



Budgets and Beyond 2

Action Points for developing co-production in social care

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This is the second of three briefings for the Budgets and Beyond project, which was led by **nef** (the new economics foundation), and supported by the Social Care Institute for Excellence (SCIE) and the Think Local Act Personal Partnership (TLAP). These briefings outline the findings from an eighteen month qualitative research project designed to explore people's experiences of social care, personalisation and co-production.

This briefing

Action points for developing co-production in social care, 'puts forward a set of actions that those working in social care can take to develop co-production within the commissioning, planning and delivery of services. These action points have been developed through a phase of qualitative work with people who have experience in co-producing support.

Who are the actions for?

The principles and values of co-production can be adopted by everyone working in social care. We have described co-production throughout this research as a way of working where people and professionals work together in an equal and reciprocal way to get things done. This definition is underpinned by six principles:

- Recognising people as assets: this means changing 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. An assets based approach recognises that everyone has something of value to contribute.

- Building on people's existing capabilities, so that activities and support recognise and grow people's capabilities and actively support them to put these to use with individuals and communities.
- Mutuality and reciprocity: this means offering a range of incentives to engage with services which enable people to work in reciprocal relationships with professionals and with each other.
- Peer support networks: co-production involves developing peer support and personal networks alongside professional expertise to bring different forms of experience into care, extend social networks and expand the capacity of support within the system.
- Breaking down barriers: co-production erodes the distinctions between professionals and recipients, and between producers and consumers of services. Staff don't 'do to', but 'do with'.

- Facilitating rather than delivering: public service providers become catalysts and facilitators of change rather than central providers of services themselves. This means recognising the value of support that is (and can be) provided beyond the 'service', and using resources to strengthen community-based support.

Our understanding of co-production is influenced by Catherine Needham and Sarah Carr's distinction between different levels of co-production. At the *basic* level, co-production can be a lens used to describe existing relationships in public services, such as people doing their recycling, or taking their medication. The *intermediate* level of co-production involves recognising what people using services – and their wider support networks - can offer services. This level might include 'involved, responsible users' who might be involved or have a voice. But this falls short of addressing power imbalances, changing relationships between people and professionals, or having people involved in day to day delivery activities.¹ The third, *transformative* level best conveys nef's understanding of co-production, which is the transformation of power and control, and the active involvement of citizens in many aspects of designing, commissioning and delivering services.²

Although co-production is an approach which can be applied to anyone working in social care, it can 'look' different depending on the type of work that someone does. The principles of co-production may be applied differently, depending on whether someone works as a care or support worker, in a senior local authority commissioning role, in operational management, or in policy and research. The challenges that these different groups face in co-producing are also different. Some people focus on personal support work, while others manage processes and governance. So we have separated the recommendations into three different stages for: people who work in front line services and support; those who work in commissioning and/or operational management; and those who work in senior leadership roles. There are, of course, roles that cut across these categories, but the groupings were identified in the research as key areas where change could happen.

In practice, most of the recommendations are directed at those who commission or manage services. This is where many of the challenges that people identify are seen to come from, and where there is power to change them. This is because the priorities that are set for providers are shaped during the commissioning and procurement process. This process is what creates the contracts that providers then focus on delivering. The commissioning and procurement process usually excludes the voice, experience and influence of people who use services. Many people we spoke to stressed that these – often highly specified - contracts were shaping human interaction on the front line.

Some people have argued that as people move onto personal budgets, the barriers to co-production that are set up during the commissioning process will be

removed because individuals will have more power and influence, and will be able to 'micro commission'. However, our research shows that new systems and processes – in particular assessment panels - are being set up that retain power over how budgets are spent within the local authority. The growth in numbers of managed Personal Budgets and Individual Service Funds has raised concerns that they can keep power and control over what services are offered in the hands of providers and councils. People will need additional information on what the benefits and drawbacks of different types of budgets are so they can make an informed choice about what works for them. In addition, growing pressure on public funds has entrenched a service based, 'hours per week' culture of support, rather than moving towards a broader understanding of what outcomes are important for people, and how these can be achieved through a combination of paid and unpaid support.

Undoubtedly, there are formidable barriers to co-production and it is not easy to imagine how the approach might be embedded across the social care system. Yet many people involved in this research felt that the values of co-production could be applied to any and every activity in social care. To show what this might look like, we have included the diagram below to suggest how the approach might become embedded in different areas of the system.

Co-production is likely to thrive only when it is happening across the system, and where there is strong leadership setting the expectation that it becomes the default way of working. 'Permission' from parts of the system that drive strategic priorities is essential for front line workers to go ahead and co-produce.

Management Level: providers and commissioners

The practical action points are also relevant to new commissioning bodies, such as health and well-being boards, public health teams within local authorities, and clinical commissioning groups who may want to embed co-production in their own activities.

- Management staff and commissioners should be familiar with the key principles and values of co-production, and know that part of their role is to create the conditions for co-production to flourish in the day-to-day delivery of support. This could mean adapting internal processes or negotiating external contracts so that staff and the people they work with can have real power to make decisions and co-produce support in their day-to-day engagement.
- Commissioners and providers should have a variety of ways of working with people who have experience of services, and draw their insights into decision-making.
- Joint Strategic Assets assessments are introduced to map local assets alongside needs assessments to build a full picture of the resources that can be used to support people, and the networks and support that provide preventative, community based support.
- Assessment and approval panels should recognise the value of activities that enhance co-production, such as developing new skills, social networks, and peer or community based support.
- Understand and champion excellence in co-production, especially its transformative effects.

Senior Leaders

- People who use services and carers should be more strongly represented on key decision-making boards and bodies.
- Where necessary, provide support and training so that people can participate fully in decision-making processes – and allow enough time for everyone to participate.
- Set up strategic partnerships with local user-led organisations, experts by experience and speaking up and advocacy groups.
- Establish the expectation that co-production is the way staff work with people and consistently reinforce the message that this is the direction of travel for social care.
- Understand and champion excellence in co-production, especially its transformative effects.

Front-line level

- Information, advice and guidance should be produced and co-delivered with people using services and carers.
- There should be explicit ways to encourage and reward people's contributions of their time, skills and insights.
- People should have access to peer support and be able to develop their social networks.
- Activities should be thought up, designed and run with service users.
- People should feel they are making informed decisions and are supported by staff, rather than being 'done to'.

Actions for those in leadership roles

- Ensure that strategic bodies and decision making forums have strong involvement from people with lived experience of the service, and that they have genuine influence over the decision-making process. This could be done in partnership with a user-led organisation and/or local community-led groups.
- Make co-production a quality standard for all decisions and activities. Adopt this approach: 'if a decision does not have co-production at the heart of it, we will not make it'.

A key finding of this research in front line support, a key finding from this research was that co-production between front line staff and people needs commitment, leadership and 'permission' from further up the chain of decision making, governance, commissioning and policy.

Leaders therefore have an important role in developing and supporting co-production on the front line. They also need to ensure that the decisions they make are shaped by people with experience of the service. Often, key decisions on what happens in social care are taken far away from the front line and eventually determine the ways in which staff support people. Why is it important that the user's perspective is included?

Vanessa Keen from Action on Hearing Loss recently explained that "*what is important to us [professionals] is not always the priority for the person in the service*".³

When policies, processes or contracts are decided upon by professionals, the focus can often be on how they will fit in with other parts of the 'system'. Decisions made at the top need to be directly informed by the lived experience and priorities of those using the service. We have included a few examples and suggestions on how to make this happen, below.

- At the national level, the Think Local Act Personal Co-production Advisory Group is an example of how national policy can be informed by people with experience of support. The Social Care Institute for Excellence (SCIE) have also been developing approaches to co-producing research work with people who have experience of services, so that the knowledge base informing social care begins to reflect the insights of this group.
- Within local government, introducing co-production will involve senior leaders actively involving people in a much more equal way when setting priorities and making decisions, and creating regular opportunities to talk to people who use services about their experiences. Our research showed a number of people felt that change at this level was vital, and that senior leaders needed to be 'exposed' more often to people who have experience of services. This point was made time and time again. The value that can be achieved through deepening this relationship should not be under-estimated.
- For providers, strategic decisions are often made by their senior leadership team, by boards, or with trustees. There are some great examples where a provider or support organisation is run by a mixed group of people who provide and receive support: for example, the Skillnet Group in Kent – <http://www.skillnetgroup.co.uk>, or the Northamptonshire Housing Network.

Decision making at all levels could benefit from the use of more participative methods and democratic models, which enable people to get involved in formulating ideas and priorities. Methods such as appreciative enquiry, peer research, community commissioning models (such as Turning Point's Connected Care), co-design sessions or storytelling methods can make this process more effective and engaging. Time is needed to develop relationships with people, and to find creative and meaningful ways for everyone to participate.

Adopting co-production at this level, if it is done well, will show real commitment from leadership to the values they expect others to be working with, and will embed the lived experience of people at the heart of decision making. Bringing these insights into services will help to create the conditions for co-production closer to the front line of services, putting pressure for change on processes and structures that would otherwise restrict co-production, and ensuring that priorities and decisions reflect the needs of people who use the service, not simply the needs of the service itself.

Operational Management and Commissioning (Provider and Local Authorities)

At this level within the system, the action points are for commissioners, service leads and managers.

- Engage the people you support in new conversations about what outcomes are important to them, what types of support they need, and what local networks and resources could be used to strengthen the impact of services. Make this a consistent feature of developing support across the organisation.
- Work with staff and people who use services to identify processes that are 'getting in the way' of co-production. Examples often mentioned include: risk and safety protocols that make it difficult to engage with the community, or stop peer support networks developing; professionally led assessments of need (including assessment and approval panels); contracts that are over-specified with detail of what the activities to be delivered, and how.

We elaborated on each of these recommendations below, with more specific ideas and suggestions.

Engage in regular conversations and develop a relationship with people who are supported by the service, so that they can influence activities and support.

One of the big barriers to co-production is the gap between decision-makers and those most affected by their decisions. Few professionals appear to understand how people can be treated as equal partners, or to value their lived experience. Commissioners and providers could be much more actively involved in discussing the shape and design of services with different groups of people. Spending the time developing a relationship with people who use services and creating regular spaces for discussion, reflection, and decision making helps to build trust and – if done well – will provide a platform for more meaningful involvement in the design and delivery of services.

Having regular forums where people co-design support, as happens in Sandwell, can be one way to open up a conversation between these two groups. Their experience suggested that;

“It takes time for people to develop and feel confident to decide and voice what they want. For so long things have been done to people that we can't expect them to be confident enough to design their own support without us taking the time to build trust first. Take the time to involve people right from the beginning.”

Getting the structures and processes to support co-production

Services need to be much more flexible and responsive to the interests and abilities of people they support. The advice from participants for providers was not to

choose a model too soon, develop strict plans or rotas, or set up endless processes to manage the service. There is a real need to keep the service flexible so that staff who are directly supporting people can adapt that support to suit the person, and focus on the outcomes that are important to them. Far too often, people are denied active involvement because of pre-determined processes and priorities set at a more senior level.

In order for providers of support to have this level of flexibility, commissioning and procurement processes have to change too. In the case of personal budgets, the assessment, support planning, and approval process will have to change. One way of doing this is to begin focussing commissioning on outcomes, rather than on specific services that are often very detailed and prescriptive. Some local authorities have been developing approaches to commissioning for outcomes, allowing room for people who use services and staff on the front line to design and deliver the activities and support that achieve these outcomes together. This is co-production in practice.

When we describe **outcomes** we are referring to the long term changes commissioners hope to achieve as a result of a particular service, activity or intervention. So, for example:

- Improved employability
- Wider social networks
- Increased confidence and self-esteem.

Some local authorities are beginning to commission for outcomes, but there is always a challenge in ensuring that a strategic commitment to outcomes is followed through and embedded in processes such as procurement and contracts, staff training, and the way a service is appraised and monitored.

What if co-production were the default approach?

Co-production is increasingly talked about by commissioners and managers, but is seldom an explicit feature of the contracts that determine service delivery. Commissioners could build co-production into service tenders and contracts to encourage providers to take this approach seriously and to design creative solutions alongside the people they support. This has been tested out in Camden, who used the following text in their tender for a mental health service.

We would encourage providers to adopt the model of 'co-production' whereby services are planned and delivered in mutually beneficial ways that acknowledge and reward local 'lay' experience while continuing to value professional expertise. Service users should be regarded as an asset and encouraged to work alongside professionals as partners in the delivery of services.

(Continued) Co-production requires professionals and service managers to move out of traditional roles as 'experts' and 'providers' into partnership models that work with 'clients' and 'communities'. This enables them to find a solution together to the complexity of their problem and sometimes requires that the 'problem' be redefined. Real and lasting changes are possible with approaches that build or strengthen social networks and in turn motivate people to learn about and exercise their powers and their responsibilities as citizens. Networks of friends and families should also be considered positive co-contributors to success in this approach.

Co-production should be consistently described throughout the commissioning cycle and in the procurement process. Other work is needed to develop co-production, but the single biggest barrier we have found is that tenders do not explicitly encourage it, and so it does not get embedded into everyday service delivery.

As social care moves away from bulk contracts and towards more individualised commissioning, the relationship between the individual and the staff who assess and agree their budget becomes centrally important. Co-production remains an imperative within this relationship.

Front line care and support

At this level within the system, the action points are designed to change front line practice, and the relationships between individuals and the people who directly support them.

- Ask people what their interests are, what is important to them, and how they might be able to use their skills and time to support others. This applies to people who use services, but also their friends, family members and others within the community.
- Think about the specific qualities and skills that staff will need if they are to work in a more equal and reciprocal way and actively recruit for this. Recruit and train staff with input from people who get support.
- Link services into local resources, such as peer support and community based networks that can help support people away from services. It is important from the outset to tackle the discrimination that keeps many people away from community resources in the first place.

We elaborate on these recommendations below, with more specific ideas and suggestions.

Ask people what their interests are, how they would like to contribute, and how they might support each other in various ways.

In order to develop co-production, there must be conversations about how people would like to contribute and what they can offer, as well as what support they want. This process leads to different models of co-

production that are specific to local resources, needs and strengths. We heard examples of people who lived independently supporting each other through a local peer network, supported by a volunteer, so that they helped each other with day-to-day activities such as paying bills and cooking food. There were examples of residential homes for older people, where residents were supported to pursue their interests, including cooking, gardening and organising social activities, and people who were involved in inducting and training new staff.

These conversations can be organised and facilitated initially, but in order to avoid becoming just another engagement or consultation exercise, they must be meaningful, regular, and become more informal over time. This interaction should become part of the culture of a service, so that daily support and activities are agreed on through a negotiated discussion between people and staff, as adults, making decisions about how to get the best outcomes possible for each person.

Here are some possible methods for getting started:

- The SILK method deck
- Six practices for Creative Engagement, David Towell and John O'Brien.

Think about the specific qualities and skills that staff will need to work in a more equal and reciprocal way and actively recruit for this. Recruit and train staff with input from people who get support.

Co-production won't work if it becomes one person's 'job' to do it. Working in a more equal and reciprocal way involves changing the whole culture. There are some good examples that show how this can be done. For example, you *could introduce some of the key values and features of co-production into job descriptions*. This might recruit people who:

- Focus on relationships;
- Respect people as equals;
- Are flexible about how they support people;
- Have good local knowledge and contacts – staff need to be linked into their community;
- know how to support people to develop their own networks away from services;

Incorporating co-production into job specifications

The job description for Local Area Co-ordinators, which has many strong features of co-production, specifies that co-ordinators are expected:

- 'To ensure the co-ordination of services to people ... to reduce inequalities and exclusion and improve the quality of life and increase opportunities.'
- 'To build and nurture relationships and partnerships with a range of people at a personal and community level.'
- 'The ability to identify opportunities and gaps in local communities and to develop more welcoming and inclusive communities.'

- enable people to support each other;
- support locally developed initiatives such as friends' and neighbours' projects.

Many people involved in our research suggested that organisations should develop induction and training schemes for staff that are run in partnership with people who receive support. The training could involve describing what is important to them in a support worker, someone showing new staff the places and people that are important to them locally, being involved directly in recruiting staff, or including specific approaches, such as circles of support, in staff training.

Link services into local resources and networks

One of the principles of co-production is that staff take an assets-based approach: not seeing people as passive recipients of care services, but as active contributors to supporting themselves and even others. Thinking about assets also involves working beyond 'services' and using support from within the community, such as community buildings, or local networks and groups. Many successful examples have shown how linking support for people into these resources can improve the sustainability and amount of support provided, promote social inclusion, offer value for money, and begin to develop networks of support outside services. These resources can include 'universal' services (such as libraries, leisure centres or schools), peer support groups, local networks, faith groups, activity specific networks, time banks, befriending schemes, local businesses, charities, and many others. We summarise below two examples of where this has been done. Many more examples can be found on: <http://www.thinklocalactpersonal.org.uk/Browse/Coproductio/>

Improving access to community resources

In one local authority in the North of England, two support workers were placed in the local leisure centre to help people with access and any extra support they needed. After the first year the leisure centre took over funding these roles because of the benefit they were seeing from increased usage of their services.

If you have any questions on this research, please contact Julia.slay@neweconomics.org or visit: www.neweconomics.org/budgetsandbeyond

Camden: using a mixture of 'currencies' to support care

Time-banking is a give and take model that supports informal exchange of skills between people in and around services: each time someone gives an hour of time, they receive a credit for an hour of time, which they can exchange for other activities and services on offer within the time bank.

The Holy Cross Centre Trust in Camden extended an existing time bank to provide low level care and support to help people stay independent in their own homes. 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.

Many of the people supported through the service receive personal budgets from which they can choose what support and care to purchase, but they can also access 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 exchanged through time credits.

Conclusions

We have tried to show the different ways in which the principles of co-production could be used to shift social care and support towards a new way of working. Our research demonstrated how systemic this change must be. It involves changing process and culture, strong and consistent leadership, and a relentless focus on relationships, outcomes, well-being and quality. There is a risk that we begin using the language of co-production without changing practice. The practices of user voice, consultation and engagement are often used in the same breath as co-production, but in fact they are very different. They are all forms of involvement, along a big spectrum, and can be tokenistic, or transformative. The difference between the two is defined by how much power is shared between staff and users. To make this happen, we must find out who holds power, who makes decisions, and what really needs to change to achieve a transformative level of co-production.

Endnotes

- 1 Needham, C and Carr, S. 'SCIE research briefing 31: co-production: an emerging evidence base for adult social care transformation. (March 2009), p. 6
- 2 Needham, C and Carr, S. 'SCIE research briefing 31: co-production: an emerging evidence base for adult social care transformation. (March 2009), p. 6
- 3 http://www.thinklocalactpersonal.org.uk/Blog/De-mystifying_Co-production/

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