



WHAT IS

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CO-PRODUCTION?

Why are our public services not more effective, despite the extra investment? Why after six decades of the welfare state is there still so much ill-health, school failure, and why is the social fabric of our neighbourhoods collapsing? Because the critical contribution required from ordinary people, their families and their neighbours has been systematically ignored and finally forgotten. But without it, public service professionals can make little permanent change.

CO-PRODUCTION: together; joint or jointly; mutual or mutually
Co-production is an approach and solution that goes beyond simple representation on boards. It focuses on patients, clients, service users and people as vital assets, which professionals have to engage if they are going to make long-term, sustainable progress. That means involving people - often those who have normally been regarded as the 'problem' - in reciprocal activity that builds social networks, supports public service professionals, underpins their own development or recovery, and which is also measured and rewarded.

THE CONCEPT OF CO-PRODUCTION

Co-production - or a lack of it - was a concept coined first by development economists in the late 1970s, to explain why development programmes seemed so difficult to sustain, and why they so often had exactly the opposite result to what was intended. The concept was extended to tackle the question of why the accepted model of service delivery in education, policing, social care and housing - run by large centralised bureaucracies - was failing so disastrously on the ground.

But the truth behind co-production - that welfare and services only work effectively when they are jointly produced by professionals and clients of users - is not enough in itself to tackle the underlying malaise. It needs a driver that can

inject that reciprocity between clients or volunteers. Co-production can be the driver to create the reciprocity that professionals and public services need for them to succeed.

The concept was refined and developed by the work of Edgar Cahn, law professor and co-founder of the US National Legal Services Programme. His thinking provides a critique of large public programmes that reveal how they tend to impact only on day-to-day symptoms. Worse, that all too often the professionals are simply creating dependency - one of a peculiarly corrosive kind: one that convinces clients or service users they have nothing worthwhile to offer. It also undermines what systems of local support that do still exist.

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No More Throw Away People
The Co-Production Imperative
Edgar S Cahn



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Actually, the opposite is true. Pupils, parents, neighbours or patients are assets - with life experience, the ability to care and often with time on their hands that they would only too willingly give if there were services that could manage and use it. Co-production means that - if professionals are going to succeed in the long-term - welfare, policing or health programmes, need to be partnerships between professionals and clients that respect what both sides need to provide.

HOW DOES CO-PRODUCTION WORK?

Co-production is not intended as an ideal that professionals simply need to aspire to. Nor is it simply consultation with clients, or asking people's opinion, or even basic participation in decision-making. All that has been tried. It either isn't enough, or it is used as a method of further coercing patients, users and staff, or to tick the target that requires 'user involvement'.

For co-production to work it means that clients and professionals have to be partners in the business of their own regeneration and in the delivery of care. This should be in such a way that they and others can be embedded into a new community

that will be there when they need it, and can insulate them from further illness or problems.

Co-production gives responsibility to clients or users and helps them feel useful and worthwhile when long-term illness or social problems sometimes categorise them as useless. By so doing, co-production changes their lives. Experience in health has shown this can have a dramatic effect both on their recovery and their need for medication (*see briefing sheet 2*).

Co-production requires systems that can broaden our definition of work, and which allow the people who are normally the object of volunteering (*see briefing sheet 3*) or health services to be actively engaged in providing mutual support. This can both broaden the way work is understood and be transformative for the people taking part.

It also requires systems that can measure and reward the efforts that people are making, so that the relationship between clients and professionals is genuinely reciprocal. Those systems are often - *but not always* - known as Time Banks.

Find out more
Co-Production Briefing Sheet 2
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