireland) Personal and public involvement, Belfast: Public Health Agency.**
33. **Hurst, R. (2000) 'The international disability rights movement', text of a public lecture, given as part of the 'New Directions in Disability Studies' seminar series, Centre for Disability Studies, University of Leeds, 11 October.**
34. HM Government (2007) Putting people first: A shared vision and commitment to the transformation of adult social care, London: HM Government.
35. Department for Work and Pensions (2010) Statutory guidance on disabled people's Right to Control (pilot scheme) (England) Regulations 2010, London: DH.
36. Griffiths, S. and Foley, B. (2009) 'Collective co-production: working together to improve public services', in Local Authorities & Research Councils' Initiative (2010) Co-production: A series of commissioned reports, Swindon: Research Councils UK.



37. Bovaird, T. (2008) User and community co-production of public services: Fad or fact, nuisance or necessity?, Birmingham: Third Sector Research Centre.
38. National Institute for Clinical Excellence (2008) Community engagement to improve health, NICE Public Health Guidance 9, London: NICE.
39. Evans, D., Pilkington, P. and McEachran, M. (2010) 'Rhetoric or reality? A systematic review of the impact of participatory approaches by UK public health units on health and social outcomes', *Journal of Public Health*, vol 32, no 3, pp 418–26.
40. Nesta/Innovation Unit/PPL (2013): The business case for People Powered Health, Nesta: London.
41. Boyle, D., Coote, A., Sherwood, C. and Slay, J. (2010) Right here, right now: Taking co-production into the mainstream, London: National Endowment for Science Technology and the Arts.
42. Bovaird, T. and Mckenna, D. (2011) Co-producing the goods: How can Swansea's strategic partnerships improve the way they work with the public?, Birmingham: Governance International and University of Birmingham.
43. **Knapp, M., Bauer, A., Perkins, M. and Snell, T. (2010) Building community capacity: Making an economic case, Canterbury, London and Manchester: Personal Social Services Research Unit.**
44. Glendinning, C., Challis, D., Fernández, J., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M. and Wilberforce, M. (2008) Evaluation of the individual budgets pilot programme: Final report, York: Social Policy Research Unit.
45. Forder, J., Jones, K., Glendinning, C., Caiels, J., Welch, E., Baxter, K., Davidson, J., Windle, K., Irvine, A., King, D. and Dola, P. (2012) Evaluation of the personal health budget pilot programme, Discussion Paper 2840\_2, London: Department of Health.
46. **Shields, M. (2008) Community belonging and self-perceived health, Component of Statistics Canada Catalogue no. 82-005-X Health Reports, Statistics Canada.**
47. Umberson, D. and Montez, J.K. (2010) 'Social relationships and health: a flashpoint for health policy', *Journal of Health and Social Behaviour*, vol 51, suppl, pp S54–S66.
48. Boyle, D. and Harris, M. (2009) The challenge of co-production: How equal partnerships between professionals and the public are crucial to improving public services, London: National Endowment for Science, Technology and the Arts.
49. Alford, J. (2009) Engaging public sector clients: From service-delivery to co-production, Basingstoke: Palgrave Macmillan.
50. Bodenheimer, T. and Laing, B.Y. (2007) 'The Teamlet model of primary care', *The Annals of Family Medicine*, vol 5, no 5, pp 457–461.
51. Simmons, L., Baker, N.J., Schaefer, J., Miller, D. and Anders, S. (2009) 'Activation of patients for successful self-management', *Journal of Ambulatory Care Management*, vol 32, no 1, pp 16–23.
52. Gillett, M., Dallosso, H.M., Dixon, S., Brennan, A., Carey, M.E., Campbell, M.J., Heller, S., Khunti, K., Skinner, T.C. and Davies, M.J. (2010) 'Delivering the diabetes education and self management for ongoing and newly diagnosed

- (DESMOND) programme for people with newly diagnosed type 2 diabetes: cost effectiveness analysis', *British Medical Journal*, vol 341, p c4093.
53. Wallace, L.M., Turner, A., Kosmala-Anderson, J., Bishop, A., Sharma, S. and Smith, A. (2010) *The second annual report of the evaluation of The Health Foundation's Co-creating Health initiative*, London: The Health Foundation.
  54. Bott, S., Sweeney, A. and Watts, R. (2010/2013) *A commissioner's guide to developing and sustaining user-led organisations*, London: Social Care Institute for Excellence.
  55. Kirby, P., Lanyon, C., Cronin, K. and Sinclair, R. (2003) *Building a culture of participation: Involving children and young people in policy, service planning, delivery and evaluation: Research report*, London: Department for Education and Skills.
  56. \* Bruce, G., Wistow, G. and Kramer, R. (2011) 'Connected care re-visited: Hartlepool and beyond', *Journal of Integrated Care*, vol 19, no 2, pp 13–21.
  57. White, L. (2011) *Commission impossible? Shaping places through strategic commissioning*, London: Localis.
  58. **Turner, M. and Beresford, P. (2005) *Contributing on equal terms: Service user involvement and the benefits system, Report 08*, London: Social Care Institute for Excellence.**
  59. **Social Care Institute for Excellence (2011) *Reimbursements and payments for service user involvement, At a Glance 50***, London: SCIE.
  60. **Timebanking UK (2011) *People can, Stroud: Timebanking UK.***
  61. \* Repper, J. and Carter, T. (2011) 'A review of the literature on peer support in mental health services', *Journal of Mental Health*, vol 20, no 4, pp 392–411.
  62. \* Stone, N., Warren, F. and Napier, C. (2010) 'Peer support workers' experience of an intentional peer support scheme on an acute psychiatric ward', *Mental Health and Learning Disabilities Research and Practice*, vol 7, no 1, pp 93–102.
  63. \* Ley, A., Roberts, G. and Willis, D. (2010) 'How to support peer support: evaluating the first steps in a healthcare community', *Journal of Public Mental Health*, vol 9, no 1, pp 16–25.
  64. Bradwell, P. and Marr, S. (2008) *Making the most of collaboration: An international survey of public service co-design*, London: Demos.
  65. Seppälä, P. (2012): *Tiny social movements: Experiences in social media based co-creation in Botero, A., Paterson, A.G., and Saad-Sulonen, J.(eds) (2012) Towards peer production in public services: cases from Finland*, Aalto University: Helsinki.
  66. Dale, R. and Carr-West, J. (2011) *Going where the eyeballs are: How email is connecting councils with their communities*, London: Local Government Information Unit.
  67. \* Catalano, T., Kendall, E., Vandenberg, A. and Hunter, B. (2009) 'The experiences of leaders of self-management courses in Queensland: exploring health professional and peer leaders' perceptions of working together', *Health & Social Care in the Community*, vol 17, no 2, pp 105–115.
  68. Cooke, G. and Muir, R. (eds) (2012) *The relational state*, London: Institute for Public Policy Research.
  69. *Scottish Community Development Centre (2011) Community resilience and co-production*, Glasgow: Scottish Community Development Centre.

70. **Social Care Institute for Excellence (2013) Effective supervision in a variety of settings, SCIE Guide 50, London: SCIE.**
71. Wood, C. (2011) *Tailor made*, London: Demos.
72. Sass, B. and Beresford, P. (2012) *User driven commissioning*, London: Disability Rights UK and Shaping Our Lives.
73. Department of Health (2008) *Sharing the learning: User-led organisations action and learning sites 2008–2010*, London: DH.
74. Barker, A. (2010) 'Co-production of local public services', in *Local Authorities & Research Councils' Initiative, Co-production: A series of commissioned reports*, Swindon: Research Councils UK.
75. \* Gillard, S., Turner, K., Lovell, K., Norton, K., Clarke, T., Addicott, R. and Ferlie, E. (2010) "Staying native": coproduction in mental health services research', *International Journal of Public Sector Management*, vol 23, no 6, pp 567–577.
76. Kettunen, P. (2010) *Co-production: A new concept in evaluation*, Prague: European Evaluation Society.
77. Smale G, Tucson G, Biehal N & Marsh P (1993) *Empowerment, Assessment, Care Management and the Skilled Worker*. London HMSO.
78. Nolan M, Brown J, Davies S, Nolan J, & Keady J (2006) *The Senses Framework: Improving Care for Older People through a Relationships Centred Approach. Getting Research into Practice Report No 2*, Sheffield, University of Sheffield.

## Practice examples

### Action for Carers Surrey

#### **About the project**

Action for Carers Surrey was invited by Surrey NHS Primary Care Trust to join a coalition of local statutory and voluntary sector organisations, also including Surrey Independent Living Council (SILC) and Surrey County Council, to pioneer a system of direct payments for respite care for carers, using money from the National Carers' Strategy allocated to primary care trusts for this purpose.

The system was designed to help general practitioners (GPs) to decide whether a carer needs respite from their caring responsibilities. Provided the carer fulfils the eligibility criteria, the GP fills in a form online, which goes directly to SILC, the service user-led direct payments support service in the county. SILC provides the same services as it does for anyone else who receives a direct payment and processes the direct payment for the carer to pay for the respite break.

#### **What has co-production meant to the project?**

For Action for Carers Surrey, co-production has meant being treated and valued as an equal partner. It lobbied Surrey NHS to make sure that money from the National Carers' Strategy was allocated to primary care trusts to develop breaks for carers – unlike many other areas where the money was absorbed into the general NHS spend – providing evidence from carers of the value of such breaks to them. It has been involved in jointly developing the idea in the first place, the design of the scheme and putting it into action.

#### **What has helped in implementing a co-production approach?**

There is a well-established culture of cooperation in Surrey, with active partnership boards for planning social care services. All partners have been committed to the project on an equal basis.

#### **What difficulties were there in implementing co-production?**

GPs proved to be the weakest link initially as they were not familiar with the concept of offering a break directly, much less a sum of money for this. The project had to work hard - using a combination of promotion by Surrey NHS itself, as well as Action for Carers' GP Carer Awareness team - to persuade them to be engaged. In retrospect it would have been helpful to have had a GP as part of the design team, but in practice this would have been difficult and colleagues in Surrey NHS made a persuasive argument to get agreement for the scheme to go ahead.

#### **What are the main strengths in the approach that has been taken?**

Everyone has bought into the service. The project has been able to use existing service provision and practice (direct payments support through SILC) and build on it. The resulting system of direct payments for respite for carers is straightforward and avoids complex form-filling and referrals.

### **What have been the main outcomes of the project?**

Over 1,500 direct payments for carers have been made. All the GPs in Surrey are signed up to the scheme. Referrals for the breaks are continuing to increase as awareness among both GPs and carers grows. The overall wellbeing and health of carers has improved and, by having a specific scheme aimed at carers, GPs have become more conscious of the issues for carers. The project has been so successful that there has been a commitment to continue funding through 2013/14, with the expectation that the new clinical commissioning groups (the new structure for GPs to buy services for their patients) within Surrey will want to continue when they see the evidence of its value.

### **How has the project worked to engage all sections of the community?**

Events have been held to engage a wide cross-section of carers by advertising through other carer groups and specific impairment groups.

### **What advice would the project give to others?**

- It is important to understand what each partner brings to the table and to be realistic about what can be done.
- Expectations need to be clear from the beginning and equal value given to all those taking part.
- It is crucial to have the right people involved, particularly from the NHS, so that the right decisions can genuinely be made by the project and then put into action.

## **All Together Now project**

### **About the project**

The project began in 2009, working with people with dementia living in residential care, their families and the staff working with them.

The project (which formed part of the Corporate Outcomes Agreement (2010-2013) of the City and County of Swansea) has challenged the traditional impersonal, deficit and task-based 'hotel model' of service in dementia care homes. It has developed an interdependent and reciprocal model of shared living that builds on the strengths and contributions of people living with dementia, their families and staff. And it uses the values and practices of co-production.

This has also involved challenging the language of dementia, which is often based on deficit and loss. They have moved away from terms like 'elderly mentally infirm' and so-called 'challenging behaviour' and recognised that 'suffering' for people with dementia is more often caused by barriers due the environment around them and other people's attitudes rather than the condition itself.

### **What has co-production meant to the project?**

Co-production is based on a values approach that is about building relationships, is a force for good, and can be used in a variety of settings. The project has shown that it can be used in the development of social work and social care services. It has promoted

not only the wellbeing of people living with dementia but also the wellbeing of carers and staff.

### **What has helped in implementing a co-production approach?**

An approach has been developed that allows staff and people with dementia to develop relationships that are based on recognising each other's expertise and mutuality (people working together to achieve their shared interests). This has included an 'exchange' model of assessment that recognises that everyone is an expert and that the assessment is a negotiation between those involved. This is different from models of assessment that follow procedures and focus on filling in the form of the assessing agency, and from the questioning model where the professional dominates the process. [77]

Care homes have traditionally been about a linear transaction - staff delivering a service to be received by the people who live in the home. Co-production has resulted in a different approach being taken. This is based on a model known as the 'senses framework', with people who use the service, carers and staff achieving a sense of security, continuity, belonging, purpose, achievement and significance. [78] This involves a move away from the setting of tasks to a focus on feelings, emotions, relationships and interdependent wellbeing.

### **What difficulties were there in implementing co-production?**

Risk aversion has been a significant problem in many care homes across the region, where more strengths-based approaches have been developed. This includes risk aversion related to health and safety. In effect, this says 'you must sit in your chair because if you move around the home and be part of running it you might fall or put someone else in danger'. There has also been experience of emotional risk aversion, which encourages staff not to show feelings or emotion because of potential safeguarding issues. All of this has had to be overcome so that staff can use touch to support someone in the right way. Within the City and County of Swansea, this has resulted in the development of a 'choice and risk benefit' framework. This sets out a system for identifying, assessing and managing risks. It also sets out a system for balancing potential benefits of taking a risk against the possible problems it could lead to. It also includes a section on the importance of 'Cwtch', a Welsh word meaning 'a bit of a hug'/creating a safe place.

### **What are the main strengths in the approach that has been taken?**

The main strength of the project is that it has brought together everyone taking part, including older people, family carers, practitioners, and providers from across the statutory and voluntary sectors. The initial project development was based on a community development approach known as LEAP (learning, evaluation and planning). This was used because of its outcomes-based approach to planning and evaluation and its focus on learning collaboratively.

### **What have been the main outcomes of the project?**

The outcomes have been around people with dementia achieving what they want in their lives and improving their quality of life. This has been done by maintaining personal identity and focusing on meaning and purpose, not care that is based on tasks.

For example, a man who had become known for having so-called 'challenging behaviour' soon settled in one particular care home and joined staff on shopping trips. He no longer needed specialist nursing care because he was being listened to and had the opportunity to form relationships with staff and people in the community.

### **How has the project worked to engage all sections of the community?**

It has been crucial to map out the parameters of the care home community, identifying stakeholders and using the knowledge of social work, occupational therapy and social care staff to make sure that everyone is included. The project has challenged the idea that only activity coordinators can work with people living with dementia to help them get involved in meaningful activities. Activities are everyone's business within a co-productive care environment. Someone who works in the kitchen is valued not only for the food they cook, but also for involving residents who are living with dementia in preparing food.

### **What advice would the project give to others?**

- Co-production must be driven by values, rich in humanity, and not about cutting costs.
- Co-production can save money but this should not be its main purpose.
- Motivation will be provided by focusing on people and building relationships.
- People are not consumers - they belong to the community where everyone has assets to bring and positive contributions to make. This is why the project used the title All Together Now!

## **Birmingham City Council's Adults and Communities Directorate**

### **Introduction**

The Adults and Communities Directorate at Birmingham City Council has made a commitment to working with people who use services, carers and citizens through co-production. It sees this as a way of working in partnership to understand and agree the things that need to improve and work together to change things for the better.

The council recognises that many people, communities and organisations have valuable skills, knowledge and views that they can contribute. It is committed to working with the public to help make sure that it makes the best use of its resources for those most in need.

### **Citizen-led quality boards and Making it Real**

The directorate has set up two citizen-led quality boards - one covering the work of assessment and support planning services and one for commissioning.

People who use services and carers on these boards work with staff to provide quality assurance based on their experiences and views. They:

- say where they have areas of concern
- make recommendations for how things could be improved
- co-produce new minimum service standards

- highlight areas of good practice.

This is usually through task and finish groups with wider representation from other people who use services and organisations.

Much of the boards' work is linked to the national Think Local Act Personal 'Making it Real' framework. This sets out what people who use services and carers expect to see and experience if support services are truly personalised. It is helping to check and improve the directorate's progress towards transforming adult social care from the perspective of people who use services and carers.

### **Co-production in practice**

Examples of some of Birmingham's co-produced work include the following:

- developing new minimum standards for its access service and the way social care workers carry out social care assessments and reviews
- introducing a new customer satisfaction questionnaire so that it gets direct feedback from people who use services and carers
- creating a 'good practice award' for residential care providers delivering personalised services - shortlisted by council staff with a final decision by the citizen-led quality board members
- citizen-led quality board members in the development of a care home quality rating system - this will help the citizens and the council choose the best care
- identifying three priority areas of work and a resulting action plan
- working with those people who use services who get direct payments so that support can be improved
- organising an opportunities fair for the citizens of Birmingham who have learning disabilities, physical disabilities, mental health issues, sensory impairments or are older adults.

### **What do the people involved in the project think about their experience of co-production?**

Volunteers who worked on the first opportunities fair said that they wanted things to be done differently the second time it was run. They wanted to be more involved all the way through the planning process for the opportunities fair, not just at the event. They felt ready to be part of lots more decision making and took an active role in deciding the venue, the structure of the day, marketing and defining the role and responsibilities of the volunteers.

Service-user volunteers 'buddied-up' with volunteers from the Department for Work and Pensions (DWP) to make sure that they had as much support as they wanted to do their work. Feedback from all the volunteers was extremely positive. For example, DWP volunteers felt that they had grown in confidence working alongside volunteers with learning disabilities, in some cases for the first time.

Staff have reported a real sense of commitment to working together and have found co-production very energising. Working alongside new people from different backgrounds



and organisations who are passionate about co-production has been refreshing. It has given them the opportunity to look at situations from different perspectives, and work to a shared goal with everybody committed to working on the same task to achieve a positive outcome. This has been welcomed, particularly in the current climate of severe cutbacks in funding, which can sap people's morale and energy.

### **What has helped in implementing co-production?**

- having a team of people who really believe in the whole ethos of working with people as equals - co-production can't be seen as an add-on; it has to include everyone from the start to the end of the project
- agreeing the 'vision' - identifying the shared goal and what it will look like
- acknowledging people's qualities and matching tasks and roles to people's skills and preferences
- giving people time to be really involved – breaking things down into manageable and measurable chunks
- evaluating past co-produced projects and carrying learning forward to improve the next one
- using person-centred approaches – recognising that everyone has a right to equality, to be included in society and to have as much choice and control as possible in their life
- having inclusive and interactive meetings – making sure that everyone is involved in every meeting and that their voice is heard – having accessible venues and times and using ground rules for meetings are important for this
- having good clear communication - finding out what a person's preferred way of communicating is, for example easy read print, large print or email
- being creative and ambitious but realistic about what is possible
- being honest and acknowledging that there will always be some constraints, for example finite budgets, confidentiality and time.

### **What challenges have there been in implementing co-production?**

- So many people wanted to be involved in organising the opportunities fair that the planning group became very big and there was a danger of losing the focus of the project.
- Lack of awareness about co-production - if co-production is to work across the organisation, it has to persuade and educate others about what it means.
- The organisation needs to actively participate and work together to change the culture of the organisation to one of co-production.

### **What are the main strengths of co-production?**

- It provides opportunities for people from different backgrounds, with different skills and experiences to work together as equals to make a positive difference.
- It helps people to see the same issue from a different perspective.
- It encourages people to take joint responsibility for solving problems and making improvements.
- People who have been involved in the project have grown in confidence and self-esteem and say that they are now ready to take on new challenges.
- People are sharing their social networks so that the number of people and groups that the project can reach is increasing.
- There are shared rewards of a job well done.

### **How has the project worked to engage all sections of the community?**

The opportunities fair project reached different sections of the community by:

- offering opportunities to get involved to people who use services, carers and established groups of people who use services
- involving members of adults and communities citizen-led quality boards, with the terms of reference for both boards including a requirement to make sure that they have representation from people who use services who are from black and minority ethnic communities
- organising over 90 internal, external and third sector organisations – such as the education service, the DWP and Autism West Midlands – to take part in the event
- making sure that the vision and planning of the event considered promoting opportunities that reflected the diversity of the citizens of Birmingham, for example age, gender, disability and sexuality
- using community networks, for example churches
- researching what organisations and groups exist in Birmingham so that as many different groups of people and individuals as possible are reached for this project and in the future
- advertising the event via a mail-out to all carers and Birmingham schools to target young carers and young people who will soon be leaving school and may need adult social care services
- using a range of media to advertise the event – 'word of mouth', radio, the council's website, posters, flyers and the local newspaper
- social media - Twitter.

### **What advice would the project give to others considering using co-production?**

- Do it – it'll make you feel good!
- Team work is essential.
- Involving people with skills and expertise in engaging with citizens, people who use services and carers is key.
- It is essential to have support for co-production from senior managers.
- Make sure that you have resources to support the project, for example, dedicated time and a budget.
- Spend time planning and identifying what you want to achieve - break it down.
- Have a vision but be flexible.
- Keep focused on the project – acknowledge any individual difficulties, but deal with these outside the main work.
- Have a core group of experienced facilitators.
- Harness people's enthusiasm – then the passion will snowball.
- Have fun and celebrate your successes!

## **KeyRing**

### **About the organisation**

KeyRing was founded over 20 years ago by Carl Poll after discussions he had had with learning disabled people who told him that what they wanted most of all was their own front door.

It works by setting up networks of around nine people with varying support needs who each have their own tenancy. They are supported by a volunteer who helps members with living in the community by connecting them with other people in their network and other networks. The volunteer also links members with people and events in their local community.

### **What has helped in implementing a co-production approach?**

The vision of KeyRing's founder, Carl Poll, was about recognising that everyone has skills to bring, whatever their situation, for mutual benefit. The values of the organisation have always been about co-production even before the term became fashionable.

The supported living volunteers are key because they connect network members with the local community and the resources within the community. This is based on a commonsense approach and having faith in what people can achieve.

KeyRing sees co-production as different from time banks. It is not about putting something in and getting the same value back. It believes that people like to help each other and it avoids complex bureaucratic services.

### **What difficulties have there been in implementing co-production?**

When you ask most people what their skills are, they find the question difficult to answer. KeyRing believes that time needs to be spent on developing people's confidence so that they can recognise the skills that are intrinsic to them. It also believes that people need to be aware of where to draw the boundaries so that they do not become overly dependent on each other.

### **What are the main strengths in the approach that has been taken?**

KeyRing see this as a great way to use resources to their maximum. For example, people support each other with learning how to travel. A network member who is familiar with the local travel system will support another to learn. Both parties gain from the training and it frees up resources to be spent elsewhere.

### **What are the main outcomes of co-production?**

Co-production and mutual support give people a sense of self-worth. People gain in confidence, which some members have used to get a job. People also gain independence in the sense of being in control of their lives.

### **How has the organisation worked to engage all sections of the community?**

KeyRing works with many different people to set up the networks, from local housing officers to local librarians. Sometimes it recruits additional volunteers to support network members, for example if they need to connect with parts of the community that the community living volunteer is not so familiar with. It also works with the local community to break down barriers, for example a network in Manchester helped out at a local school to break down attitudes of racism.

### **What advice would the organisation give to others?**

- Everyone has skills to offer. You are really missing out on a trick if you do not make use of those skills. People like sharing their skills and helping each other out.

## **Look Ahead Care and Support**

### **About the organisation/project**

For the last four decades Look Ahead has been providing a wide range of support, care and accommodation-based services across London and the South East. Today, it support over 8,000 people every year who have a wide range of support needs - including mental health issues, homelessness and learning difficulties - and young people.

In 2011, building on its established history of customer involvement and, more recently, of delivering personalised services, Look Ahead embarked on a drive to embed a co-produced approach and ethos throughout the organisation.

### **What has co-production meant to the project?**

Look Ahead believes that customers are best placed to direct their own support and work in partnership with staff to design and deliver the services that they really want and need. This is at the very heart of Look Ahead's approach and is the basis of its Experts

by Experience programme. Through this, customers and staff work together to design, deliver and improve services.

**What has helped in implementing a co-production approach?**

Commitment and buy-in from all levels of the organisation, including at senior management and board level, have been critical to the project's success.

Introducing and embedding a co-produced approach involved taking Look Ahead's existing approach towards customer involvement and personalised services one step further. It represented the next step and an evolution of the ways in which it was already supporting and valuing customer experiences.

**What difficulties were there in implementing co-production?**

Helping customers to recognise their own skills, expertise and insight was at times a challenge. Customers often found it difficult to see that they had something to offer. Look Ahead found that training, development and peer support really helped.

Another challenge was how to recognise and reward customers for their contribution. We developed a reward and recognition policy to address this and offered customers the chance to earn credits that could be spent in the local community through partnering with a local time banking organisation.

**What are the main strengths in the approach that has been taken?**

The strength of the project has been in recognising that its customers have so much to offer. The organisation has been able to move away from viewing customers as passive recipients of services to people with the potential and power to be major assets to the organisation.

**What have been the main outcomes of the project?**

The most successful outcome has been the development of the Experts by Experience Customer Training Team, which provides service user-led training to its support staff. It is developed and delivered by customers - based on their personal lived experience of homelessness, substance misuse and mental health issues - and has already been delivered to over 700 staff.

Other successes include the development of a customer-led interpretation service, peer support programmes and new co-produced staff recruitment and selection tools.

**How has the project worked to engage all sections of the community?**

Practical considerations have included holding activities/training in accessible venues, providing expenses/transportation and carrying out regular equality and diversity impact assessments. Customers with all levels of need have also been supported to take part in the programme. For example, customers with severe and enduring mental health issues successfully deliver staff training.

**What advice would the project give to others?**

- Customers should be involved in all stages of the project – from inception to evaluation. Look Ahead's Customer Services Committee has played a key role in steering this.

- Co-production is about recognising and valuing everyone's experiences and input equally - staff as well as customers.
- Remuneration can be the 'elephant in the room' if it is not addressed openly. Engage customers in the debate and look for any solutions they can offer.

## My Way

### **About the project**

My Way is a project to support the transition of young disabled people from children and young people's services to adult services. It is run by MacIntyre, a national charity that supports people with learning disabilities.

Within the wider work of My Way, the team have worked on a project in partnership with Derbyshire County Council to develop new ways of transition planning. This has involved holistic, person-centred support planning using facilitators in a brokerage role and having a focus on outcomes. Young disabled people are involved in co-producing the service, including developing training.

### **What has co-production meant to the project?**

Co-production has meant developing a new concept, building relationships on the basis of equality and showing that people can make a contribution based on their experiences. It is about involving and working with young people, not just 'doing to' them.

### **What has helped to implement a co-production approach?**

Having financial resources has been important to the project. It has made it possible to pay for transport to bring young people to meetings and for refreshments.

The project has been able to build on the person-centred culture of MacIntyre where staff feel they can be open in meetings and where their contributions and ideas are encouraged. It has been able to develop work that has been taking place in schools and worked with parents' groups to embed the concepts of personalisation and co-production.

### **What difficulties were there in implementing co-production?**

It takes a long time to build confidence so that people feel they can co-produce services. Against a background of cuts in resources, people ask themselves whether it is worth investing the time in co-production and whether they will be listened to. Cut-backs can mean that the system goes back to being inflexible.

### **What are the main strengths in the approach that has been taken?**

The responsibility to put co-production into action is part of a senior role in MacIntyre, which gives it value and avoids an assumption that co-production will just happen. The skills of the people involved and the opportunity to be creative have given the project strength. There has been a clear sense for the organisation of 'we know where we are going and what we are doing rather than working to rigid targets'.

### **What have been the main outcomes of the project?**

All the people involved have become experts in their own right and have pushed the agenda of personalised services forward. Young disabled people have moved on from school to take up opportunities in keeping with what they want to do in their lives. These opportunities have to be within the available budget but they are more imaginative and flexible than those previously offered.

### **How has the project worked to engage all sections of the community?**

The project has completed an equality impact assessment, which has identified a number of areas for engagement. As a result, the Gypsy and Traveller community are now engaged and the project has reached out to young disabled people leaving care.

### **What advice would the project give to others?**

- Co-production is hard work but very worthwhile as it leads to much better outcomes for people.
- It is important to think about what will help co-production, including good communication and meeting access needs.
- It is good to break everything that needs to be done down into clear actions.

## **Northamptonshire Community Housing Network**

### **About the project**

In 2010 the Northamptonshire Learning Disability Partnership Board commissioned the Finding a Place to Live Group, a sub-group of the partnership board, to co-produce a learning disability housing plan.

The Finding a Place to Live Group was made up of people with learning disabilities, their supporters, community volunteers and a range of professionals, including people from local housing authorities, care management staff, social care commissioners, voluntary sector colleagues, children and young people's officers, the partnership board's black and minority ethnic communities officer, and Supporting People colleagues. Over 75 people and organisations contributed to developing the plan.

It was decided to co-produce the plan. This meant people and professionals working alongside each other as equal partners. The group was jointly chaired by a community member and a learning disabled person.

One of the key recommendations from the plan was to establish the Northamptonshire Community Housing Network. The network brings together disabled people with non-disabled people and professionals as equals to support disabled people to find housing and employment. It is based on the values of mutual support and recognises that all members have skills to share with each other.

### **What does co-production mean to the project?**

It is not technically that difficult but it is emotional as it is about sharing power and responsibility, putting people who use services in the driving seat. It is distinct from working in partnership because it is about sharing and working from a basis of equality. The person is primary rather than the needs of professionals or services.

There is a shift going on in society. We are increasingly being left to our own devices and to sort out how our own needs are to be met. In these circumstances the opportunities are there for people to work together. We are learning to share and do things better. Personalisation means that we need to have a wider range of skills, including commissioning, so that everyone needs to help out and change systems that are reluctant to change. Co-production helps to achieve this.

**What has helped in implementing the co-production approach?**

People were willing to have a go. People reminded each other what co-production was all about as they went along so that they stayed focused on the task.

**What difficulties were there in implementing co-production?**

Everyone involved had some difficulties with the process. Everyone had different levels of experience and understanding. For learning disabled people the information was not always accessible. Professionals had no experience of sharing a strategy. In the past, plans had always been about what social services wanted to do. This was different and challenging.

One of the key issues is remuneration. Professionals are paid but the question is how to pay people who use services? Some funds were available but this issue needed to be addressed and a system found that gives everyone involved a chance to make a living and people have to be rewarded equally. Time banking and accumulating credits have been used but this needs to be developed further.

**What are the main strengths in the approach that has been taken?**

The main strength of the approach is that it is non-hierarchical. It helps us to take charge of our lives and not be on our own. Professionals are there to help and give advice. It is like being in a car. The disabled person is in the front doing the driving with the professionals in the back seat offering advice in an equal power-sharing relationship.

**What have been the main outcomes of the project?**

The housing plan came up with a key recommendation to establish the Northamptonshire Community Housing Network. Anyone can join this network – disabled people, people from the local community, family and friends, and professionals. The spirit of co-production is continuing as people work through the network to help disabled people to meet their housing and employment needs.

**How has the project worked to engage all sections of the community?**

The network is a mixed group of people with multi-layered needs and some with protected characteristics. The spirit is there to go further in reaching out to all the community.

**What advice would the project give to others?**

- Accept that sharing power means taking risks. Take a chance and be practical.
- It is better to start small and build up to bigger projects, letting people lead, not professionals.



- The process needs to feel different and you need to be constantly checking in to make sure that the values of co-production are still being followed as it is very easy to get taken over by events.
- Recognise that it can be a relief to lose power as well as to gain power.
- Co-production is an emotional journey because it is life changing. We have to do things differently and if we can learn to share power we can work across a whole range of issues that confront us.

## Northern Ireland Disability Strategy

### **About the project**

Northern Ireland's Department of Health, Social Services and Public Safety (DHSSPS) contracted Disability Action (a voluntary umbrella group of disability organisations in Northern Ireland) to gather the views of disabled people about what should be in a new Disability Strategy. This was part of a comprehensive pre-consultation process on the strategy for people with physical, communication, sensory and neurological impairments.

The process involved holding meetings with groups of disabled people to get their views about what should be included in the new strategy so that they could shape what went into the documentation used for the main consultation on the strategy with the general public.

### **What has co-production meant to the project?**

It is early days for co-production initiatives in Northern Ireland where the term has yet to be widely recognised. The project can be said to represent the intermediate stage of co-production where people who use services are valued and recognized, with an emphasis on mutual respect.

### **What has helped to implement a co-production approach?**

A briefing document was developed to ensure participants were aware of the aims and objectives of the Disability Strategy before attending the workshops and making comments.

### **What difficulties were there in implementing co-production?**

The response to the workshops was large, with many people attending such an event for the first time alongside more experienced people who use services. In the end this provided for a lively and informative debate.

It was important to ensure that people's views were recorded accurately and in plain language. To achieve this, reports of the meetings were written from notes taken at the meeting and there were audio-recordings of the discussions. This enabled Disability Action to ensure that the report was as true to the spoken word as possible and that the voice of disabled people was heard as fully and accurately as possible. The reports were also used to give feedback to people who took part in the meetings.

### **What are the main strengths in the approach that has been taken?**

Every effort was made to ensure that disabled people would have an opportunity to take part by ensuring a good geographical spread of workshops across Northern Ireland. Workshops were held in Derry/Londonderry, Lurgan and Belfast. They all followed the same agenda: introduction, overview of strategy, open discussion and close. Each workshop was attended by members of the DHSSPS staff as observers and facilitated by Disability Action staff. Travel expenses were paid to participants.

### **What have been the main outcomes of the project?**

DHSSPS staff reported that the process was immensely informative for team members both in terms of the development of the Disability Strategy and also on a personal level.

All of the information and feedback from the pre-consultation events was recorded and catalogued by the DHSSPS staff under headline topics into a single workbook, which was then shared with everyone concerned. The staff then incorporated the feedback when refining and completing the strategy and action plan for a comprehensive public consultation.

### **How has the project worked to engage all sections of the community?**

Given the importance of the Disability Strategy and Disability Action's equality ethos, 'harder-to-reach' individuals and groups were invited to the workshops as well as Disability Action member organisations.

### **What advice would the project give to others?**

It is essential to be transparent and accountable in reflecting back what people say. For this reason a recording was made to back up the note taker. The project made sure that people were asked for their permission for a recording to be made. Everyone agreed, as long as it was deleted once the report had been written.

## **Redesigning Support for Care Leavers**

### **About the project**

The Institute for Research and Innovation in Social Services (IRISS), the Scottish Throughcare and Aftercare Forum (STAF) and Argyll and Bute Council worked in partnership on a project called Redesigning Support for Care Leavers. Using the methods of co-production and facilitated by the design agency, Snook, the project has explored meeting the emotional and social needs of care leavers in the transition to adulthood.

### **What has co-production meant to the project?**

The project aimed to create a level playing field where everyone involved, including young people, had a voice, valued each other and learnt together from the start of the process. The idea was to bring a different perspective to the design of a service and move away from simply voicing personal perspectives and opinions to making something together and testing possible solutions. This co-design process as part of the co-production agenda supported this idea.

### **What has helped in implementing a co-production approach?**

It was helpful that the project lead worked for IRISS and was therefore independent and apolitical. IRISS provided £5,000 that was used to pay for design facilitators, materials, travel and other expenses. STAF met the costs of the young people who took part and the local authority provided venues.

Council staff were intrigued and could see the value of co-producing with the young people, so they were prepared to commit time to the project. Young people had some candid views and they felt confident in expressing themselves during the project.

### **What difficulties were there in implementing co-production?**

One of the key issues was time. The project ran during working hours, which meant that some young people were at college or at work and found it difficult to attend meetings. While child care commitments were supported, similar support could have been provided to young people by running the project out of working hours. But there was no ideal solution, so ongoing discussions and flexibility were required.

The use of language was challenging, including the use of the term 'co-production'. The designers who facilitated the project also brought their own terminology such 'prototyping', and while this was discussed and explained in detail, some still found it difficult to follow.

As the project progressed, the fact that young people were not being paid for their time when everyone else was became an ethical dilemma. As a result, IRISS has adopted a policy of paying people who use services when working in partnership to benefit service developments.

The last difficulty was the geographical nature of the area itself – this was very rural and subject to disruption by the weather. This was more of a concern to those involved in the work from outside Argyll and Bute. The residents themselves were used to this and accepted that on occasions people could not make meetings.

### **What are the main strengths in the approach that has been taken?**

The main strength has been in bringing many different perspectives, experiences and approaches together and focusing on the experiences of people who are supported by services. The facilitators brought a new perspective on collaborative problem solving using physical models to see if an idea would work, rather than only relying on verbal reasoning. This meant that participants had to clearly explain what they meant so that it could be modelled through activities like producing a mock-up of an information pack for a proposed service and producing a map. This helped everyone to develop and deepen the ideas together so that they could be fully explored, evaluated, tested and implemented immediately once it was agreed they would be useful. The conversations around these activities brought everyone's knowledge together, were open and enabled people to learn from each other.

### **What have been the main outcomes of the project?**

Argyll and Bute has a good network of support services where everyone knows each other. There is now an awareness of co-production and how its flat, non-hierarchical approach is quite different from a typical top-down service development approach.

Training has been developed that has built up young people's confidence to work with practitioners and one of the ideas (a friends' pack) has been developed for use in residential care. The project could have ended once the original goal of designing transitional services had been met, but in fact it has taken a more long-term view and is involved in strategic and structural changes. This includes developing a co-production working group. At the moment, Argyll and Bute Council are developing and training a network of young people who may be interested in taking part in co-productive working groups.

### **How has the project worked to engage all sections of the community?**

The project used local leads and asked them to invite people to take part in the project. There was a mixture of participants, from managers, to frontline staff and young people. No one was turned away.

### **What advice would the project give to others?**

- Go directly to people who use services and design your co-production using the perspective of others, allowing plenty of time as it can take a long time to set a project up collaboratively.
- Be transparent and open to change – writing a blog can be a good reflective method to do this and share thoughts.
- Co-production needs to have a reflective culture – discussing learning, successes and failures as a group all the way through the project.
- Sometimes an idea that is developed fails but this does not mean that the co-productive approach has failed – learning together is an outcome that can support future working practices and relationships.
- Good facilitation, listening, acting upon what is heard and reflecting are key.
- Feedback is important so that everyone knows what has happened and why.
- Above all it is important to share the learning on how to co-produce with people involved in a project from the start. The aim being that this knowledge is embedded among partners and the practice can be replicated.

## **The Healthy Living Club**

### **About the project**

The Healthy Living Club in Lambeth, South London, is a self-directed, dementia-centre club based in, but independent of, a sheltered housing complex. The club comprises people with dementia and their carers, and some of the residents from the sheltered housing complex, volunteers and a part-time coordinator. It meets weekly to pursue a programme of activities that has been decided by everyone who attends.

The club used to be a café run by the Alzheimer's Society and funded by the local primary care trust. The money ran out and it looked like the café would have to close. But the café's weekly meetings had been providing its 'users' with a strong sense of belonging to a community of which - they felt - they shared ownership. So they decided

they would continue to meet and were supported by the coordinator, who agreed to work without pay until funding could be secured. So the community outlived the closure of the service.

It is now a vibrant place with everyone contributing to running the club and to all the decisions about how it is run, to the extent that they are able and willing to do so. They have generated income to pay for the coordinator and the group's activities and this work is continuing to ensure that club is sustainable in the long term.

### **What has co-production meant to the project?**

When those involved in the club heard about 'co-production', they realised that the term described exactly what they had been doing all along - with non-disabled people and people with dementia running the club together.

They have discovered that between them they have a range of talents and skills - from bid-writing for finance, to keeping the books, to information technology skills, to active listening, to music making - all of which can be used in running the club and its activities.

### **What has helped in implementing a co-production approach?**

Good contacts in the wider local community have really helped. A staff member from the local Age UK gave practical support and agreed to be a member of the management committee, as did a local professional, who works as an Admiral nurse and as a trainer for Dementia UK.

There are good contacts with the local time bank, with the result that the hours that volunteers spend at the club are banked as 'time credits'. These can be used to buy the services of other organisations who are members of the same time bank. The most important factor, though, has been the enthusiasm and hard work of club members who have been determined to keep it going.

### **What difficulties have there been in implementing co-production?**

At the beginning there was 'nothing' - no money to run the club and no legal status or organisation to raise the money. Members, although they wanted to continue, were surrounded by pessimism. Public officials and other potential sources of support were sceptical that a group of vulnerable adults and non-professionals could self-manage, and seemed reluctant to invest in supporting a project that - they felt - would be likely to run out of steam and fail.

These difficulties were overcome by establishing the club as a legal entity, and by showcasing its work to the wider community by networking by various means, through social media in particular. This really helped the club gain credibility, not just as an entity in itself, but also as a potential model of co-production.

The club has also been successful in securing a grant from a charitable trust and this covers around half its costs.

### **What are the main strengths of the approach that has been taken?**

The club's main strength is that, being directed by the people who are also benefiting from it, it meets their needs very closely.

Unlike services led by professionals, it provides people with dementia, their carers and other members of the community with more than just opportunities for active participation, as either 'service users' or as volunteers. It provides them with an opportunity to self-determine, and even act as commissioners of the services they need.

People at the club are aware that it will have to adapt to members holding personal budgets but as yet this has not started. In the meantime, it is operating at full capacity, while enjoying a steady stream of referrals.

### **What have been the main outcomes of the project?**

The weekly activities and events contribute to everyone's sense of wellbeing. A warm environment has been created where everyone feels relaxed as they are among others who understand dementia and nobody feels as if they have to explain themselves. It is collaborative - people with dementia, carers, volunteers and the coordinators all helping each other. It is engaging and fun, with a lot of singing, dance, chair-based exercise, reminiscence and informal chat.

More importantly, the club continues to provide people with dementia and everybody else with a sense of belonging, as well as an opportunity for active citizenship, and - thus - with a sense of purpose, all of which are in themselves strong determinants of wellbeing.

### **How has the project worked to engage all sections of the community?**

Lambeth is very mixed in terms of social class, ethnicity and cultures and this diversity is reflected in the club's membership and in the sharing of experiences and memories from around the world.

Co-operative working relationships with other charities has resulted in local teenagers becoming involved in intergenerational projects and as volunteers.

There is daily one-to-one contact among participants. This ensures that members' changing needs and preferences continuously influence what happens and are fed into the frequent meetings of the committee. This is an elected group, including people with dementia, carers, volunteers and some external people, who will all become the trustees under a new charity constitution just adopted.

### **What advice would the project give to others?**

- Take advantage of the assets and resources of everyone taking part, then everyone will rightly feel they are making a contribution.
- Make purposeful links with professional and community groups.
- Share the knowledge and experience of co-production with other groups.
- Make use of social media to spread the word and build external community. Many people will make donations online too.

## Co-production in social care: What it is and how to do it

The term 'co-production' dates from the 1970s and has more recently become a new way of describing working in partnership by sharing power with people using services, carers, families and citizens.

This guide is about how to do co-production in social care. The guide was co-produced with a Project Advisory Group, which included people who use services, carers, a commissioner from a local authority, policy development professionals and staff from the Social Care Institute for Excellence (SCIE). The guide aims to answer the following question: How do organisations work effectively in a co-productive way?

### **Social Care Institute for Excellence**

206 Marylebone Rd

London

NW1 6AQ

tel 020 7535 0900

fax 020 7535 0901

[www.scie.org.uk](http://www.scie.org.uk)