More people need to understand not just what coproduction means, but crucially what is involved and the outcomes that can be achieved through coproduced activities, compared to more traditional methods of designing and delivering goods, services and facilities.

Co-production involving and led by older people (2013)
Introduction

About this paper

This paper was produced by Evaluation Support Scotland and Inclusion Scotland, as part of the Scottish Third Sector Research Forum. It aims to distil what third sector research and evidence tell us about what genuine co-production looks like in the third sector. More specifically, this paper:

1. Identifies the key building blocks of genuine co-production;
2. Identifies common barriers/challenges to co-production;
3. Highlights good practice examples from the third sector, and
4. Draws practical lessons to improve policy and practice.

This report draws from an open call for evidence that ran between 14 November and 9 December 2016. The Forum asked for existing evaluation or research reports that referenced successful co-production, and would tell us about its building blocks and/or about solutions to the challenges of co-production.

This paper includes evidence submitted by: Big Lottery Fund, Health and Social Care Alliance Scotland, Independent Living Fund Scotland, Iriss, Dundee Association for Mental Health, and the DRILL (Disability Research into Independent Living and Learning) programme. The evidence received was then supplemented with some relevant literature, both academic and grey.

Challenges of the research

It has been challenging to find evidence and examples of successful co-production between public sector, third sector and service users. Much evidence uses the rhetoric of co-production in public services or asset-based work, but does not offer concrete examples which might inform the practice of others.

Acknowledgements and contributions

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Special thanks to the organisations that contributed to this piece of work with their evidence, knowledge and expertise around co-production.

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What is co-production? (And what is it not?)

Although this paper is not about exploring the definition of ‘co-production’, it is nonetheless important to highlight that there are many definitions of co-production in use (Loeffler and Power, 2013):

In Scotland there are many people and organisations talking about co-production approaches, the principles of which are threaded through a vast range of policies and legislation […]. Nevertheless the idea of co-production being the usual approach within public services – across sectors – still seems to be some way off. One of the difficulties appears to be that there are many interpretations of what co-production actually means. Scottish Co-production Network

For the purpose of this report, when using the term ‘co-production’ we refer to the following definition developed by New Economics Foundation (NEF) and Nesta, in partnership with the Co-production Practitioners’ Network:

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.

According to Boyle and Harris (2008) co-production occurs when service user and professional knowledge is combined to design and deliver services. Co-production is not:

- Volunteering, consultation or individual budgets.
- Doing things to people. Co-production is about equality between partners. It needs to be a process to which people come voluntarily, with service users able to choose their level of engagement.
- Only about relations with service users. Co-production shifts the decision-making terrain from ‘top down’ expertise to a more genuine and equal engagement amongst various parties who are interested in how people’s lives are shaped and lived.
- About devaluing professional knowledge and expertise and privileging lived experience. Co-production is about respecting all experience equally and bringing them together to achieve greater productivity in outputs, and better outcomes.

Co-production is an asset-based approach which starts first and foremost with people’s energy, skills, interests, knowledge and life experience. Co-production connects public services with valuable community-based resources and opens up opportunities for improving outcomes without increasing costs. Lucie Stevens, NEF
Why is co-production important?

In its report on the Future Delivery of Public Services (2011) the Christie Commission identified the following as a key objective:

That public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience.

Christie’s report recommended that public services aiming to become more efficient and effective in working collaboratively to achieve desired outcomes should:

- Focus on the actual needs of people;
- Energise and empower communities and public service workers to find innovative solutions, and
- Build personal and community capacity, resilience and autonomy.

Co-production is a different way of achieving outcomes but it isn’t something new. In fact, many community-owned housing associations have been doing co-production without calling it that for decades (McKnee, 2011). This is because the benefits of this way of working are so clear for some organisations and the outcomes their work pursues.

Co-production adds a wealth of expertise and knowledge over and above what any single organisation might be able to produce on their own. It also adds a rigour and vigour to the discussion process and the eventual outcome is likely to be of a higher quality due to the ability to bring different thinking and perspectives to the process. Paul Hayllor, Independent Living Fund Scotland

However for Edgar Cahn, founder of the ‘timebanking’ initiative and champion of co-production, co-production can be challenging because (New Economics Foundation, 2001):

Market economics values what is scarce – not the real work of society, which is caring, loving, being a citizen, a neighbour and a human being. That work will, I hope, never be so scarce that the market value goes high, so we have to find a way of rewarding contributions to it.

The suggestion is that co-production is actually central to growing the ‘core economy’ (Stephens et. al., 2008). It offers to transform the dynamic between the public and public service workers, ending the ‘them’ and ‘us’ division. Instead, people are able to pool different types of knowledge and skills, based on lived experience and professional learning (Boyle and Harris, 2009). Nobel Prize winner Elinor Ostrom said that the public good, much like community safety, has to be co-produced by the citizens within the particular community.
Results from *Scottish Social Attitudes (SSA) Survey 2015* (Scottish Government, 2016) have shown that there is a great appetite for co-production across the country, with the majority of participants supporting the idea of co-production in both the design and delivery of local public services (see graph below, extracted from the main survey report, p19). At least 8 in 10 participants felt that people either ‘definitely should’ or ‘probably should’ be involved in making decisions about how local services are run, making decisions about how money is spent on local services, and should be able to volunteer alongside paid staff to provide local services.

*SSA 2015 gathered data on three aspects of social capital: social networks, civic participation and co-production. Overall, people in Scotland expressed positive views about all three dimensions of social capital. The majority feel that they belong to their local area, have strong personal social networks, feel that improvements are possible in their local area and believe that people should be involved in the design and delivery of local public services. Extract from SSA 2015*

### What are the benefits of co-production?

When done properly, co-production can have many benefits (Bovaird and Loeffler, 2012; *Co-production Wales*, 2013):

- For organisations, these include:
  - Greater access to resources, increased community visibility and more sustainable, viable connections. All of this makes it easier to meet organisational goals.
− More effective, relevant and responsive services, tailored to the group and the individual - no more one-size-fits-all.
− Reduced risk, increased creativity and greater sustainability.
− Greater job satisfaction, knowing that the needs of beneficiaries are being met.

❖ For practitioners, these include:
− Developing new ways of thinking, new skills and new ideas
− Seeing things afresh: challenging our assumptions and understanding
− Empowering people and ensuring that they both have a voice and can achieve active involvement
− Feeling greater job satisfaction, knowing that projects and services developed are truly meeting the needs of beneficiaries
− Taking ownership of change and development and thus the potential to sustain the changes.

❖ And for service users, these include:
− Being heard, and influencing services for themselves as a way of taking ownership and responsibility for their community.
− Developing skills & knowledge and becoming more independent of statutory services.
− Being valued for the skills, knowledge, attitudes and experience they bring.
− Accessing more resources and wider networks.

A full list of benefits for organisations, practitioners and service users is available at Co-production Wales (see All in this Together’s website).

What are potential barriers to co-production?

Our research of the literature identified the following as possible barriers to co-production:

- Fear of uncertainty: co-production might challenge the logic of existing services.
- Lack of ‘strategic permission’ to take the required risks to co-produce.
- Generating evidence of the value of coproduction.
- Meeting priorities and targets, or having incompatible aims and agendas.
- Working in silos.
• Data protection: Confidentiality and ethical issues around data generated with service users.
• Lack of skills, knowledge, capacity and time to participate: Fear of not having all the answers to questions that might arise
• Resource and capacity constraints - or concerns that co-production will not be cost effective.
• Statutory requirements and ‘over-legislating’: a desire to ‘control’ for fear of ‘things going wrong’.
• Power and authority of partners.
• Different understandings of ‘reciprocity’, which may lead to unreturned ‘favours’.
• Forging and maintaining meaningful relationships with people involved due to short-term funding.
• Securing funding outside the project budget to co-produce (and doing all the co-productive work within the grant if awarded).
• Embedding coproduction within commissioning activity.
• Scaling up successful approaches.
• Personal conditions and circumstances that different user groups face.

Now that we have outlined potential barriers, the rest of this paper will look towards solutions. It will ask what successful co-production looks like and how we overcome barriers to co-producing successfully?

**What does successful co-production look like?**

In our research for this paper, we asked organisations to tell us about their approaches to co-production. We received some great examples, which help to demonstrate what it takes to co-produce successfully.

In the spirit of co-production, this paper uses the infographic on the next page produced by Greenbuds, a project based at Dundee Association for Mental Health (DAMH), and which sets out what their service users identified as the key ingredients of genuine co-production, and how they work in practice.

We think the DAMH ‘ingredients’ are a really helpful way of thinking about successful co-production. Below, we share examples from the third sector which demonstrate one or more of the ‘key ingredients’ in the DAMH model.

**Where examples have been adapted from the original form a web link to the original document is provided.**
In our Dreaming DAMH session we are hoping to kick-start a process of co-production for the whole organisation. We have co-produced the model below to illustrate the main principles.

Just as you get lots of different kinds of cake, organisations are all different. To be an organisation that is co-productive you have a few key ingredients. Here is our recipe for an organisation that puts co-production at the centre of its work.*

**Assets:** All invested parties are viewed as equal partners in designing and delivering services.

**Networks:** Using peer and personal networks alongside professionals as the best way of sharing and learning.

**Shared Roles:** Breaking down barriers between professionals and participants by changing the way services are developed and delivered.

**Capacity:** Recognising and growing individual’s skills, and actively supporting them to put these to use at an individual and community level.

**Mutuality:** Offering benefits to engage in two-way relationships, where everyone has responsibilities and expectations.

**Catalysts:** Helping individuals and organisations to make change happen.

*This model had been adapted from the NEF Co-Production Self-Assessment Guidelines*
A discussion paper by Boyle and Harris (2009) highlights that for genuine co-production to happen, public service workers need to change the way they think about their role and how they operate – that they must think of people as equal partners rather than as ‘users’, ‘patients’ or ‘clients’. This calls for a root and branch change, which alters attitudes, priorities and training. This issue was also highlighted by the “People Powered Health programme” (Graham and Rutherford, 2016), where Nesta worked within six sites during 2011-2013 to test how co-production could support people with long-term health conditions to live better quality lives.

Nesta concluded that there is a need for a fundamental shift in the way that we think about the health and care system so that it focuses on people’s strengths and assets, treats people as equal partners in their care, and avoids dependency by empowering individuals, communities and families to do more for themselves.

In 2016 Iriss published an evaluation of the “Hospital to Home” project, which was designed to identify and improve care pathways from hospital to home in the Tayside region of Scotland. Iriss concluded that equally bringing together the voices of health and social care practitioners and older people, carers and families to develop change gave them legitimacy and opened up new avenues of thinking and communication: “Older people and informal carers within the workgroup had an active voice through breaking down the barriers from the start and introducing everyone as ‘people’ rather than roles. This worked well and the group relied heavily on their experience and values when working through the design process.” (Extracted from a case study)

In their “Our Voice is Being Heard at Last” report (2014) the “Canny wi’ Cash” project, managed by Edinburgh Voluntary Organisations' Council (EVOC) and funded by the Reshaping Care for Older People Change Fund, set out Participatory Budgeting as one expression of co-productive relationships, where the people affected by budget decisions are enabled to make the decisions themselves.
Evidence box 1: Fife Shine 2011 project

This example shows how Fife Shine 2011 stepped back from the usual health service provision and considered holistic support that would enable older people to live well independently.

Funded by The Health Foundation the Fife Shine 2011 team has been implementing a range of initiatives to support older people to live and thrive at home in ways that are safe and sustainable. This involves changing the nature of the conversation staff are having with older people and their families, harnessing community resources such as businesses and care cooperatives, and developing ‘micro-enterprises’.

Local people were clear that they wanted low-tech, coordinated care to support people living at home, yet services are set up to provide an institutional response and reactive care after a crisis.

Accessing a wider range of community resources and growing micro-enterprises helps older people co-design packages of care that are personalised to them and their family. The care provided through these packages is preventive, timely and strengthen self-reliance and resilience in individuals, families and communities.

Useful links:

A fundamental premise of the project was that older people themselves could make sound judgements about what mattered in their lives and those of their peers (through a fortnight voting system). Older people across the city were helped to speak up and make decisions on small-grants for older people’s services which led to a variety of project outcomes and wider Change Fund programme outcomes. A full case study can be found here.

Evidence gathered by Glasgow Volunteer Centre in their “Time is Power: Spend it Well” research report (2012) highlighted the importance of genuine participation for timebanks to succeed: "Examples of successful time banks in the UK appear […] to give their participating members real ownership of the schemes but in genuine partnerships with public service providers and third sector organisations: […] successful Timebanks’ members haven’t just been ‘told’ (informed) of services and developments, or even ‘asked’ for their views (consulted), they are genuine partners ‘making the decisions’ (engaged) in how these programmes develop and are managed.” (See Evidence box 4 to find out more about ‘timebanks’).
“Keeping it Personal” (KiP), a Scottish Government ‘People Powered Health and Wellbeing: shifting the balance of power’ (PPHW) project managed by Iriss, sought to understand how health and social care partnerships can support more person-centred and integrated practice when working in a way that focuses on people first. An evaluation report published in 2015 shows that the project increased peoples’ capacity to self-care and gave practitioners a new appreciation of peoples’ abilities to do this. The group members in North West Glasgow— composed of a balanced mix of people with dementia and carers plus professionals from health and social care — identified a need for new dementia and carers cafes in North West Glasgow - with these created and led by the carers in the group.

Significantly, practitioners had come to understand the difference between ‘working with’ and ‘working for’ people and the difference between consultation (their usual approach) and co-production. Some claimed to have already put this new knowledge into action, for example in the form of networks. Furthermore, there was evidence of some practitioners collaborating more widely with others, for example with increased referrals between services and to the dementia and carers cafes. Practitioners also reported greater appreciation of the preventative end of health and social care.

Boundaries between those accessing services and those providing them were also enhanced and blurred. It challenged and changed some peoples’ views on the role of empathy in professional practice, with some embracing and others resisting this.
The **Fife Shine 2011** project identified that for co-production to be successful, staff need time to feel they have support and permission to do things differently and service users also need time to adjust to a new way of thinking about their care. This message was reinforced by the KiP project in that partners should be ambitious; however, careful consideration should be given to the limitations of what is feasible to achieve with the ‘people assets’ and other resources available, including time: "*Focus on what you can do, not what you can’t*."

Iris’s "**Hospital to home**" evaluation report (2016) highlighted that developing person-centred practice takes time. Moreover, drilling down to personal outcomes resulting from service level changes requires careful evaluation.

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**Evidence box 2: Project 99/AyeMind**

This example shows how Project 99/AyeMind partnered with NHS Greater Glasgow & Clyde (NHS GC&C), local authority and third sector partners, a commissioned three agency consortium (Young Scot, Snook and the Mental Health Foundation) to explore the potential of digital tools and resources to promote good mental health in young people.

**Project 99** was developed on a strong ethos of co-production, recognising that it was vital to work with young people and co-design the output. All involved were keen to learn as much as possible about the potential of digital technology in promoting good mental health in young people, but each partner had particular interests; for example, young people were interested to see what kinds of practical contributions they could make as “co-designers”.

Project 99 developed a contract with the commissioned partner consortium; carried out important preparatory work; recruited youth projects as participants and underwent desk research to scope global evidence of existing good practice, and mapping of digital ‘assets’ focused on young people’s mental health.

Young people’s case studies and ‘engagement and co-design’ events (ran with youth projects and volunteers from several projects) led to the development of an exciting portfolio of design prototypes from the young people, supported by service designers, which were then packaged up for consideration by partner agencies. Young people then had the opportunity to present their experiences and ideas to senior health and education colleagues at a joint event. The suite of outputs from this work and final report was completed and published [here](http://www.coproductionscotland.org.uk/resources/resource-case-studies/project-99/): "The highs were seeing the enthusiasm, creativity and determination of the young people who took part and the sense of satisfaction that we were able to create a situation where they genuinely made an impact on the views and future thinking of a set of organisations at a crucial time."

**Useful link:** [http://www.coproductionscotland.org.uk/resources/resource-case-studies/project-99/](http://www.coproductionscotland.org.uk/resources/resource-case-studies/project-99/)
As part of its People Powered Health and Wellbeing programme the Health and Social Care Alliance Scotland (The ALLIANCE) has been working with third sector and public partners has been working with third and public sector partners and health and social care teams across Scotland to develop the capacity and capability of both people who use, and people who provide, support and services to:

- Have meaningful conversations about their outcomes,
- Connect with assets that can support them, and
- Become active collaborators in designing services and solutions to care delivery and in promoting their wellbeing.

Co-production is a key determinant of a culture favourable to self-management. Self-management is about recognising that everyone has strengths, resources, skills and experience that supports their health and wellbeing and enables them to manage their long term condition(s) or caring role. At the heart of self-management is a collaborative relationship between people and health and care practitioners, supporting the person and their family to feel empowered and in control of their lives and conditions. The ALLIANCE

The ALLIANCE’s evaluations indicate that the involvement of people with long term conditions and/or their unpaid carers in design, delivery and evaluation results in:

- Rapid growth in capacity as people’s skills and learning develop
- People with long term conditions and their families are equally seen as crucial to service delivery.
According to learning from the ALLIANCE, a critical part of capacity building for co-production is ensuring that support is available to enable people to take charge of their own journeys to wellbeing and recovery:

*I went to the Thistle Foundation and the place was friendly, there’s no critics and they’re there for you. They helped me get to the things I wanted. I used their technique of asking myself: ‘What’s been better? How did you feel? Has anybody noticed?’.*  
Brian Brown, member of the PPHW Reference Group

The ALLIANCE’s “A Local Information System for Scotland” (ALISS) project helps people find and share resources that support health and wellbeing by enabling citizens and professionals to collaboratively gather, add, and manage information.

ALISS was co-produced with disabled people, people living with long term conditions and unpaid carers, as well as Health and Social Care professionals and IT and Data professionals. This process involved some small scale scoping exercises looking at what supports did exist in particular local communities to support self management of long term conditions, and how easy it was to find and access such support. Building on these initial activities, a series of co-design workshops were held across different areas of Scotland during 2010 which focused around three main questions:

1) What resources help people to stay well?
2) What, if any, barriers exist to accessing these resources?
3) What is needed to address / overcome any barriers that do exist?

In response to these questions, participants in the workshops identified that:

1) A wide variety of resources help people to stay well and different things matter more or less to different people. Resources can therefore include formal health and social care services provided by statutory and third sector organisations which are dedicated to supporting health and wellbeing, as well as informal services and community assets including a wide range of groups, activities, opportunities, facilities and places which may or may not be primarily focused on health and wellbeing but can and do contribute towards helping people to live well.

2) It is often difficult to find useful and relevant information about the wide variety of resources that can support people to stay well. This difficulty exists because different bits of information is stored in many different siloes, requiring people to find and access numerous different websites or directories to find different resources; because information is out of date or inaccurate; or because, especially in the case of informal resources, the information is not actually published online at all, and exists only in the form of printed leaflets or through ‘word of mouth’.
3) In order to address these barriers, people need access to information about all of the different resources which can help them to stay well, through one view / one list, accessible from the many different outlets where different people go to search for such information, including searching online themselves or speaking with health and social care professionals in a signposting role who can direct them towards or support them to access this information. However, people are often best placed to share knowledge about the services and assets which matter to them and which exist in their own local communities and therefore, in order for these assets to be identified and recognised they also need a mechanism to actively and collectively participate in the process of gathering, adding, sharing and maintaining information about the resources that can help them to stay well.

ALISS therefore, offers a space and a mechanism that enables information from multiple, original data sources (individual citizens, professionals and organisations), to collated in one list. All information added to ALISS can then be used by people searching for support directly from www.aliss.org or shared freely through alternative websites and systems in order to make the original data more widely available through the variety of outlets where people may go to find it.

It was the open and collaborative approach which is worth noting - the method was not to develop an IT health project in the traditional way, but to create an open system which took account of inequalities in health and which was informed by the lives of people living with multiple conditions and those with low levels of literacy. The project team engaged school pupils, librarians, police, service designers and others in the community in their quest to make a useful and sustainable tool, developing a platform for innovation, which can be now used in many different ways. **Ian Welsh, The ALLIANCE**

In its ‘Inspiring Better Outcomes’ short video, the ALLIANCE explains how PPHW supported the project team for InS:PIRE (Intensive Care Syndrome: Promoting Independence and Return to Employment) to adopt a Personal Outcomes approach, and how the team have also worked with colleagues from ALISS and Glasgow Council for the Voluntary Sector (GCVS) to link participants to resources to enhance their recovery and keep them well.

**Project 99/AyeMind** identified that the notion of enabling and supporting peer help was one of the major issues to emerge from the work. It was evident that
capacity building was essential and promoting good mental health in young people was not simply about connecting to service delivery pathways for clinical support.

**Evidence box 3: Greenbuds**

This example shows how Greenbuds, a project based at Dundee Association for Mental Health (DAMH) that supports people to access the outdoors and improve their mental health and wellbeing, continues to co-produce their services.

“At Greenbuds we have had a co-productive approach since the beginning of our project over three years ago but it has evolved and developed over time and I think we have learned lots of lessons…and are still learning!” Laura Campbell, Greenbuds

Greenbuds participants continue to develop the project according to their interests, passions and goals. Recently participants formed a planning group to secure future funding beyond March 2017. The co-design approach demonstrates that not only do individuals have the capacity to be the driving force for the group activities but that the project truly flourishes when they feel empowered to pursue what matters to them most.

“I’m happy to say that we were recently awarded a grant from the Big Lottery Fund. Without the central role that participants play in the project I am sure that this would not be possible.”

Members of the group plan and facilitate activity sessions for their peers and new project participants. As participants build confidence they have facilitated sessions for groups outwith their own. As they build upon and refine their skills it is clear that there is further scope for them to provide activities for other groups. Such development work has the potential to have profound benefits for not only participants but for local communities too.

“[Greenbuds] lets people see a different aspect of yourself. They see you for what you are interested in, not for the reason you come to the centre. They don’t see you as a label or what your problems are.” Greenbuds service user

In order to ensure that individuals have the resources to co-produce, the project supports individuals to undertake relevant training and events to develop skills and knowledge. The group are keen to expand upon this work and Greenbuds are currently working with two organisations in the hope of offering accredited training options and certificates.

**Useful link:** [http://damh.org.uk/groups/greenbuds/](http://damh.org.uk/groups/greenbuds/)
Findings set out in Iriss’s “Hospital to home” evaluation report (2016) stress the importance of building meaningful and strong relationships with delivery partners as early as possible:

“This gave us influential and enthusiastic practice champions going forward.”

In a case study written for the SCN the ALLIANCE stresses the importance of avoiding tokenistic involvement; this can be achieved by ensuring that the involvement of people with lived experience benefits the person before benefitting the project:

“People will share their personal story out of a natural desire to celebrate their improved confidence and influence others, rather than simply to promote good practice by the project.”

Timebanking and co-production go hand in hand. The core values on which timebanking is based support and empower local people to build a stronger community through the exchange of skills and time, where everyone is respected and regarded as an asset in helping to bring about positive change.

Time banks provide opportunities for reciprocity: giving and receiving builds trust and mutual respect, helping to create bridges between different communities, cultures and generations. A ‘time broker’ that manages time credits adds trust to this system.
Evidence box 4: **Leith Time bank**

This example highlights ‘timebanking’ as a useful co-production approach to solving social issues like social isolation and care for older people.

**Leith Time Bank** is based at the Pilmeny Development Project in Leith, Edinburgh. The direction and development of the Time Bank is overseen by a steering group made up from Voluntary Organisations in Leith Together (VOLT) to ensure it is firmly embedded in the local community.

Leith Time Bank gives local people the opportunity to share time and skills to develop the community of Leith. For every hour members “deposit” in a Time Bank they can “withdraw” equivalent support in time when they themselves are in need. Everyone’s time is valued equally whatever is being offered.

The main focus of the project is to work with older people and carers. However, this is not exclusive and other demographic groupings are members, thus all benefiting from this intergenerational work, ensuring the service is “inclusive” and “barrier-free”, and building a stronger community. Involvement of older people and carers provides support to enable them to live independently at home and to tap into the wealth of the skills, experience and knowledge that older people have to contribute to their local communities.

The following case study extracted from EVOC's *Prevention Investment Fund Case Study Booklet, Live Well in Later Life* (2015) provides evidence of the outcomes achieved by Leith Time Bank:

> In April 2015, we arranged a meeting with Pauline (70 years old and deaf since birth), Sara (63 years old with mild anxiety) and the Time Broker in a well-lit, quiet meeting space for effective communication. Both participants got on well and arranged to see an exhibition together.

> After the success of the exhibition, they have organised other 1:1 exchanges and keep in weekly contact via email. Both members (one with complex health conditions and the other with low health conditions) are benefiting from each other’s support. They are able to look after and improve their own and each other’s health because of the impact of the Time Bank.

> Apr 15 – Went to see an exhibition at Parliament (2.5 hours)

> Jun 15 – Went to the eye pavilion appointment (4.5 hours)

> Oct 15 – Went to the Volunteers’ Fair (2.5 hours)

> “I thought it went very well, and she seemed happy to help on future occasions. Sara and I get on very well indeed”

(Pauline, via email, unprompted)

**Useful links:**
- [http://www.pilmenydevelopmentproject.co.uk/olderpeople](http://www.pilmenydevelopmentproject.co.uk/olderpeople)
- [http://www.parliament.scot/S4_EqualOpportunitiesCommittee/Inquiries/Pilmeny_Development_Project.pdf](http://www.parliament.scot/S4_EqualOpportunitiesCommittee/Inquiries/Pilmeny_Development_Project.pdf)
However, during a research project by the University of Stirling it became apparent that the West Edinburgh time bank struggled to get volunteers to take time credits. People were more than willing to give their time and skills, but unwilling to accept help, perhaps because they were concerned about becoming a “burden”. Rather than having a sense of direct reciprocity (you give something and get something back directly), it seemed there was a stronger sense of generalised reciprocity – volunteers were willing to provide support to the local community in the knowledge that they might get something back sometime in the future. The longer-term commitment to the local community of these volunteers was incompatible with the presumed immediacy of the timebank model (Livingstone and Matthews, 2017).

The UK wide DRILL (Disability Research into Independent Living and Learning) Programme awards grants to research and pilot projects which are lead to disabled people and can tell us something new about, and/or advance independent living for disabled people (by which is meant disabled people having the same choice and control in their lives as non-disabled people). DRILL looks for a strong sense of mutuality in the funding applications it considers, and sees this as a key way of overcoming the tendency in disability research to treat disabled people as subjects of inquiry instead of equal partners. DRILL has so far funded ten projects across the UK, including two in Scotland.

In DRILL projects, there is often no clear distinction between ‘disabled people’ and ‘researchers’. However, where there are non-disabled researchers working with disabled people who are not professional researchers, a co-productive relationship means that all parties have equally valuable roles; as well as the opportunity to share skills and learn new roles. In a project led by People First Scotland, for example, the organisation’s members are trained to carry out interviews and focus groups. The projects must have learning opportunities for everyone involved, and the end result of promoting independent living for disabled people.
Ingredient 5: Networks

You know you have it when: Peer and personal networks alongside professionals are valued and used as the best way of sharing and learning.

Evidence tells us that:

1) Effective collaboration between different sector provides strategic direction and ensures the co-produced project fits with policy outcomes.

2) Peer support and networks provides participants with a sense of camaraderie and support, which allows them to move outside their comfort zone and take on new challenges.

3) Focusing conversations on people and not roles enables participants to build relationships within groups.

4) Co-producing with a group of service users enables multiple perspectives to be valued and agreement on the need to develop shared understanding.

EVOC’s “Canny Wi’ Cash” project demonstrated how public sector agencies could work effectively with and through third sector bodies. Mainstream agency representatives helped provide strategic direction and ensure the project had an effective fit with wider Change Fund programme outcomes. EVOC was able to use its knowledge of community resources and networks to successfully reach older people in 29 venues across the city:

“Canny wi’ Cash proved that a little goes a long way. It demonstrated how you can make a difference to people’s lives by providing support to the networks that support them.” **NHS Steering Group Member**

**Project 99** highlighted the active use of inter-agency professional networks (e.g. making connections with local youth projects) and also young people’s own networks were critical to the project’s success. This is best demonstrated by the enthusiasm that participants showed in sharing their pride in the project through their own social media networks as the work progressed.

**Greenbuds**’ evaluations demonstrate that the group sense of camaraderie and support allows participants to move outside their comfort zone and take on new challenges. In fact, evidence shows that the benefit from taking part can lead to a desire to formalise this support in the role of peer mentors for new participants.

**Iriss’ “Hospital to home”** evaluation report (2016) highlighted the importance of focusing conversations on ‘people’ and not roles to set up an environment that
enables relationship building across a group of participants. Furthermore, the report identified how group discussions about the pathway and barriers to integrated, and person-centred, care and support provided an important turning point for the group where multiple perspectives were valued and agreement on the need to develop shared understanding.

Evidence box 5: DRILL Programme

This example illustrates how DRILL supports disabled people to lead and co-produce research around issues that matter to them.

The DRILL (Disability Research into Independent Living and Learning) Programme awards grants to research and pilot projects which are led by disabled people and can tell us something new about, and/or advance independent living for disabled people. The programme has so far funded twenty-one projects across the UK – including five in Scotland - bringing together professional researchers with disabled people and their grassroots organisations. DRILL aims for these new partnerships to be incremental in the future development of the disability research agenda across the UK.

Moreover, in the four nations which support DRILL - Scotland, Wales, England and Norther Ireland- there is a National Advisory Group (NAG) which assesses applications and makes recommendations for funding. The NAG in each nation is made up of academics and disabled activists. As the programme develops, these groups will form a disability research network which can influence other research networks and support the projects funded by DRILL. This will enable knowledge and practice to be shared across the UK so that disabled people’s research can achieve good quality impact.

Useful link: http://www.drilluk.org.uk/
A review of co-production in social care led by the Social Care Institute for Excellence (SCIE) in 2013 found that 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. Therefore, there are improved outcomes for people who use services as a result.

Iriss’s “Hospital to home” evaluation report (2016) highlighted the importance of taking people through the journey, so that they could see the value of the co-design process and the legitimacy of any recommendations put forward:

“I think the interaction for some staff with patients or service users, whatever we want to call older people we serve, was probably a unique process for a number of the people who would have been sitting in that room.” Senior Local Authority Manager, Dundee

The report also evidenced that relationships that were built through the entirety of the project (through the pathway mapping and co-design stages) and continued in to the implementation stages in Dundee and South Angus meant that there was a stronger buy-in to the changes being made. This involvement developed individual ‘champions’ who helped take these changes on board and encouraged colleagues to develop them in the areas: “Without them, and their involvement in Hospital to home, change would not have been implemented nearly as successfully.”

Ingredient 6: Catalysts

You know you have it when: Individuals and organisations are helped to make change happen.

Evidence tells us that:

1. Practitioners co-producing services with service users are likely to have a stronger focus on outcomes and prevention.

2. It is important to take people involved in co-production through the journey, so that they could see the value of the process and the legitimacy of any recommendations that arise from it.

3. Maintaining relationships built at design stage through implementation leads to stronger buy-in to changes being made. Individual ‘champions’ can play a key role in taking changes on board and encourage colleagues to develop them in their own areas.
Evidence box 6: Independent Living Fund Scotland (ILF)

This example shows how ILF Scotland, a new public body, undertook a co-production approach to delivering its programme of engagement to hear the views of disabled people about how the funding for an upcoming new scheme for new applicants should be used.

When the Scottish Government announced that a further £5m of funding per annum would be provided to allow new recipients to apply for support from ILF, the organisation established that co-production would be pivotal in ensuring the maximum impact for disabled people in Scotland. Core to this co-production was extensive engagement to hear the views of disabled people, their carers and representatives from disabled people’s organisations (DPOs) across Scotland about how they thought these funds could be used.

Initially, a co-production working group was formed from representatives of the Scottish Government, COSLA, DPOs and a number of disabled individuals. Collectively, they were responsible for developing a range of possible fund options, which were then presented directly to a variety of stakeholders to hear their views. Following this consultation, both ILF Scotland and members of the Scottish Government ILF Sponsor Team reported back to this group on the public responses.

Accessibility and inclusivity were integral to ensuring the co-production approach for the engagement programme was successful for ILF Scotland. A number of aspects were considered, ranging from venue location, communications and language to technology support. The organisation also worked specifically with a DPO and disabled people to produce information packs in different formats, including easy read: “For this project, co-production meant putting the needs of disabled people at the heart of our planning. By working directly with disabled people and their organisations to develop accessible and engaging events this ensured our engagement programme was successful. Our feedback suggests this approach worked well for us.” Peter Scott, ILF Scotland

The organisation’s greatest challenge was to ensure that those stakeholders who attended the events were fully engaged and felt their voices were heard and valued. However, by focusing on the needs and views of all stakeholders, as well as the importance of co-production, it was understood that the process had been fully inclusive and that stakeholders felt they had been listened to. Ultimately, through their direct involvement in this engagement programme, disabled people have been at the heart of shaping the criteria and policy for the new upcoming ILF scheme.

“I felt listened to as well as being involved in the process. Was great to see the Scottish Government and ILF Scotland engaging with the people who are
affected by ILF, rather than the decision being made top down.” Jayne, Glasgow

In total, ILF Scotland held 11 stakeholder engagement events across Scotland. The views of 276 disabled people, their carers and representatives from DPOs were obtained. Over 3,500 comments were captured and collated into the feedback report for the Working Group to make their final recommendations to the Minister for the new ILF scheme.

Useful link: http://ilf.scot/

Concluding remarks

Is co-production just another label?

In our search for evidence we found that despite embracing some of the ingredients for co-production identified in previous sections, many of the initiatives taking place in the third sector are not defined specifically as ‘co-production’. However, terms which may be associated with co-production - such as ‘partnership’, ‘asset-based approach’, ‘community engagement’ or ‘participative approach’ - are used frequently. Co-production may be both current and ‘catchy’, but it also engenders a certain degree of caution – to do it genuinely, may call for resources and expertise greater than organisations have. The purpose of this paper has been to draw together evidence about what works in co-productive working and, in doing so, to shed a little light on some of the ways that organisations can do more, or do better, in co-production.

The evidence in this report highlights a series of questions that we feel are worth considering. These are:

1. What are the essential ‘ingredients’ for genuine co-production to happen (out of the six ingredients identified in this paper)?
2. When is an organisation ‘co-production-ready’?
3. If co-production is a journey, what are the key steps that organisations need to take to ensure they travel in the right direction?
4. Who should instigate co-production? Are champions needed to make it happen, and if so, what makes a ‘champion’?
5. Is co-production always the right thing to do? What would happen if co-production is badly done?

Committing to co-production

The first step for any organisation wanting to take a co-production approach to delivering services is to commit to the principles of co-production.
The following ‘commitments’ have been drawn from the **Butterfly Project**, a Big Lottery Fund funded project that aims to deliver child bereavement care to children and young people who are facing challenging times due to loss and bereavement of the significant person.

In a **short video** the three hospices involved in the project (St Vincent’s Hospice, Ardgowan Hospice and Prince & Princess of Wales Hospice) explain how they got together to address a common need identified in the three communities. The Butterfly Project took a collaborative approach to delivering services, committing to:

- **Develop the same concept** in each organisation while using different delivery models, which made services consistent: “Not every day is the same so it was important to be as flexible as possible.”

- **Join up resources**: “Alone we weren’t strong; we didn’t have the same amount of resources and learning.”

- **Deliver better services**: “We all took responsibility for the whole project, not just the bit in our patch so we really learned the value of bringing together teams because you get much more diversity.”

- **Be more confident**: “We got quite good at risk taking which is very important in partnership working and we got very innovative and creative around that. All the three services are much stronger than individually because of the experience of working together. Working collaboratively has been exciting and it really has worked.”

**Co-production is a journey, not a destination**

The evidence in this paper might not answer all the questions identified in previous sections; however, it provides the following **practical lessons** that can be used to **inform policy and improve practice around co-production**:

- Find out in advance about the **capacity** of people to engage.

- Build **time to understand** people’s readiness to engage before the start of the co-production project.

- Ensure that the involvement of partners, particularly people with lived experience, **benefits the person** before benefitting the project.

- Consider what is **feasible to achieve** with the ‘people assets’ and other resources available - Focus on what you can do, not what you can’t.
Be flexible in terms of timescales, resources, partner availability, and even the final destination of the work. This will help to clear blockages to genuine joint working.

Start conversations from what individuals and communities need.

Ask people how and to what degree they would like to be involved – involvement should feel comfortable and should make the most of people’s capabilities.

Create opportunities for people to work towards a shared aim, interest and passion.

Provide opportunities for reciprocity: giving and receiving builds trust and mutual respect, and help to create bridges.

Make use of community assets and resources already available.

Provide peer support opportunities for people. Reciprocity is an important motivator for volunteers. The most effective volunteers were trained and well supported.

Be prepared to have assumptions challenged.

Bring out any uncertainties or questions into the open and explore any disconnect or ability to contribute. View these as opportunities to learn.

Take time and make the best use of tools available to share experiences and build relationships and trust to form your community of learners and improvers; bring their assets out into the open.

Explore how any planned outputs from the project relate to improving person-centred care in the local area before investing resources.

Working in a co-produced way takes time and cannot be unduly rushed. Flexibility is required and having fun along the way is a definite plus.

It is the Forum’s hope that practitioners, policy-makers, funders and anyone else who is involved in the design, implementation and/or delivery of services find these lessons helpful and take steps to embed the learning into their work.
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The **Scottish Third Sector Research Forum** (TSRF) brings together people from the third sector, Scottish Government and other partners to: (1) promote and share research about or from the third sector; (ii) work collaboratively to identify research questions and meet evidence gaps, and (iii) promote the use of research to improve policy and practice.

**Previous TSRF publications:**
- Why Involve the Third Sector in Health and Social Care Delivery (2011)
- Why Involve the Third Sector in Reducing Reoffending (2012)
- The Benefits of Inclusive Volunteering (2015)
- Third Sector Partnership Compass (2016)
- Top tips to communicate research effectively (2016)

**TSRF resources can be downloaded from Evaluation Support Scotland’s website:** [www.evaluationsupportscotland.org.uk](http://www.evaluationsupportscotland.org.uk)

Evaluation Support Scotland (ESS) works with third sector organisations and funders so that they can measure and report on their impact.

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