In This Together
Building knowledge about co-production
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nef (the new economics foundation) is a registered charity founded in 1986 by the leaders of The Other Economic Summit (TOES), which forced issues such as international debt onto the agenda of the G8 summit meetings. It has taken a lead in helping establish new coalitions and organisations such as the Jubilee 2000 debt campaign; the Ethical Trading Initiative; the UK Social Investment Forum; and new ways to measure social and economic well-being.
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Summary

This report tells the stories of people who are improving public services by working with the people who use them and delivering public services in a radically different way. It describes a range of practical projects and includes personal testimonies from individuals directly involved. These examples have at their heart equal and reciprocal relationships between professionals, people using services, their families and neighbours – an approach known as ‘co-production’.

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.”

Boyle and Harris (2010)

Together, the examples here show the potentially transformative impact of co-production on all public services. At this time of upheaval within and around public services our stories suggest it is pointless to keep rearranging the furniture within each service silo. Instead, we should use this opportunity to rethink what public services are.

The people in our examples are working in different sectors and circumstances, and using different models. Nevertheless, they share a commitment to co-production and to the values that lie behind it. Co-production challenges the traditional ethos of public services as things ‘done to’ grateful but passive recipients. It provides a positive vision of how people can play an active role in creating and sustaining better outcomes for themselves, with the support of professionals and their own social networks.

The stories express some of the reasons why this approach is powerful and how it can transform public services for the future. While earlier reports have documented the efficiencies and savings to be gained from working co-productively, this report goes further to offer inspiration to people who are thinking about how they can apply similar values and relationships to their own work. It offers encouragement to those at the frontline who have been trying to work in this way even where the system around them is pulling in the opposite direction. And it offers a challenge to public sector professionals, including those who work away from the frontline, to consider what they must do differently to create the conditions for co-production to become mainstream practice.

Our aim is not to encourage the adoption of specific models. These examples are not blueprints: each one has evolved in a particular local context. But all of them point to a shared set of challenges that must be addressed if we are to encourage much wider adoption and practice of co-production.
Key challenges include:

- **Changing the way services are developed** by mapping assets and resources as well as problems and needs; working with people who use services and the wider community to decide what services and support are needed; ensuring people involved with services have a role to play in determining and assessing their success.

- **Changing the way services are delivered** by engaging peer support as a core function; reviewing organisational roles to ensure service providers are accountable to the people and communities that use them; encouraging and valuing reciprocity within service provision.

- **Changing the way professionals work** by reviewing recruitment and appraisal processes so that they better represent what really matters to people using services; ensuring that building the skills and capacities of people to do things for themselves becomes central to the role of professionals; reviewing the language used by services to provide a truer reflection of the partnership between citizens and professionals; making personal relationships a critical aspect of a service not something to be fearful of.

These challenges are substantial but not insurmountable. Two complementary changes are required. The first is to change service culture by acknowledging that it is no longer the exclusive role of public sector workers to identify problems and provide solutions. The second is to reform the processes and systems on which modern public services rely – by developing appropriate commissioning and financing frameworks and by fully capturing social, economic and environmental impacts.

William Beveridge recognised that his model for a ‘Social Services State’ could eventually limit the power of citizens to help each other, marginalising activities that money could not buy. Co-production has the potential to restore the essence of Beveridge’s original vision.
Since October 2009 nef (the new economics foundation) and NESTA have worked in partnership, and with a growing network of more than 160 co-production practitioners, to develop the theory and practice of co-production. Our research has helped us understand it as an approach to designing and delivering public services that is underpinned by a series of principles, which are outlined below. Whether in education, health and social care, housing or community regeneration, these principles are consistent features of co-production.

- **Recognising people as assets:** transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.

- **Building on people’s existing capabilities:** altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people’s capabilities and actively support them to put these to use with individuals and communities.

- **Mutuality and reciprocity:** offering a range of incentives to engage that enable people to work in reciprocal relationships with professionals and with each other, where there are mutual responsibilities and expectations.

- **Peer support networks:** engaging peer and personal networks alongside professionals as the best way of building knowledge and supporting change.

- **Breaking down barriers:** dissolving distinctions between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered.

- **Facilitating rather than delivering services:** enabling public service agencies to become catalysts and facilitators of change rather than sole providers of services themselves.

We offer here a snapshot of how these principles are applied in everyday situations; changing the dynamic between people and professionals, and generating better, more sustainable outcomes. Alongside brief descriptions of the practice of coproduction in different settings, we include personal stories which express its transformative potential. We have also reflected on the practice of many projects we have worked with to illustrate how these six principles can be applied in day to day services.

For more details, please go to www.coproductionnetwork.com or contact julia.slay@neweconomics.org.
Building knowledge about co-production

Case Study 1: Learning to Lead

“In the past, like many schools, we were driven by exam results. Now students are leaving with more than just qualifications, but with a sense of leadership and responsibility.”

Community Link Teacher

At the Wells Blue School in Cornwall, an innovative model for co-producing education has been developed. Learning to Lead (L2L) is an approach which changes the conditions for learning within a school, and enables students to take ownership of activities, make independent decisions and effect change in their school and local community. The L2L model was a response by one parent, Susan Piers-Mantell, to her sons becoming de-motivated at school because they felt they were being denied the chance to have an active role in their own learning – it was being done “to them rather than with them”. L2L has its roots in the school council model. But it makes a radical departure from the traditional model in focussing on student action, rather than simply on student voice.

L2L is a simple model which relies on the training of a community link teacher, and the boundless energy and enthusiasm of the student body. The process of setting it up is relatively straightforward. It starts with a teacher and, ideally, a deputy head teacher attending a two day training programme to learn the principles and how to set up the model. They then organise an online survey of the entire school to determine what staff and pupils would like to do, or change, followed up quickly by a series of workshops for students, organised in their tutor groups, to discuss the results. Students then choose for themselves to join or form teams around issues that emerge from the workshops. This self-election to teams is crucial as they commit to try to change something they are passionate about, and everybody is able to get involved, not just a few who are chosen by others.

Once a team is formed to tackle a particular issue, say increasing recycling within the local neighbourhood or setting up a chicken coop in the school grounds, they are trained and supported to form self-managing groups in which leadership is shared between them. This builds up the capability of everyone to contribute to the projects, and often involves developing new skills to complement the academic focus of the curriculum. Teachers are there to support, but their role is determined by the priorities and energy of the students. Together, the students develop a plan for the year, look at who in school and within the local community they need to work with and influence, and find their own

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practical ways to make the project happen.

Teachers speak of their surprise at how ably students manage their projects; they are enthusiastic about how it allows them to do the creative, stimulating and supporting work that they went into teaching for. Students feel they can make an active contribution to the school as they know they now have the power to change things. But equally importantly, they have collective responsibility for making that change happen. They are no longer there just passively to learn and have things done to them, but are active participants in shaping the context and experience of their education.

The type of activities that young people choose to undertake are largely similar to improvements that staff would also identify, although often the students approach is more creative and engaging. Any early concerns from teachers that young peoples ideas might be in conflict with the school have been totally unfounded.

L2L doesn’t mean students take over the school; rather, it builds into school life an explicit recognition that the success of their time in formal education depends as much on their sense of engagement and influence as it does on the quality of the time spent inside the classroom.

Key insights:

- Training for students and staff is an important part of this approach: it is recognised as a necessary part of enabling students to develop their capacity, and for staff to learn to work in a different way.

- Senior leadership and support is crucial: L2L, like many examples of co-production, is 'different', and it needs top level support to thrive.

- It is possible to spread or 'scale' out this approach to other schools, but it will always need to be adapted to local circumstances. L2L has now been taken on by over 50 schools, and each has tailored the basic principles and approach to their own individual circumstances.

- People of any age can co-produce as the model has been successfully adapted to work in primary schools as well.
The Discovery Programme was established at Headway East London to help people with acquired brain injuries work together on occupational projects of their choosing. The teams are given flexible support, but they are ultimately responsible for developing and running their own project. The aim of the programme is to create real occupations for people who find the competitive market inaccessible. In the long term, the projects aim to help other excluded people, as well as those with brain injuries.

I have been working on a project to shoot films with two other members for the past year. It started when Ben (the Discovery Programme Manager) explained that the Discovery Programme was an opportunity to have a working role in something we were interested in and promised to support us in any way he could. I’d had no previous experience of filming, but was really keen to give it a go and learn something new. Since then we’ve had some training and advice by external experts, but mainly we have been teaching ourselves through trial and error and input from Ben to learn how to shoot, edit and get the lighting right etc.

Our eventual aim is to make a feature film about what it’s like to live with a brain injury – we’re building up to it by making short films now – working at a pace that stops us feeling over-loaded as it can be tiring. We have been busy making short ‘vox-pop’ films with other members of Headway providing insights into their lives, and other mini projects. The great thing about the project is we’re not pushed too quickly – our cognitive problems are considered and we have space to think and be creative.

**Testimony:** Firoza Choudhury, Discovery Programme team member

“The Discovery Programme is different because you’re not dictated to...other places assume what the right way to help you is, whereas here we get to decide what the problems and solutions are.”

_Firoza at Headway East London_
My brain injury means I don't feel ready to do full professional work yet. Working can make me feel tired, and it is hard to concentrate for long periods of time. In contrast, this project is an opportunity to do some real work, but in a more comfortable environment without feeling pressurised. It has been a great way to try something new and interesting – making a film, which I otherwise would not have done – test out my skills, and discover what my capabilities are and what I find more challenging. I'd previously been on a work-focused programme with a large voluntary sector provider. This was quite formal and the course set-up felt like being back at school. We were taught in classrooms and given handouts, and the focus was on literacy and numeracy skills, project work, cognitive skills and how to search for jobs. I think this type of back to work scheme has its pros and cons. It's good to have the structure, get used to a routine and brush up on some skills.

However, the practical element, such as job placements, normally isn't related to a job you'd want to do and find interesting. It's pretty mundane and it's already laid out for you. The Discovery Programme is different because you're not dictated to. Rather than following the usual system we're making the choices and decisions, and coming up with ideas. It's completely member-led. We're leading and creating projects based on what we're interested in, not staff telling you what they think you'd be good at and not be good at. One of the most important things is that we have room to make mistakes and that's ok. Other places assume what the right way to help you is, whereas here we get to decide what the problems and solutions are.

You can view the videos that Firoza and the Discovery Programme team made at www.discoveryprog.blogspot.com
Case Study 2: Fair Shares Prisoners and Families Project

“It’s really good to know that the work I’m doing [repairing bikes through the time bank] is helping other people, and it’s something that I’m very proud of.”

Extract from a DVD message that Martin, a prisoner, sent to his children

Fair Shares is the oldest time bank in the UK. Established in 1998, it has grown over the past decade into a network of time banks working across Gloucestershire. Time banking is one of the models through which the values of co-production can be applied in practice. The principle is simple: an hour for an hour. Members of a time bank earn hour credits helping other members and use their credits to get help in return. A number of time banks operate across the UK. They range from neighbourhood time banks to those that work as alternative platforms for the delivery of public services. Fair Shares’ Prisoners and Families Project is one such example. It uses time banking as a platform to engage with offenders in three local prisons: Gloucester, Leyhill and Eastwood Park.

As part of this project prisoners earn time credits by contributing to a range of activities – for example, fixing bicycles – and then have the option of using their credits to access support for themselves, or to donate the credits to their families and communities to spend with affiliated time banks across the country. The longest running scheme in the Prisoners and Families Project is a bicycle repair workshop. Prisoners refurbish donated second-hand bikes and hand them over to local community groups or to health workers in the developing world. Another example is an accredited Samaritans course, which trains prisoners to become ‘listeners’ and provide 24-hour emotional support to fellow prisoners, earning time credits for the time they are on call.

Building on the principle of peer support, Fair Shares have developed the ‘toe-by-toe’ project that encourages prisoners to teach and learn from one another, rewarding them for helping others with their literacy and numeracy skills. While formal training programmes in prisons often fail because of the negative experience many prisoners have had of schooling, the one-to-one peer coaching approach adopted by this project has proved extremely successful in raising their skill levels and self-confidence.
Some of the credits earned by the prisoners will be passed on to their families, but the majority tend to be donated to a ‘good will pot’, also known as the ‘Fair Shares Pension’. This pot of time credits enables older or less able people in the community to access support such as transportation, company or basic help in the household. There is an inherent value in the action of giving, which has been shown by many studies to improve mental and physical wellbeing. The option to donate part or all the credits they earn through time banking is an opportunity for offenders to make a symbolic gesture that demonstrates to themselves, as well as the community at large, that they can make a positive contribution to society.

Time credits also play an important role in the integration of prisoners in the community after release. Through time bank credits ex-offenders can access practical and emotional support from a local time bank, which will help them build their social networks and provide long-term, light-touch preventative support that professional services often struggle to deliver.

**Key insights:**

- Giving can be a key way of promoting higher wellbeing. Projects which work with people to embed reciprocal exchange at the heart of services can contribute to improving well-being outcomes.

- Everyone has something valuable to offer, including those who may be considered ‘risky’ or ‘dangerous’; both they and the wider community benefit if they are given the opportunity to do so.

- Connecting people who are physically excluded from society to the wider community helps them to strengthen the social bonds that will prevent their re-offending.

- Peer support provides an effective, personalised alternative for people who have previously had negative experiences of formal services.
Building knowledge about co-production

Co-production is a term that some find irritating, while others are broadening its usage to encompass a range of other meanings. It has, however, been in use for over thirty years with one particular meaning. This meaning is that the providers of services need the consumers of services. For example, doctors need patients, and their families and their neighbours too. In mental health, this means that clinicians need to see their role as working together with the service user to produce the best of mental health outcomes and well-being for that service user. It puts a special responsibility on the provider of services to recognise that if what they are proposing for a treatment and care regime for the service user is not fully supported by that service user and strengthens their local networks, then they are not providing a quality service. Even when using compulsory powers, clinicians need to work hard to gain the understanding of the service user as to the reasons and necessity for their use.

All care and treatment programmes aim to be designed with the service user’s needs and wants at their heart.

Testimony: Zoë Reed and Bee Harries, South London and Maudsley NHS Foundation Trust (SLaM)

South London and Maudsley NHS Foundation Trust aims to work with people to support them with their recovery, but also help them maximise their contribution to and benefit from the community. They have been supporting the development of time banks both within the Trust and in the local community for the past eight years and co-production is now absolutely central to their business and community strategies.

“The main factors contributing to improving the mental well-being of individuals lie in the community – outside the remit and control of mental health services.”

Zoë Reed, Executive Director, SLaM
– and this can only be achieved with their active involvement in designing the components of that programme. It has to recognise that the main factors contributing to the improvement of the mental well-being of individuals lie in the community – outside the remit and control of mental health services.

SLaM’s work on supporting the development of time banking – both within the Trust and within the local community – has been to help establish co-production as a key shaper of the organisation’s culture, and to build the infrastructure for service users to contribute to and benefit from society. The social inclusion reasoning for this is so that service users can make their contribution and receive help, in common with all other local citizens who choose to become time bank participants. If a statutory organisation starts to support the development of time banking, then it is an indicator that the culture is moving towards embracing co-production as a key component of its operating system.

“I remember I am not a label, or a diagnosis, or a symptom, or just stark staring mad …, but I have a name, a soul, a personality and oodles of so many talents to share with others.”

Bee [Belinda Harries], Member of local time banks and user of SLaM’s services

Apart from a very few occasions when things didn’t go quite right, or took a bit longer to get started, the whole of these last five years [working with SLaM] have been nothing less than an exciting, give and take, shared experience with me as the focus being supported by so many other outside teams and agencies.

I was referred to the Home Treatment Team in the very early days who visited me once a day, then once every other day, then once in three days with a phone call intertwined, right through to becoming able to cope very much on my own. But always with the proviso that if things went pear-shaped, I could call them again with a referral of my key worker. I have regular visits from my key worker who also runs the gardening allotment where I go every Wednesday afternoon. I had to give up my own allotment because I didn’t have enough energy, but on Wednesdays I’m very much part of the team, but sit and watch the others dig.

Our life does not have to be going from one drop-in at one centre to another. There are so many other things to get involved with, which do not fall under the mental health services umbrella, but are empathetic and accepting of service users. For example, I took my care worker [paid for through direct payment budgets] with me to a year’s course in pottery, and felt at ease the whole time. I have also got involved in research, and one of the projects I am working with is looking at Patients’ Access to Electronic Records, which means I can log onto my GP’s system and book appointments and ask for repeat prescriptions. Doing these things means I always have something to talk about to people I meet in other situations.
I could go on and on and on, finding more and more scenarios to use as illustrations of co-production without even being aware that this is what it is. The real onus is on the staff at the key worker [and possibly care coordinator] level. These are the people who should have the knowledge about what is available, how best to tap into it, or who to contact to ask advice about it. A lot of service users are not at all good with any sort of change, and for the key worker to be able to say “I’ll come with you the first time round, as a bit of company” is a rarity because of their huge, horrendous workload. Where this has been done, it has worked very well, and benefited both the service user newly in need and often more than one service user coping well at living within the community.

[Extract from longer article published in A Life in the Day Journal in November 2007.]

Reproduced here with Zoë Reed’s permission and in memory of Bee Harries.
In 2008 Reading Borough Council commissioned Barnardo’s to introduce the Community Mums programme to Berkshire. This award winning scheme is a peer mentoring and support network designed to support families in challenging circumstances. The project worker from Barnardo’s, Sunita Brah, identifies, trains and then introduces volunteer ‘community mums’ to new parents who have been referred by a professional who feels they would benefit from some extra support. The Community Mums – and in Berkshire this has been extended to dads as well – currently work with around 60 families on issues such as nutritional advice, parenting tips and emotional well-being. This focus on supporting the parent rather than the child is very different from most early intervention work. The aim is not just to develop parenting capacity, but to build lasting friendships, strengthen community networks and in doing so improve outcomes for children.

Community Mums and Dads (CMD) is a service which has been commissioned to support the Council’s strategy to strengthen their localities through mobilising resources within the community itself: building peer networks to transfer knowledge and provide support. The process starts with Sunita developing relationships with the parents, who will have been referred to her from a variety of sources, for a variety of reasons, including drug issues, instances of domestic violence, social exclusion, or simply being new to the area. She will engage with the newly referred parent to assess vulnerability and needs, but also to understand what they could offer to other parents in the group. Sunita has a key role in mapping people’s assets within the group and carefully facilitating links between parents who may have gone through similar experiences and may be able to help and support each other.

The parents involved in the group will have experienced innumerable ‘interventions’ from a range of different public services over the years. CMD is different because the support it

Case Study 3: Berkshire Community Mums and Dads

“The service users have often had a whole series of professionals coming in and out of their life and what they need is someone who can act as a friend and guide.”

Sunita Brah, Barnardo’s project worker
Building knowledge about co-production

offers is informal and personal. It’s not a ‘service’, rather a new network of supportive relationships. The volunteer community mums and dads are there simply to listen, and the relationship develops according to the wishes of the parent they are supporting. Together they co-develop the objectives for the service, and these are then monitored and updated monthly, with input quarterly from Sunita.

When Laura first came into contact with Barnardo’s Reading CMD she was at an all-time low. She was isolated and struggling to cope with her four children. “I had lost confidence and belief in myself,” Laura says. “My three older children and I had to move because of domestic violence by my first husband. We went to a refuge in a new area where we had no contacts, no family links, no friends. I got into a pattern of isolation.” Her son John’s behaviour deteriorated and Laura felt unable to cope, so they rarely went out. “I had reached a very low point” Laura says, “I used to be in tears all the time”. Things began to turn around when a health visitor referred Laura to CMD and they arranged for Janice to visit. “Janice helped me set boundaries so John didn’t run riot,” Laura says. “But she also showed me that some of the stuff I thought wasn’t acceptable was just him being a little boy. I began to feel confident going out again in public.” Jane also helped Laura get treatment for phobias she had of heights and lifts, which had severely limited where she could go. “[Thanks to CMD] I’ve got my sense of humour back, and I smile on a regular basis,” she says.  

Sunita’s role is to support people to support each other. At different stages this will involve training the CMD mums and dads, providing ongoing help with more complex issues, developing the programme, monitoring outcomes and minimising the risk of harm, but not delivering. This is not because Barnardo’s can’t help, or because it is cheaper for them not to, but because this peer support approach is proven to lead to positive outcomes for both the people giving and receiving support, far beyond the initial scope of the project.  

**Key insights:**

- Informal support, such as the help and advice that is provided by peers, friends and neighbours, can be as important as professional support and often prevents the need for acute interventions further down the line. But it does often need a professional to broker these links and connect people to each other.

- The role of the professional in co-produced services often changes: they no longer have to ‘deliver’ a specific service, but link people to others who can provide a local network of support.
I first became involved in Learning to Lead (L2L) as a student at secondary school. Coming from a year group of just seven other pupils to a school with over fifteen hundred, I was apprehensive about my new environment. Making friends was a daunting task and I couldn’t see how I was going to find any. Thankfully, however, I found out that I was free to become part of the school community council. After hearing this I chose to join one of the existing project teams and was immediately made welcome by a group of people I’d never met before, several of whom remain amongst my closest friends.

As I grew older I joined other teams and gained experiences as diverse as reporting for the school newspaper to installing allotments on the school site. Because nobody was given preference due to age or status, I got the chance to both work in teams and lead groups. As the teams progressed I started giving presentations during assemblies and at events. By the time I had finished my GCSEs I had the confidence to speak passionately in front of large crowds.

I'm nearly twenty now and I apply the skills I've learned on a daily basis. What I prize most of all however are the values I've taken from this way of working. I'm acutely aware of my responsibilities as a member of my community and I'm instilled with the sense that I have a valid contribution to make.
As outlined earlier, timebanking is a give and take model that supports informal exchange of skills between people in and around services. Much timebanking has relied on charitable funding to support the administration of activity which can make them insecure. HCCT is exploring how to develop a financially sustainable model that can provide low level (but critical) support for older people to maintain their independence at home in their communities.

Camden Shares is the time bank model being developed by HCCT through which people can support one another, contributing their time, skills and knowledge to the broader community. The concept was initially developed by Edgar Cahn in the United States, and called ‘CareBank’. It builds upon the time banking model but where it differs is in its purpose, which is more narrowly defined to supporting people who have low level social care needs, and in its blend of ‘currencies’: both cash and time can be used in many CareBank models.

HCCT in Camden extends an existing time bank at the Centre to incorporate the provision of a ‘flexicare’ service, which supports people to stay independent in their own homes by providing low level care and support. This care is provided by time bank members who are working towards social care qualifications: they are able to apply their skills and earn credits for their work. Bringing in the trainees to the flexicare service ensures a certain quality and consistency of support for people.

Funding for this service, through Supporting People and Adult Social Services, came to an end in November 2010. Yet the service is so valuable to those who use it that HCCT have begun exploring alternative ways of funding it. Many of the people...
supported through the flexicare service receive personal budgets from which they can choose which support and care to purchase. These can provide a source of funds to cover vital core costs, such as staff wages, while members have access to further support through the use of time credits earned by helping one another through the time bank. So, for example, while £30 a week from someone’s personal budget might usually buy only three hours’ worth of formal support, additional capacity can be provided through time credits. Support workers build links for the individual, enabling them to contribute in any number of ways, and so earn more credits to build up their support package.

Using this funding model, Holy Cross are able to build the capacity of the flexicare service. People who don’t qualify for a means-tested personal budget can still gain access to support by earning and redeeming time credits.

Camden Shares doesn’t replace services, but can complement and extend existing provision, building the vital social networks and capacity that supports people within their communities. It also brings a crucial preventative focus to services.

A major advantage of this model is the flexibility it offers in support and care; many existing streams of funding, such as Supporting People, are restricted to specific activities and outputs. HCCT’s flexicare model means people can be supported with their actual living needs, to achieve outcomes that they determine are important to them, rather than being limited to support provided for their perceived or assumed needs. It also means being able to move away from the abstract assumptions underpinning the social care system, such as restricted support based on expected ‘recovery’ times. The HCCT model means that people’s eligibility for support and care does not end after a defined period of time, nor is it subjected to recurring needs assessments. HCCT feels the service may also appeal to people with their own savings to spend (self-funders) who may also be joining the scheme in the future.

For HCCT this is just a beginning. They see huge potential for expanding the model by working with GPs, other community centres and older people. As the model expands, greater capacity is unleashed among time bankers and local members, and social networks are developed and extended.

**Key insights:**

- The capacity of individuals and organisations to respond to individual circumstances through a reciprocal time-bank approach is more flexible and personalised than other models.

- The quantity and quality of care and support can be increased substantially by tapping in to uncommodified human resources.

- Personalisation offers an opportunity to shape new types of flexible and continuing support.
Huge reservoirs of social capital are locked into communities and institutions; this needs to be mapped and realised, so that all available resources are being utilised for the public good.

People live whole lives with multiple challenges, which are not neatly separated into different services. Yet services are rarely joined up and they lack the know-how to make interventions across their silos that can significantly improve the lot of people and communities in need. This, combined with poor levels of civic education, has resulted in many of our communities becoming dislocated and marginalised from civic life and the services established to ‘serve’ them.

The journey of the Wandsworth Community Empowerment Network began in 2007 when the Chairman of South West London and St George’s Mental Health Trust commissioned us to encourage communities to participate in their Foundation Trust application. He wanted more than paper membership; he wanted active engagement in the design and delivery of Trust services. Significantly, the Chairman was personally engaged in the process, meeting community leaders not on safe civic ground, but in churches, mosques and temples, on their terms, in their places, at times convenient to them. This sent strong signals.

New types of associations were needed so that expertise from across the range of stakeholders would no longer be characterised as them and us, but equal. Huge reservoirs of social capital are locked into communities and institutions; this needs to be mapped and realised, so that all available resources are being utilised for the public good. A government-led initiative called Improving Access to Psychological Therapies (IAPT) arrived at this time. We adapted it so that therapists were providing services

Testimony: Malik Gul, Director, Wandsworth Community Empowerment Network

The Wandsworth Community Empowerment Network aims to bring together the range of community and voluntary sector organisations in Wandsworth and support their involvement in local decision making.
not just in GP surgeries, but out in community sites and so these services were designed and delivered with the host community as co-producers. This meant that church leaders negotiated opening times and the Asian women’s project suggested the community background of a therapist.

We are also piloting new ways of working with Wandsworth Adult Social Services in Carers’ Assessments, with the Mental Health Trust on Church Pastors and Family Therapy. We are also looking at substance misuse and dementia services and the NHS is interested in a whole range of primary care services from teenage pregnancy to smoking cessation. The potential for the co-production of services in these ways is unlimited.

By starting in small ways, and then multiplying what works across a range of public services, a number of things start to happen: new relationships develop; services are better designed and targeted; communities take ownership and responsibility for their own services. They become more civically aware about how public decisions and choices are made. This leads to more confidence in wanting to become more involved in more and more services and processes. Agencies start to change. Not only do they acknowledge the assets in communities, but they also think about their own assets in different ways and how to share them with communities through better and smarter means.
Putting the principles into practice: how practitioners are co-producing services

Our work has led us to meet hundreds of people interested in co-production, and we have been able to visit many innovative projects to find out what exactly people and professionals are doing in order to co-produce. We have outlined some of the most common methods and processes below, but this is by no means an exhaustive list, or a prescriptive model. Every week we meet new organisations who are taking the theory of co-production and evolving it in their own unique ways.

We describe below some of the processes and behaviours that co-production practitioners have told us they have adapted to achieve their goal of working collaboratively with citizens to achieve better outcomes.

We have grouped them to show how co-production is introduced into the conception and design of services, their daily delivery, and how professionals work with people. Co-production is different to traditional consultation and empowerment approaches to service development. It doesn’t just ask people what they think about how services could look, it also seeks their practical input, drawing their own skills and resources into the ‘day-to-day’ of services.

Changing the way services are developed

Asset mapping

Asset mapping is an approach to identifying the human and physical assets which exist within a service, neighbourhood, or specific community. This can be done on a community level, but also with individuals, by seeking to understand what their existing capabilities are and where their passions lie. Too often services train people to be able to participate, whereas co-production seeks to realise and utilise the social assets that exist within people and communities already.

For example, Spice, a social enterprise working on developing co-production through time banking in Wales, often conducts an audit of the communities’ assets at the start of new projects which allows them to identify existing activity and resources within the community. It might track the number of hours that community members already contribute voluntarily to community organisations and activities, for instance. This means that when future activity is planned it can take account of what is already in place and who is doing it. It also helps make sure
that people can be thanked for their contributions and ensures that new activities don’t compete with existing ones.

Similarly, Wandsworth Community Empowerment Network has conducted an extensive asset mapping exercise of local organisations and community groups to identify the physical hubs within the community which will help increase the scope and impact of the services they provide.

HCCT regularly meets with organisations from across Camden under the Camden Shares umbrella to ensure that these local assets are able to make best use of one another’s resources.

**Service design and planning**

Working with people who use services, and with the wider community, to decide what services and support are needed in the first place is a common feature of co-produced services.

For example, Headway East London’s Discovery Programme, that Firoza’s testimony is drawn from (page 7), is uniquely shaped to reflect the interests and capabilities of each individual, actively involving members in designing the projects they want to work on. Similarly, the Health Empowerment Leverage Project (HELP) is a project which involves a process of co-design at the community level, where local people have facilitated conversations with agencies and health staff to begin to shape the priorities for services within an area, with a particular focus on identifying the social causes of ill health, and taking action to tackle them.⁷

Co-design is often a more formal process which marks the inception of new service priorities and activities. However, in some services, it can be an ongoing and iterative feature of the service, with specifications open enough to allow flexibility for people to shape and reshape their activities and support.

The Social Innovation Lab for Kent (SILK) sits within Kent County Council and supports projects that work with Kent’s residents on topics and outcomes that are important to them.⁸ SILK works to a project structure that goes through a distinct process to get projects and services up and running, together with the local community. This is to ‘Initiate, Create, Test and Define’ the project. Co-production practitioners have often remarked on the fluid nature of their activities as ‘design’ is ongoing in conversation with participants throughout a project, not a one-off activity at the beginning. This results in more flexible or evolving services that are better able to respond to the changing circumstances around them. This is in contrast to the organisation of most public services, where defining the project or service comes first, often meaning people have to fit around narrow services which don’t meet the real needs of the community.

**Monitoring and evaluation**

Being able to co-produce effectively and over time depends crucially on how far you are supported by surrounding processes and systems. In Camden Council, the development of co-production in some mental health services has led to new outcomes monitoring measures which help to
demonstrate the role and value of co-production within the service. For example, local services now use an outcomes star which helps users and staff to track individual progress against outcomes, such as improved social connections, or autonomy.

Some services have been specifically contracted because of their focus on enabling the people they work with to co-produce. At Kirklees Metropolitan Council, for example, some contracts have begun to stipulate the co-production of services, and have introduced evaluation forms which help providers assess their levels of co-production.

Changing the way services operate

Peer support
Peer support is a strong feature of many co-produced services. In some cases it is the core service activity. We have worked with organisations whose function is to broker support between people with long-term health conditions, or first time offenders. In others organisations it is an element of a broader package of support, so that lay expertise and support capacity are complemented by qualified professionals.

Enabling people to support each other and share their lived experience, skills, and expertise can be an effective way to build knowledge, and expand capacity within a service. It is also one of the most effective ways to create sustainable change as people are able to develop their own support networks, which thrive independently of public services.

Skillnet, a support organisation based in Kent which works with people with learning disabilities co-ordinates a peer brokerage network. The network enables personal budget holders to act as brokers for each other, developing mutual support and building social networks. The value of this activity is demonstrated as this is a core part of the organisations work, rather than an add on.

Organisational roles
In some examples of co-production, people who use the service also hold formal roles and responsibilities within the provider organisation. These can be strategic, such as being on the trustee or governance board, more hands-on, such as contributing through peer support, as experts by experience, or through practical involvement in running and participating in activities on a day to day basis. For example, at HCCT members lead sessions and organise events.

KeyRing is a national organisation which provides mutual support housing schemes. Their members support each other in an informal network, where the mutual aspect of support is explicit and the expectation is that everyone has a contribution to make. Some organisations, such as Skillnet, mentioned above, employ people who have experience of recruiting services as a significant proportion of their workforce. This has the effect of turning the traditional ‘provider’ and ‘user’ roles inside out and brings greater insight to the organisation.
Families and Schools Together (FAST), a programme in the United States designed to support families who face multiple challenges, brings together a small number of parents into a group, and gives them individual roles and responsibilities, such as facilitating a group discussion, or asking people to host an event. This allows people to contribute, and feel central to the delivery of the programme themselves.

**Encouraging and valuing reciprocity through rewards**
Co-production is about people who use services, their neighbours and communities, being actively involved in the design and delivery of those services. In many instances, organisations have set up formal incentive and reward systems to encourage and value such contributions. Most obviously, this can operate through a time bank, where for each hour someone ‘gives’, they get an hour’s credit to use.

The act of ‘giving’ also has a positive impact on well-being, and organisations which encourage people to give back to the service and to others are developing a model which improves well-being not just through specific programmes or activities, but through the very approach they take.

**Considering ‘scale’**
Ideas and approaches to co-production can spread and be replicated elsewhere, but in order to be successful and genuinely co-produced they need to be a product of local circumstances. What works in one organisation might not necessarily work in another.

Adapting the design of services so that people are involved in shaping the service from the start is one way to ensure that solutions evolve in the local context.

**Changing the way professionals work**

**Senior Leadership**
Having top level buy-in is vital to co-production thriving within an organisation. Precisely because of its difference, staff need ‘permission’ to work in this way and senior management must also support middle management to make it happen. The best way for co-production to become a more mainstream approach is for senior leaders to take it on and promote it across their entire organisation, encouraging staff to make it a part of working practice.

**Recruitment and appraisal processes**
Many practitioners have adapted their recruitment and appraisal processes so that they embed co-production. People who use services can be key decision-makers in deliberation about which members of staff are hired. At HCCT all users of the service are invited to be involved in recruiting and interviewing potential staff.

In some cases, those who use services can contribute their own feedback to the staff appraisal process. This helps them to feel that they are co-owning and co-shaping the activities of a service, and helps the employers ensure that they are recruiting for the things that matter –
which may be more about how staff behave rather than simply having the right qualifications.

**Building skills and capacity**
As many of the examples in this report show, involving people in co-production often involves training people on both sides of what used to be the ‘provider’/‘user’ divide. Staff are often required to develop their capacity to work in new ways and to develop facilitative skills, or are given tools to re-think how services can be co-produced. Co-producing services implies new roles for people: time and resources for training and reflection is often needed to enable everyone to participate. As the examples from Community Mums and Dads and Learning to Lead have shown, this kind of training is a core part of developing new services.

**Language**
Many practitioners who co-produce move away from labels such as ‘service user’ or talking about ‘my clients’ and move towards a model of ‘membership’ or simply, ‘the people we support’. At one project we visited a group of people were discussing their aspirations. One said: “I want people to call me by my name, not ‘resident’, ‘service user’ or ‘client’”. Very subtle changes in labels and language can have a profound impact on the dynamic between staff and other participants.

**Investing in personal relationships**
A feature we see frequently in co-produced services is that staff work with individuals in a way that treats individuals as people with unique needs, assets and aspirations, but also as people that want support that fits around them. This often means going beyond the boundaries of the service, and not saying “no, that’s not our area”. Through consistently building personal relationships with people, longer term, cross-sector outcomes can be achieved. These ‘Deep Value’ relationships are described in a report by Community Links.13
Across the UK people are carrying out activities that are similar to the examples outlined in this report. However, these remain isolated projects that have tended to emerge in spite of the system they work within. Therefore the challenge now is not to just identify and spread good practice, but to learn from it to create a public services culture that actively supports and values approaches that acknowledge the value of co-production between people and professionals. This challenge demands two complementary changes: changing cultures and changing systems.

Changing cultures
A positive vision for how public sector professionals and citizens can work together is starting to emerge. It now requires these professionals, and particularly senior leaders and middle management within the public sector, to create a culture that values and incentivises such behaviour. To achieve this they may need to devolve decision-making and resources to fully trained frontline staff, change job descriptions and appraisal processes, and explicitly acknowledge that it is no longer the exclusive role of the state to identify problems and provide solutions. This may be difficult in the context of significant budget reductions and growing social challenges, but is nonetheless an imperative.

Examples are emerging of how some are now seizing the opportunity. Changing systems
Transforming the culture will be insufficient without also reforming the processes and systems on which modern public services rely. These include developing commissioning and financing frameworks that can nurture approaches that are substantially different from traditional public services. Capturing their full social, economic and environmental impact is also crucial. The Coalition Government has recognised this challenge in its recent Green Paper on Modernising Commissioning.

Co-production has transformative implications for the way the public sector thinks about power, resources, responsibilities, accountability and outcomes. William Beveridge, architect of the post-war welfare settlement, recognised that his model for a ‘Social Services State’ could eventually limit the power of citizens to help each other and marginalise the kind of services that money could not buy. Co-production is much more than a nice addition to existing services. It has the potential to restore the essence of Beveridge’s original vision.
Appendix 1. Questions for practitioners to reflect on

Co-production is a method rather than a model or ‘product’ which can be packaged and applied to services. Essentially, it is a way of working in partnership with people who have different kinds of knowledge, skills and experience. As such, it operates along a scale. Some organisations are just beginning to think about what co-production means for them. Others are embedding it in every aspect of their work, through design, delivery and evaluation.

Here we have taken some of the questions documented in nef’s co-production self reflection audit tool. These represent excellent practice and should give an idea of what co-production can look like when embedded. In this context, the word ‘people’ is used to describe those who are intended to benefit from the activities in question.

If you would like to view and use the tool, please visit www.neweconomics.com/coproduction

Q. Are the direct experiences, skills and aspirations of people, their family members and carers integral to activities?

Q. Do people have a constant and active part in running, evaluating, directing and delivering activities?

Q. Do people’s opinions have equal weighting to those of the staff and volunteers?

Q. Are people’s contributions recorded and rewarded?

Q. Do people feel this is ‘their’ project or service?

Q. Do people share equal responsibility for the service?

Q. Is the activity and work required for a project shared in ways that fit the skills of people and staff?

Q. Does the service invest in developing and supporting peer networks as a core activity?

Q. Are peer networks seen as an effective way to transfer knowledge and information?

Q. Do staff and people connect to, and invest in, local networks and activities beyond the service?
Endnotes


3 Re-printed with permission of SLaM.

4 Case study provided by Barnardo’s with permission, though names have been changed.

5 For more information on the impact of the CMD project see the C4EO case study at http://www.c4eo.org.uk/themes/families/vlpdetails.aspx?lpeid=264

6 For more information see www.justaddspice.org

7 For more information see www.healthempowermentgroup.org.uk

8 For more information see http://socialinnovation.typepad.com/silk/

9 For more information see www.skillnetgroup.co.uk

10 For more information see www.keyring.org

11 For more information see www.familiesandschools.org


13 http://www.community-links.org/linksuk/?p=2367


