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# Co- Production

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2010 literature review

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## **Thesis**

This paper is written as a white paper following a literature review on the subject of co-production, and as a proposal that wellness managers can and should implement its use in program development. Research shows that when individuals are instrumental in making decisions for themselves, they are more likely to sustain a behavior long-term. Furthermore, co-production has sustainable effects on personal development, economics and societal transformation.

## **Co-production definition**

Co-production is a term given to the cooperative partnership between service providers and service receivers, in which receivers have an active role in the development, design and implementation of the services provided. As a result of the partnership, the receivers' involvement gives them a greater sense of coherence as an active participant than would they have as passive recipients of services.

## **Co-production “Twitter definition”**

Co-production is the design and implementation of a program through collaborative decisions between a client and a service professional.

## **Co-production origination**

The New Economics Foundation has had a primary role in bringing attention to co-production. Though the concept has been utilized for decades in social and military services, NEF representatives have conducted extensive research on co-production and have published several supporting documents.

## **Historical applications**

This term has historically been used in relation to social services, such as welfare and public health services. However, other services using a similar model are the U.S. Armed Forces (free citizens fighting for freedom) and Alcoholics Anonymous and Narcotics Anonymous (addicts supporting other addicts in the recovery process). The business and political model, cooperativism, also works similarly (the business/government works with employees/citizens to reach a common productive, social and economic goal).

## Co-production Framework

The framework of co-production builds upon several key concepts.

- Recognizing people as assets
- Building on people's existing capabilities
- Promoting mutuality and reciprocity
- Developing peer support networks
- Breaking down barriers between professionals and recipients
- Facilitating rather than delivering

## Benefits of co-production

Co-production will transform public services so that they are better positioned to address problems and to meet urgent challenges such as public spending cuts, an ageing society, the increasing numbers of those with long-term health conditions and rising public expectations for personalized high quality services.

Individuals who are instrumental in the design and implementation of programs to their benefit experience empowerment over self-efficacy, personal development and recovery. These people sometimes go through personal development steps in order to gain skills compatible with the program they are co-producing. Additionally, as individuals gain new skills and associated confidence, a personal transformation sometimes occurs and extends from the individual into the community, society and associated businesses.

The business impact of co-production includes service and business efficiency since those formerly served participate in service provision rather than simply receiving it. Economic savings are realized, too, when less money is expended to pay service administrators because recipients assist in the administration, and over the long-term when recipients achieve rehabilitation and can perform on their own.

Communities benefit from co-production through the combination of economic savings and personal rehabilitation and development. Often those who co-produced their own rehabilitation eventually share their own knowledge and experience within the community as a pay it forward effort or commitment.

Furthermore, habits developed through co-production are more sustainable than those that are prescribed.

## Challenges of co-production

Co-production in general can be a complicated process, with obstacles in wide-range implementation. Citizens must be willing to participate in co-production processes, so where interest lacks, implementation is impossible. Additionally, once a program is co-produced, in order to expand from the co-producing recipient to become a co-producing provider, the

recipient must also be willing to become a provider. Training recipients to become providers can also be a challenge when the recipient lacks comprehension of the program concepts and the importance of co-production.

Another challenge of co-production is resistance among service professionals. For example in social services, service professionals could perceive a threat to their livelihoods if they believe that working with individuals to create a rehabilitative program will eventually make their own job obsolete. Service professionals might also consider co-production an inconvenience whereas simply prescribing activities or other requirements might simply be easier and less time-consuming.

Reduced salaries could also be a negative impact of co-production, particularly in public service industries, if service providers provide fewer services due to recipient participation in rehabilitation co-production. It makes sense that a person doing less work would make less money.

Unemployment would be the ultimate challenge of co-production, but only in an extreme case in a perfectly ideal world where service recipients all become service providers at no wage as part of the rehabilitation process.

## **Barriers to taking co-production mainstream**

Since society revolves around an economic market and typically defines success through economic concepts versus looking at the human picture, generating evidence of co-production's value becomes a barrier to taking co-production into the mainstream business model.

When business models are taught, the concept of co-production is not traditionally included. The concept is still rather new. But once proof of efficiency and success has been demonstrated, including co-production in business education will create a new business model for successful social services, health care, human resources and related businesses.

The barrier then is making others understand that the core economy has a tangible value. Taking successful co-production approaches to scale can only be accomplished when human value can be proved and understood.

## **Without co-production**

Traditional means of public service administration deprives people of power and influence, which means the underlying problem isn't addressed. Service users' strengths and assets aren't recognized, and a culture of dependency that stimulates demand rather than provides services with tangible human success is engendered.

## Modern applications

In 2010, the US Armed Forces, AA and NA and cooperativism are still successful models of co-production. Parent University and Learning to Lead (parents and students working in cooperation with educators to provide high quality education), Parents as Teachers (parents of toddlers teaching parents of toddlers about early childhood development standards) and Stanford's Chronic Disease Self-Management Program (individuals with chronic diseases learn and lead the program for others with chronic diseases) are modern co-production models that are all successful and expanding.

## Co-Production key concepts

Core economy v. Market economy – The core economy differs from the traditional economic concept of market economy in that it values a person's human worth beyond just working capabilities.

Time banking – Earning time as credit for work performed that can be used to receive the benefit of a service in return.

Third sector – Anybody other than the service provider, including ordinary citizens.

Earned Entitlements – How one contributes to rebuilding the core economy.

Assets – In co-production, people are the real wealth. Every human being can be a builder and contributor.

Redefining work – Changing the idea of work to include raising healthy children, keeping families together, making neighborhoods safe and clean and caring for the elderly and sick.

Reciprocity - Giving back by helping others.

Social Capital - Creating informal support systems and an infrastructure of extended families and social networks.

## Co-production in wellness management

From the compilation of these resources, it was determined that co-production is the future of wellness management. Historically, the problem of compliance with prescribed programming has prevented people from long-term success in achieving overall well-being.

There seems to be a disconnect between wellness practitioners ideas and those of the consumers they serve. Co-production is the link between the two when they work together to create and manage programs that are beneficial from a practitioners perspective, and are desirable from a consumer's perspective.

In order for co-production to become more mainstream, further development of methods to get consumers on board will expand the usefulness of co-producing wellness programs for long-term positive well-being. Instead of simply delivering a program, co-production leads to a more tailored program that increases the success of its participants. When the target audience is involved in producing the program, it is more likely that they will have a more positive outcome.

Eventually, the implementation of co-production in wellness management among human resource departments in business could in turn shape health policy. This in turn, will change the way wellness professionals are trained. Previous methods of creating a wellness program will still be utilized, but the element of co-production will need to be involved as well. Instead of setting specific targets, wellness professionals will instead be looking to enhance broad measures of well-being.

## **The future of co-production**

The future of co-production lies in new research that offers proof of efficiency and success from a human perspective. Certainly in social and public services, co-production is beneficial with endless possibility for rehabilitation and personal development. And in wellness management, the true way to implement change for personal well-being is through the co-production of plans and programs that will benefit individuals, corporations and communities.

Changing the way services are managed and delivered will require building co-production into system structures, incentives and workforce skills. Changing the way services are commissioned will include priority to prevention, collaborative working, and measuring what matters most to each human sector.

Testing the co-production concept will eventually open up new opportunities for co-production, perhaps more deeply into other business and program development models.

## Resources and Summaries

### *Foundation*

[http://www.neweconomics.org/sites/neweconomics.org/files/Co-production\\_1.pdf](http://www.neweconomics.org/sites/neweconomics.org/files/Co-production_1.pdf)

This is the first of three Co-production reports originated by NEF. In this article the author explains his foundational definition and understanding of co-production. A quote that defines co-production very well is that “professionals need their clients as much as the clients need professionals”. The author also addresses factors in growing the core economy (family, neighborhood and community) via the concept of co-production.

[http://www.neweconomics.org/sites/neweconomics.org/files/Public\\_Services\\_Inside\\_Out.pdf](http://www.neweconomics.org/sites/neweconomics.org/files/Public_Services_Inside_Out.pdf)

This is the second of three Co-Production reports generated by NEF and NESTA. They have assembled a group of 100 practitioners that felt they were already doing co-production. NEF and NESTA used their insights, challenges, and successes to help generate their report. An important thing they noted is that co-production is “about relationships, not about services”.

Family Nurse Partnerships/Nurse Home Visiting Program, Gloucester Enablement Lead Programme, Parent-run nursery school (Scallywags), Taff Housing, Orange RockCorps, Headway East London, Multiple Sclerosis Society, User voice, Chard Community Justice Panel (Chard, UK), Merevale House, Richmond Fellowship/Retain, Envision, Local Area Co-ordination (LAC), KeyRing, Paxton Green, Elderplan Member to Member Scheme, Co-housing at the Threshold Centre, Fureal Kippu,

[http://www.neweconomics.org/sites/neweconomics.org/files/Right\\_Here\\_Right\\_Now.pdf](http://www.neweconomics.org/sites/neweconomics.org/files/Right_Here_Right_Now.pdf)

This is the third of three Co-production reports released by NEF and NESTA. It explains how to take the concept of co-production and move it towards a future where it is used in many different sectors.

### *Articles*

<http://www.egpa-thirdsector.eu/resources/pmr.pdf>

This article recognizes the challenge of involving the “third sector” (anybody other than the service provider, including ordinary citizens) in co-production. It defines co-production as “the potential relationship that could exist between the ‘regular’ producer (street-level police officers, schoolteachers, or health workers) and ‘clients’ who want to be transformed by the service into safer, better-educated or healthier persons.” It states, though, that “the involvement of citizens transforms the service, but they are themselves transformed by the service.” A final section in this article briefly discusses the *why* and *how* of co-production and related concepts.

<http://www2.ids.ac.uk/logolink/resources/downloads/Chile%20Workshop/Mottiarbgpaper.pdf>

This article boils the definition of co-production down to: “citizens and the public agency assume mutual responsibility for service delivery.” Although this article is primarily regarding policing services in Africa, as related to wellness management a key concept stands out: “citizens could provide service agents with vital and accurate information about the needs and problems of their communities. This information could be used to adjust service delivery to meet public needs.” It points out a major downfall of co-production: “One perspective could be that citizen participation is viewed by the service bureaucrat as complicating procedure and curtailing productivity. This argument is sustainable when one considers that ordinary citizens are not trained in service delivery, and don’t have any experience in the field.” It also mentions that top-down management mentality can be a limitation to co-production success. The article also uses community policing in Africa as a prime example that co-production can be a successful model.

[http://www.govint.org/fileadmin/user\\_upload/publications/coproduction\\_why\\_it\\_is\\_important.pdf](http://www.govint.org/fileadmin/user_upload/publications/coproduction_why_it_is_important.pdf)

This is an excellent “thinking” paper. A chart on pages 14-16 identifies key players (in professional/public services) and questions. “The key argument of co-production is that we can achieve an even higher level of outcome than by traditional service provision or self-help if we combine both the inputs of the public agency and the users and communities (Löffler and Watt, 2009).” This article notes the challenges of implementing co-production: (1) “find mechanisms and a language to make professionals more aware of this concept and to help them understand why it is becoming more prevalent in practice”; and (2) “to understand better the sources of resistance to the concept.” It provides a useful model for understanding co-production:

- Co-production conceives of service users as active asset-holders rather than passive consumers.
- Co-production promotes collaborative rather than paternalistic relationships between staff and service users.
- Co-production puts the focus on delivery of outcomes rather than just ‘services’.
- Co-production may be substitutive (replacing local government inputs by inputs from users/communities) or additive (adding more user/community inputs to professional inputs or introducing professional support to previous individual self-help or community self-organizing).

### *Web Pages*

<http://neweconomics.org/blog/2010/04/21/co-production-new-path-for-public-services>

This short article offers two distinct examples of co-production success. It also adds the following important concept:

“If we peg people up as ‘users’ of a public service which is delivered, they will be relegated to a passive role which adds little social value, and provides no opportunity for equal participation in our services. But if we understand that people have skills, capabilities, knowledge and

experience to contribute then we can see the huge potential for unleashing these hidden assets and co-producing better outcomes across our services.”

<http://www.politicalscience.uncc.edu/godwink/POLS4600/Whitaker%20coproduction.pdf>

“... the individual served... is a vital “co-producer” of any personal transformation that occurs...”

“Co-production is especially important for services which seek transformation of the behavior of the person being served.... We have too often come to expect that agencies can change people and have forgotten that people must change themselves.”

<http://www.socialinclusion.org.uk/publications/Introcoreeco.pdf>

This was a speech given by the creator of co-production, Dr. Edgar Cahn. This is a great reference document because it presents the concept of co-production in a concise manner. Some of the key points included:

- Co-Production is a hypothesis: To realize its full potential, a program must enlist those being helped as partners, co-workers and co-producers of the intended outcomes.
- Focus is on the not monetarized economy: Family, neighborhood, community, civil society
- Key economist Gary Becker and Nancy Folbre estimate that 40% of economic activity takes place in the Core Economy
- Redefining Progress, a non-profit organization estimated that household work in 1998 totaled \$1.911 trillion (one quarter of the U.S. GDP that year)
- The Core Economy uses a different production model and a different distribution model from the Market Economy
- Production: specialization and division of labor (Market) vs. interdependence and self-sufficiency
- Distribution: pricing (Market) vs. equality, need, contribution, love, reciprocity, moral obligation, guilt

### *Applications*

<http://www.orangerockcorps.co.uk/>

This is an example of co-production in action today. The production company RockCorps is an organization that rewards youth for participating in volunteer projects in their community. Volunteers are asked to give 4 hours of their time to community serviced and are rewarded concert tickets. However, the company does not promote that it is incentivizing youth. Instead, their slogan is “Given, Get Given”. Their production company began in 2005 and since then they have had 45,000 kids do community service to “Get Given” tickets for 20 live events. They have hosted 7 shows in the US in New York, Los Angeles, Atlanta, Houston, Chicago, Washington DC and Miami. Individuals that can’t attend the concert, but want to give their time in support can join the RockCorps Collective. Volunteers can log their time and are entered into drawings

for other prizes. The website also features a blog of some of the community projects completed with the help of RockCorps volunteers.

<http://www.nursefamilypartnership.org/>

The Nurse Family Partnership is a maternal and early childhood program that assists low-income, first-time mothers with their pregnancy and the first two years of their child's life. It helps mothers have a healthy pregnancy, become knowledgeable and responsible parents to give their child the best life possible. Public health nurses serve as a trusted advisor to new mothers by supporting them and creating a long-term trusted relationship. The nurses meet with mothers 67 times in their homes over the course of two and a half years. They assist mothers with preventative and prenatal care during pregnancy and also help them prepare emotionally for the delivery of their child. They also provide health and development education to both mother and child. They are there every step of the way and serve as life counselors to support the new mother. The key is that nurses do not do things for the mother; they help her find solutions and ease the stress of being a new mother. They provide mothers with key tools to raise a healthy child by equipping them with tools that can be shared with other new mothers in their social network.

The Nurse Family Partnership aims to make long-term improvements in health, education, and economic self-sufficiency. They wish to achieve several goals including: improve pregnancy outcomes, improve child health and development, and improve the economic self-sufficiency of the family. Nurse Family Partnership locations are located all across the U.S.

<http://www.ashmontnurseryschool.com/index.htm>

This is the website of a unique Parent-Run Cooperative school in Dorchester, MA. The non-profit cooperation allows parents to be a part of the preschool with the assistance of certified teachers. The school believes that the relationship between the preschool aged child and their parents is the single most important part of their lives. The cooperation asks that parents assist the teacher in the classroom on a regularly scheduled basis and help in the administration of the school as well. One parent works at the school each day with the certified teachers. Parents are scheduled to "parent teach" on a rotating basis which is approximately once per month, per family. They all also take part in either a committee that focuses on how the nursery is run or in another administrative task that contributes to the program. The Ashmont Nursery School also has a parent board of directors and an Executive Committee that oversees the operations.

<http://books.google.com/books?hl=en&lr=&id=DPvlvcUMJfYC&oi=fnd&pg=PR11&dq=William+Thomas+nursing&ots=SsAkuyTEFH&sig=CLAuQatBIR75NMNY7G4MsQDzYI8#v=onepage&q&f=false>

The author of "Life Worth Living" originated the concept of Eden Alternative or Greenhouse Nursing Homes. The initial concept in this text involves integrating plant, animal and childcare into the lives of nursing home residents, thereby giving them responsibility and reason to live. Greenhouse nursing homes seem to take the concept further by having centralized kitchen and

living facilities in small population homes, where residents have great flexibility in providing much of their own (assisted) care.

<http://www.fns.usda.gov/oane/menu/FSNE/GuidingPrinciples.pdf>

The Food Stamp Nutrition Education program is a prime opportunity to utilize co-production with social services. Though currently the program doesn't appear to use recipients as educators, the program certainly does focus on wellness issues, and the program educators might have opportunities to receive wellness training so that they can be better, more understanding educators.

[http://www.clemson.edu/public/impacts/09fall/youth/zest\\_quest.html](http://www.clemson.edu/public/impacts/09fall/youth/zest_quest.html) also [www.zestquest.com](http://www.zestquest.com)

This program encourages wellness and proper nutrition for children, and enlists parents and other community leaders as educators and supporters of the program. The program has an area of focus concentrated on SNAP participants.

### *Other*

<http://coproductionnetwork.com/>

One interesting Co-Production resource is the Co-Production practitioners' network web page. The website includes a variety of blogs, links and discussion boards with an international approach. This is an amazing resource for anyone working with a professional co-production focus.

Co-Production and Health System Reform – From Re-Imagining to Re-Making

[http://www.cihm.leeds.ac.uk/document\\_downloads/aupa\\_608\\_HR\\_co\\_productionAJPA\\_March1.pdf](http://www.cihm.leeds.ac.uk/document_downloads/aupa_608_HR_co_productionAJPA_March1.pdf)

The Australian Journal of Public Administration. Vol. 68 no. 1 pp. 39 - 52

In this very interesting article, the authors focus on the idea of co-production (citizen participation) in all areas of the public sector service development. The authors present a valuable resource, mainly because it describes a variety of current principals of co-production. The authors break down the article into three intersecting stages. The first identifies the current challenges involving contemporary health care systems. The second seeks to describe co-productions initial construction in the 1970s and how it is being presented recently in health reform literature. And the last stage analyzes current issues that are faced related to the implementation and viability of the implementation of co-production within health. The authors conclude the article co-production as being a complete re-imagining of the scope of possibilities from local to system wide. The ideas of implementing co-production can improve the health system and the sustainability. The transitions faced will be very challenging. The evolution from a traditional expert based health system to a co-productive health system will require in-depth and co-productive engagement.

Neighborhood councils and city agencies: A model of collaborative coproduction  
<http://onlinelibrary.wiley.com/doi/10.1002/ncr.82/pdf>  
National Civic Review. 2005. 43-53

In this informative article, the authors discussed a research program happening in Los Angeles called the Collaborative Learning Project. The goal is to reduce citizen alienation. The activity included the attempts to create collaborative working relationships between neighborhood councils and city departments. The revival of the co-production focus was mainly because theorists evaluated a greater need for more citizen involvement, primarily at the local government level. The authors give a brief background of co-production and the origination of the thoughts.

### *Works cited*

<http://patienteducation.stanford.edu/programs/cdsmp.html>

<http://www.parentuniversity.net/>

<http://www.learningtolead.org.uk/>

<http://www.parentsasteachers.org/>

<http://www.aa.org/>

<http://www.na.org/>

<http://en.wikipedia.org/wiki/Cooperative>