

Co-production involving and led by older people

An Evidence and Practice Review

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Summary

This paper has been written to pull together the evidence, outcomes and key characteristics of effective coproduction involving older people. It looks at the challenges and opportunities for ensuring that local services use all of the assets – resources, skills, experiences and talents - of their local communities. It distils information, ideas and practical examples from published and unpublished literature about coproduction; the experiences of people actively engaged in coproduction and community development initiatives; and discussions from a workshop held in Edinburgh on 27 November 2013 hosted by the Wisdom in Practice programme¹.

It has been written by Helen Bown from the National Development Team for Inclusion (NDTi), with two main audiences in mind:

1. Members of local initiatives who want to be actively involved in making change happen in a coproduced way.
2. Commissioners/sponsors/enablers of coproduction who can create the right environment for coproduction to get started, to thrive and be sustained.

Key messages from this paper are outlined below:

- Coproduction is about more than good participation and/or engagement. It is a values led approach which is characterised by inclusive processes (such as really good participation) and a wide range of practical activities that bring together different voices and perspectives on a common issue or problem – a shared agenda – in order to achieve positive change at different levels.
- Many community development initiatives and local communities have been working this way for a long time, and there is much to learn from their experiences. A key challenge is the need to ensure that such endeavours do actually result in shared decision making and responsibility for those decisions. This often does not happen, particularly at a strategic and policy level.
- Older people are keen to be involved in local (and wider) developments, and to share and use their knowledge, experience and skills. Examples of coproduction involving a wide diversity of older people as equal partners are less well published and known about than for other groups. Older people who need support in their lives, for whatever reason, have a valuable role to play and need to be much better enabled to take part in coproduced developments.
- When power and decision making are shared, the results and outcomes are better for everyone involved. Capturing and measuring this difference is crucial, but often does not happen. Better process and outcome measures for coproduction, including developments involving and led by older people, are needed to demonstrate that the investment in time and other resources to make it happen are worthwhile.
- Coproduction is possible and achievable at every level of decision making and in a variety of activities (research, service and strategy development, evaluation, training, self directed support and personalised support planning, policy

¹<http://www.otbds.org/wisdom/>

influencing and policy implementation etc). It is not always evident at each of these levels. A framework for aiding coproduction at different levels and for assessing whether coproduction is actually happening is shared in this paper. It can be used to help a wide range of people participate and support others to be engaged in local and wider developments.

- Context is everything: knowing what change is afoot and how different stakeholders can be involved in a meaningful and practical way is essential. Decision makers need to find ways of listening to and working with those whose lives may be affected by their decisions, including their response to policy agendas. Reshaping Care for Older People (Scottish Government, 2013) is just one example of this, but there are others that people have shared in this paper.
- When everyone who has a stake is involved and listened to well, it not only shows that coproduction can happen and work well, it ensures that everyone's contributions are recognised and valued equally. Organisations and public bodies who coproduce their services and strategies are engaging their local constituents, clients and partners, and demonstrating that their services are fair, transparent, available and accessible to all. Investing in coproduction is therefore also about improving public services, making best use of public resources and complying with the legal and ethical requirements of the Equalities Act 2010.
- The examples, case studies and suggestions in this paper have been shared by a range of people, organisations and partnerships who have been coproducing developments at a local, regional and national level for some time. They have done this so that others can learn from their experiences, to improve services, outcomes and life chances of older people.

1. Introduction and background

Older people want to have their voices heard, their experiences understood and their skills recognised and used. They also want services, amenities and support that take account of their lives and those around them. 'Coproduction' is a way of achieving this to create local services that work for a wide range of people whilst making best use of limited resources.

This paper pulls together the evidence for, outcomes and characteristics of effective coproduction involving older people. It examines some of the challenges and opportunities for ensuring that local services use all of the assets – resources, skills, experiences and talents - of their local communities. It distils information, ideas and practical examples from published and unpublished literature about coproduction; the experiences of people actively engaged in coproduction and community development initiatives; and discussions from a workshop held in Edinburgh on 27 November 2013 hosted by the Wisdom in Practice programme². It has been written by Helen Bown from the National Development Team for Inclusion (NDTi).

²<http://www.otbds.org/wisdom/>

The need for a paper that draws together the evidence for and examples of coproduction involving older people was prompted by the early experiences of the Wisdom in Practice (WiP) programme, whose aims include:

- Building the capacity of local groups led by older people.
- Working with existing, and supporting the development of new, user led services - including those that have been coproduced with older people.
- Focusing on outcomes achieved through coproduction and user led initiatives involving older people.

Those involved in WiP are concerned that whilst there are many good examples of involving older people in shaping services, there are still very low levels of understanding about and readiness for user led and coproduced developments with older people in Scotland. They feel that some groups and communities of older people are rarely involved in local developments, even with an increased expectation that services will be coproduced as a result of the Reshaping Care for Older People Supporting Change Fund, worth £300 million over the period 2011/12 to 2014/15. Particular attention, they believe, needs to be given to enabling genuine partnership working with older people with very high support needs; lesbian, gay, bisexual and transgender older people; the “oldest old”; and older people from minority ethnic communities. This highlights a need, not unique to Scotland, for older people whose voices are not well heard and who are not typically included in such developments to be empowered to have a voice, greater influence and leadership roles in coproduced developments.

Everyone who has contributed to this paper shares a belief that greater clarity around definitions and concepts associated with coproduction would be helpful. For example, to help people understand the difference between coproduction, consultation and involvement. 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.

Finally, it is a truism that people tend to learn best from practical examples of what can be achieved and what is possible, including case studies that show how things happen, what and who makes them happen, and where they are happening. There are few examples of diverse older people engaging in or leading the way in coproducing a wide range of developments.

This paper therefore:

- Explores the current contexts and drivers for coproduction across the UK.
- Examines the concepts and definitions associated with coproduction.
- Offers some guiding principles and practices that enable different people from a range of backgrounds to experience and master coproduction.
- Summarises the evidence for coproduction involving older people and what can be achieved as a result.

- Provides practical examples that people can use in their own work and in their localities.

2. Current contexts and drivers for coproduction

Numerous, contemporary policy frameworks designed to improve public services generally, and for older people specifically, have aspects of coproduction at their core. They cannot be effectively implemented unless a genuine, ongoing partnership is developed with older people. Reshaping Care for Older People: a programme for change 2011-2021 is Scotland's major reform programme designed to shift services from a paternalistic, one size fits all model to a personalised, holistic support system that focuses on people's lives and contributions:

Older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own homes or a homely setting.

A progress report, Getting On (Scottish Government/COSLA, 2013), set out some of the key national and local developments for Scotland in relation to the Reshaping Care agenda, highlighting the implementation challenges ahead. It stressed that empowering older people to be involved in decisions about their own care and support is fundamental to success, and that more needs to be done to achieve this goal. The £300 million Change Fund accompanying the Reshaping Care agenda has clearly been an important catalyst for local partnership developments across Scotland. However, there are concerns that these have not always transformed decision making or resulted in sustainable, long term change in the way envisaged (Outside The Box, 2014). A recent Audit Scotland report (Audit Scotland, 2014) reviews progress in delivering the Reshaping Care agenda after 3 years, and goes even further. This report highlights that the move to community based services and support is slow, and that whilst the Change Fund has been successful in enabling more and better partnership working between statutory and non statutory organisations, there is less information and evidence on how local communities have been engaged as part of this process. Many of the initiatives resourced through the Change Fund have been very local, small scale and lacking in data that demonstrate outcomes and impacts for older people. More needs to be done, they say, to build in evaluation methods to demonstrate what works and can be sustained, for example after time limited, start up funding periods end.

The Social Care (Self-directed Support) Scotland Act 2013 focuses on the outcomes that people want to achieve in their lives and establishes a legal framework for ensuring that people get support that is personal to them, based on a number of underpinning principles:

- A person must have as much involvement as they wish in relation to:
- (a) the assessment of their needs for support/services.
 - (b) the provision of support or services to them.

A person must be provided with any assistance that is reasonably required to enable them:

(a) to express any views they may have about the options for self-directed Support (SDS).

(b) to make an informed choice when choosing an option for SDS.

A local authority must collaborate with a person in relation to:

(a) the assessment of the person's needs for support or services.

(b) the provision of support or services for the person.

Whilst the term coproduction is not explicit in the above, it is clear that this is the expectation. It is also clear that progress will not be possible unless older people are engaged as equal, valued partners both in respect of their own support and collectively in local communities and authority areas.

These two major programmes represent significant cultural as well as structural changes in the way that health and social care services are designed, planned, delivered and experienced. At the same time, there is an increasing drive for coproduction to be adopted as a core, mainstream approach in all public service delivery and reform programmes, not just in health and social care; the aim is for an “equal and reciprocal relationship” between consumers, professionals and other stakeholders (Boyle, D. et al., 2010). In spite of this policy and practice focus, and widespread acknowledgement that coproduction is “a good thing”, genuine partnership working which seeks to share power and control remains limited. In their work together in building a network of coproduction practitioners, the New Economics Foundation and NESTA (Boyle, d., et al., 2010) have written about the key drivers for and barriers to “mainstreaming” coproduction, highlighting four big challenges which need to be crucially addressed at a time of increasing economic constraints and debates about the future security, purpose and role of public services. The four key challenges are:

- Embedding coproduction within commissioning activity.
- Generating evidence of the value of coproduction.
- Scaling up successful approaches.
- Developing [professionals'] skills.

The RSA has taken this vision further with the creation of their 2020 Public Services Hub - 2020PSH - which talks about ‘social productivity’ as the route to public service reform:

It starts with the citizen, not the service. It focuses on how value is created in the interaction between the citizen and their service, and builds citizen-shaped solutions to public problems that mobilise all relevant resources, whether public, private, formal, informal or virtual. But this approach requires long term, strategic change. Our

partners in local and central government, national public sector bodies and business organisations are working with us to deliver this change. We have, for example, worked with the Learning and Improvement Service on the future of FE, with Sunderland Council on community leadership and with Scottish National Heritage and the Scottish Environmental Protection Agency on sustainability and environmental citizenship. [<http://www.thersa.org/action-research-centre/community-and-public-services>].

3. Concepts and definitions associated with coproduction

There are many definitions, interpretations and explanations of “co-production”. It seems that a whole industry has developed to think about, research, explore, develop, test and promote both the concept but more importantly the actions associated with coproducing new developments, services or policy programmes.

The definition of coproduction adopted by the Ageing and Older People Programme at the National Development Team for Inclusion (<http://www.ndti.org.uk/who-were-concerned-with/ageing-and-older-people>) has been influenced by the many older people with whom we have worked to better understand this fluid, and still relatively unfamiliar term (Bowers, et al., 2010):

Coproduction is a simple idea: it's about individuals, communities and organisations having the skills, knowledge and ability to work together, create opportunities and solve problems. Putting this into practice is not so simple, and for older people who need support in their lives is a relatively new phenomenon.

Co-production is renowned for its “excessive elasticity” in the ways in which it has been defined and interpreted. Needham and Carr (2009) provide a helpful overview of the most common interpretations, categorising co-production into 3 different levels:

- 1 ‘User’ Compliance - where services rely on some input of users, even if that is simply compliance with social norms such as doing homework or not dropping litter.
- 2 Increased user recognition and involvement - where service users are invited/required – often on an ad hoc basis - to make a greater contribution towards shaping the service.
- 3 Transformation - where there is a shift in power and control brought about by a change in mechanisms for planning, delivery, management and governance.

They argue that it is the third, transformational level that is most likely to bring about better outcomes for the people for whom the service/activity is being designed or delivered. It is also the level which is least well developed in relation to older people, in spite of the long history of older people's activism and participation (see section 5.2). It is time, therefore, for outdated notions of older people to be challenged and for an era of more active engagement of the rich diversity of older people as equal partners in shaping, developing, delivering and evaluating local goods, amenities and services.

Older people shaping local services in Argyll and Bute

Argyll Voluntary Action hosts the Community Resilience work strand that forms part of the Reshaping Care for Older People work in Argyll and Bute. Seven workers are based in local communities across Argyll and Bute to help create and sustain a shift from formal services to community based support and activities. The work focuses on:

- Empowering older people to have a voice.
- Enabling people and communities to take part, create links between communities of geography, demography and interest and show what can be achieved.
- Coproducing new opportunities through connecting statutory, voluntary and community services with local communities taking an asset based approach to local developments.
- Partnership working to share resources and expertise than enables services to work together to combat social isolation.
- Preventative approaches and messages to help people make changes that will improve their own health and wellbeing.

We asked: what things support you? What things nurture and nourish you? The responses included: church, scenery, gardening, pub, social club. It was a good reminder that health and community development staff are not always needed”

Older people are involved in creating and delivering local services and support as well as receiving them. Examples include:

- Over 600 people being involved in volunteering projects including a community shop, befriending support and a telephone support service, Safe at Home.
- The Grey Matters group in Helensburgh involving over 100 members who engage and work with strategic planners, local and regional organisations to influence decisions and service developments: “we make the decisions about what we need and we are heard. With Grey Matters it belongs to us”.
200 new timebankers who together have created the Lunch Bunch – providing soup groups that get people together for a shared lunch once a month.

This paper argues that the key to understanding whether something is co-production or just “really good involvement”, is that coproduction brings different stakeholders together (staff at all levels and all kinds of organisations and sectors with the people and communities who their services are about) from the beginning of the process when the work is being designed all the way through, including delivering and evaluating the outcomes achieved and wider impacts experienced. It is recognised that within this broad definition, there are different tasks, activities, decisions, opportunities and roles. This means that there can never be just one model or approach that can be described as ‘coproduction’. This is challenging for those who like neat solutions and a model to promote or fund!

The following table attempts to summarise this wide scope at two different but connected levels:

- At an individual level, ensuring that older people take or keep control over key decisions about their lives and any support they need/receive.
- At a community or collective level, ensuring that older people’s voices and experiences and skills are actively used and valued in decisions about local services and solutions.

Coproduction with individual older people about their lives and any support they need	Coproducing services, solutions and developments with local communities
<p>Work with individual older people who need support to help them identify their own goals, priorities and needs and the support they need to achieve them. One example of this is personalised support planning, a key component of self directed support.</p>	<p>Work with a range of people where they live to really understand what is working well for them and for others in the area; ask them what works well and what doesn’t work so well.</p>
<p>Support older people and those closest to them to plan for and use a personal budget ; and to personalise the support that the council or others provide and manage on their behalf.</p>	<p>Share power in local planning processes so that communities can help determine what issues should be tackled, why and how.</p>
<p>Involve older people and those closest to them in monitoring and reviewing the quality and effectiveness of the support and services they experience.</p>	<p>Ask communities what support they need to have more say and a more explicit, valued and equal role in the planning, design and commissioning of local services.</p>

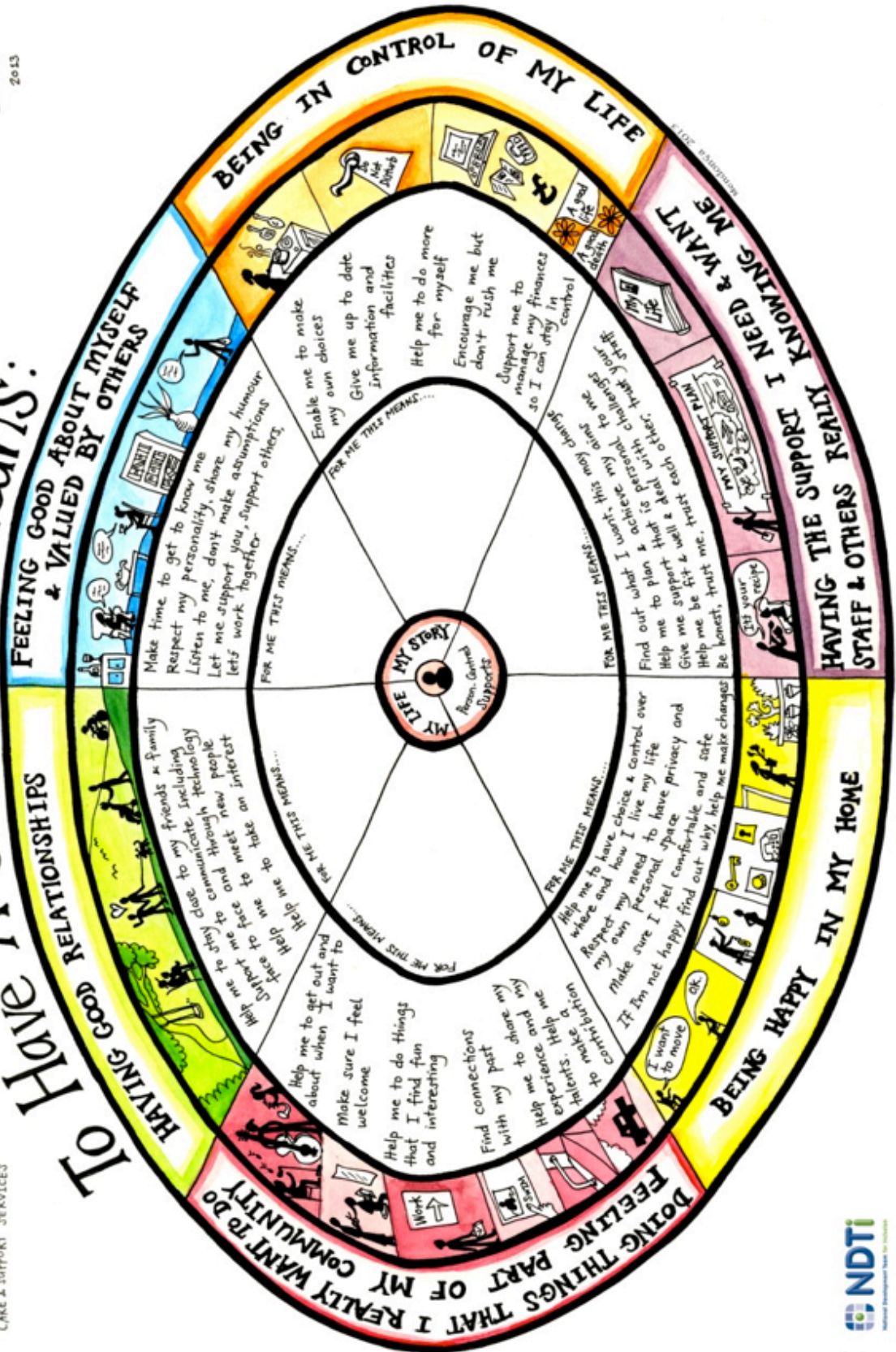
What older people who need support want is services that work for them at an individual level (as envisaged in the Self Directed Support Act) in order to enable them to carry on living their lives, participating fully in family, community and civic life (aka, coproduction).

Whilst this is no one model or approach, it can be argued that co-production only happens when there is a shift in power when it comes to decision making. So, a crucial test for determining whether coproduction is alive and well is to use this table to see if and where these shifts are happening, for whom, and who is involved. If they are happening at one level more than another, this will highlight where greater attention is needed in working with decision makers and power brokers to change their practices – for example by using the Coproduction in Action framework introduced in the following section.

Joseph Rowntree Housing Trust (JRHT) – Excellence Guide

An Excellence Guide was produced by people who live and work at Joseph Rowntree Housing Trust (JRHT), to help people who live in JRHT accommodation to think about the important things in their life. It also helps staff find out how to support different people who live at JRHT to have a good life. The drawing below shows different areas that are important for people to have a good life. These dimensions were identified by a Design Team of older people, people with a learning disability, staff and managers from JRHT working together using the Coproduction in Action framework.

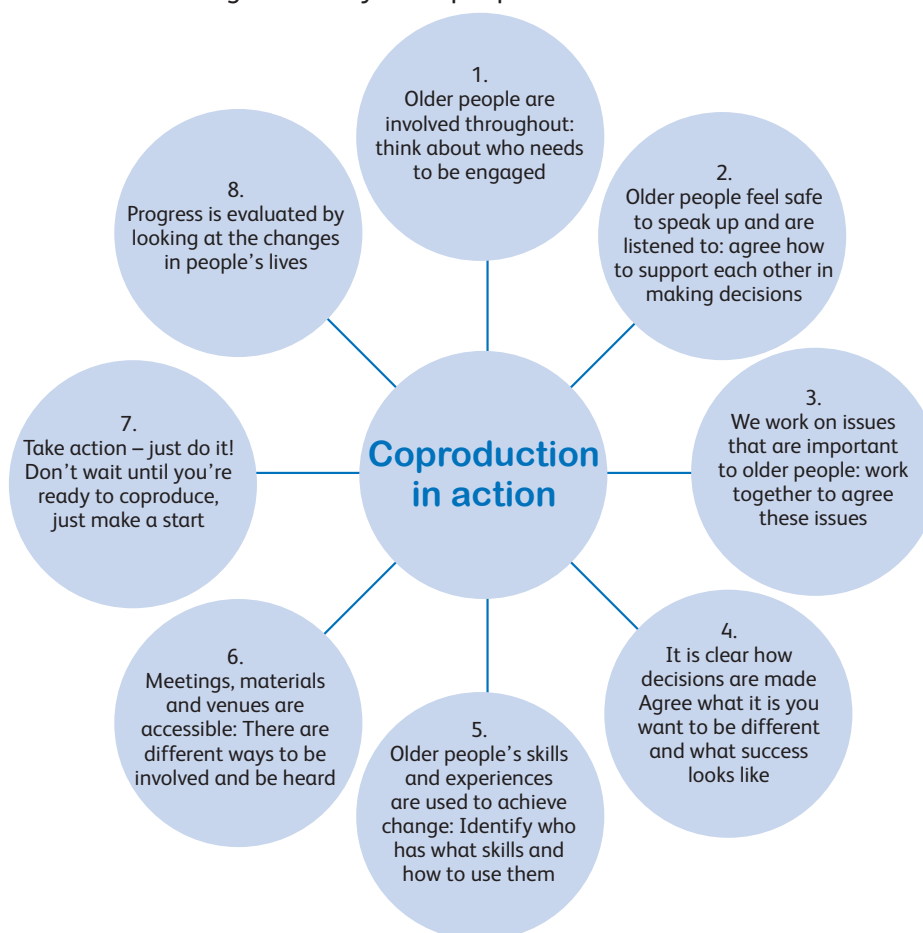
To Have A Good Life Means:



A coproduced 'excellence guide' for people living and working in JRHT accommodation. NDTi, 2012. Illustration by Pen Mendonça.

4. The Evidence for coproduction involving older people

An established framework – Coproduction in Action (see Box 2) – was used to search for and make sense of existing knowledge, innovative ideas and practical examples of coproduction involving and led by older people.



Box 2: Coproduction in Action (taken from Personalisation: don't just do it, coproduce it and live it! Bowers et al, 2010)

The Department of Health in England commissioned NDTi to develop a practical guide to help councils work in partnership with older people at a local level. A coproduction team was established to work together to identify 'what coproduction with older people means', what it involves, and what it looks and feels like when it happens at a local level. The published guide written as part of this process (Bowers, H. et al, 2010), has been used to help local authorities and their partners work together and with local communities to transform the way that older people's opportunities for participation, services and support are planned, delivered and monitored through working in partnership with older people.

The guide contains a number of stories that describe how individuals and communities have worked in partnership with public services to co-produce services and change lives. These stories illustrate how co-production releases the knowledge

and skills of individuals for the benefit of the community; reconnects individuals to their communities; and connects local authorities to the people that they serve.

Eight underpinning principles and associated actions are highlighted in this guide which form the basis of the Coproduction in Action framework in Box 2. These can be used by local organisations, older people and communities to determine whether local people really are influencing local services.

For the purposes of this paper, the framework was used to search for examples and evidence of effective coproduction involving and/or led by older people across the UK. This evidence is summarised below, using 3 main headings:

1. Coproduction and older people – past experiences, future possibilities.
2. The costs and benefits of coproduction.
3. Drivers and barriers for effective coproduction involving older people.

5.1 Older people and coproduction: past experience, future possibilities

A review of the last ten years of older people's participation in decision making and the literature on coproduction in public services reveals numerous examples of older people influencing the shape of policy and practice at all levels. Older people's engagement and involvement in public policy and local decision making is an area where significant developments have taken place over the last 15 years or so, not least through the policies and implementation programmes associated with (for example), Community Planning, the Scottish Older People's Assembly, Better Government for Older People and the network of Older People's Advisory Groups that it nurtured and supported, the evolution of Local Area Agreements (LAA's), Local Strategic Partnerships (LSP's), and more recently the development of Local Economic Partnerships. These and other initiatives seem to have provided much of the impetus for many older people's groups and organisations in recent years. There is now a wide range of different methods for older people to make their voices heard, and to influence key decisions affecting their lives. These range from the provision of information, advice and advocacy at one level (so that people know their rights and can access support to get involved); to older people's elected councils and parliaments at another. Older people, however, know that this field has been evolving over a much longer period of time, and that this history of activism and participation needs to be explicitly acknowledged and accounted for in current and future public service reform programmes.

Paravar is a local group in Leeds that was established to give older couples and carers from Sikh and Hindu communities a chance to get together, socialise and support each other. Paravar means "family" in Punjabi. It is supported and managed by an umbrella organisation with similar aims, called the Sangam forum. Sangam hosts four groups involving over 200 members who come together for regular meetings in local centres and halls across the city. People may initially meet through these gatherings, but the benefits experienced stem from the relationships, connections and mutual support that takes place beyond these meetings:

A number of people are isolated and other older ladies in the Paravar would say ‘sister, you come here’ and then they would come and have a chat with the other ladies. People make new friends and links...

People come to meet people, share sorrows and happiness. Value the change of atmosphere, learn new things, help people who can’t get out with their shopping
Members of Paravar, Leeds

In spite of this long history, many professionals and organizations still struggle to achieve meaningful involvement which is not tokenistic and includes a wide range of people with different backgrounds, life experiences and contributions. The Audit Commission famously reported in their report, *Don’t Stop Me Now* (2008) that only one third of Local Authorities in England and Wales had meaningful engagement with their older citizens. There is a growing recognition that a highly participative approach which cements people’s contributions through formal partnership arrangements, as well as separate networks and groups, is absolutely essential for ensuring the design and delivery of effective public services and vibrant communities.

This is important in thinking about what makes coproduction a reality for older people, as the characteristics and principles outlined above demonstrate that it is the experience of genuine partnership working for all those involved that lies at the heart of coproduction in action.

Benarty Regeneration Action Group (BRAG) and SHINE, Fife

BRAG’s main aim is to regenerate local communities affected by the decline in heavy engineering and mining in Fife. It is a social enterprise which supports the development of other social enterprises and local initiatives by providing development support, training, accommodation, and advice. As part of the wider SHINE project (funded by the Health Foundation to co-create services and supports that prevent the use of expensive health services and improve health outcomes), BRAG has been identifying gaps in local services for older people and developing different kinds of small scale provision to meet local needs. These micro social enterprises enable older people to access tailored packages of personalised care and support that strengthen self reliance and resilience for individuals, families and communities.

Developing this very diverse range of initiatives and support options has meant changing the nature of the conversation that staff at all levels have with older people and their families whilst harnessing community resources such as businesses and care cooperatives in order to develop targeted micro-enterprises. Strategic level discussions have linked this work with wider initiatives around

changing services for older people, increasing personalisation, preventing hospital admissions and reducing delays in discharges from acute and community hospitals.

Such examples show that coproduction is more likely to lead to significant change which is embedded and sustained over time than traditional, top down approaches to public service delivery. We believe this is because those directly involved are the people most likely to benefit from the developments, and because evidence of successful outcomes and processes generated through coproduced developments is developed, tested and ratified by older people alongside and in partnership with other key stakeholders.

The Pilmeny Development Project (PDP)

PDP has been operating in the Lorne Area of Leith since 1979, and is led by people in the local community. It is funded by the City of Edinburgh Council and through its own fundraising efforts. The overall aim of the Project is to support local residents and groups, including the development of various local initiatives that help address very local issues and problems in this small but densely populated area of North East Edinburgh. One example of this is the Community Connecting service for older people who need a bit of support in getting out and about, who have lost confidence for example after a fall or following bereavement. A volunteer – often another older person – works with someone for around 4 months to help them identify what they want to do and support them to make a start in doing these things – rebuilding or making new connections and networks. This is a recent development but the work of PDP is long term and self sustaining – working with local communities to identify solutions to shared concerns that make a difference to people’s every day lives. People involved don’t call this “co-production” - and there is no reason why they should - but the characteristics of effective coproduction involving older people are clearly evident in the longevity of the initiative and varied activities and developments it has helped get off the ground.

There is no doubt that older people have driven these developments, but other stakeholders (commissioners, providers, policy makers, researchers and other members of local communities) have also been involved. No one voice has been more important than another, although the perspective of older people has been central throughout.

Coproduction means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are coproduced in this way, both services and neighbourhoods become far more effective agents of change. Boyle, D. & Harris, H. (2009: 11, NESTA/NEF)

The experiences of working with a wide range of partners and stakeholders in Dorset

highlights the benefits of building close working relationships between diverse older people, paid officers and community leaders in developing, testing, refining, capturing, measuring and reporting on eight outcome areas of the county's impressive range of early intervention and preventative work.

Dorset Age Partnership: working together to build healthy communities

Background

Dorset Age Partnership (DAP) is a network of older people drawn from forums and groups across the county; strategic leads from Dorset County Council, district councils and NHS organisations; police, fire and rescue services; and a range of voluntary and community organisations. It was established as a partnership body where older people are in the majority and an older person is always the chair. It is supported and fed into by six locality partnerships (based on district council areas), each with a similar make-up to the DAP. This intricate infrastructure is designed to ensure that outcomes and overall direction established at a county level is informed by people's priorities at a local, neighbourhood level. These two levels of coproduction shape the direction, focus and content of Dorset-wide strategies and investment plans.

Coproduction in action – how it happens

DAP was initially established to secure older people's engagement and leadership in the county's successful POPP pilot³ from 2005-06 to 2007-08. In addition to DAP and the network of local partnership groups, 100 older people were recruited, trained and supported to work as community leaders, 'wayfinders' (local navigators providing information, advice and signposting activities) and evaluators in order to develop and embed local approaches and interventions to promote healthy, active ageing and avoid hospital and care home admissions. A key goal of all of this work was to ensure older people's contributions, assets and talents were harnessed, valued and used to improve public services.

Outcomes achieved

These partnerships have resulted in over 4,000 older people being directly involved in the development of strategies that impact on their lives, and in defining and using outcome measures that reflect their priorities. Eight outcome areas have been agreed by DAP to evaluate the impact of Dorset's Ageing Well Strategy and the ongoing work of the local POPP programme (the pilot initiative having been embedded within local planning and service delivery mechanisms). These eight outcome areas are:

³Partnerships for Older People Project, a DH sponsored programme focusing on shifting the focus of investment and activity away from secondary health and social care to early intervention and preventative approaches.

Older People in local communities:

1. ...have housing suitable for individual needs.
2. ...are socially integrated and not isolated.
3. ...are making positive contributions and experiencing fulfilment.
4. ...feel secure and safe.
5. ...feel free from discrimination.
6. ...feel financially secure.
7. ...are in good health in mind and body.
8. ...have dignity, choice and control throughout their life, including at the end.

In addition to agreeing these outcome areas, the same network of partners has been involved in establishing a way of assessing whether these outcomes are being achieved. A small group of local follow a systematic process for recording, collecting, sifting, selecting and then analysing personal stories of change (i.e. outcomes). The emphasis is on agreeing and then distilling the most significant changes experienced (in this case by older people) in relation to the 8 outcome areas. Over 1000 stories about the impacts POPP funded activities have had on older people's lives have now been analysed, revealing that a wide range of outcomes have been achieved for a diverse range of people across the county. These have been shared with key decision makers in the county.

“We want to know how people are better off as a result of the services that we put in place. Outcome stories are used by Dorset County Council and NHS Dorset, to help us learn more about how to develop and deliver early intervention and prevention opportunities through Dorset POPP in support of people ageing well. Funded projects reach many people including those who benefit in ways which delay or prevent people from falling into ill health or becoming isolated, and requiring more intensive services and support.” Andrew Archibald, Head of Adult Services, Dorset County Council

There are lessons here for older people's groups and fora too; successful coproduction involves multiple stakeholders including those at different ages and stages of life (i.e. not just older people), professionals and officials from statutory and non statutory bodies. Coproduction is as much about the bringing together of different and diverse perspectives as it is about the principles of partnership, power shifting and mutuality.

The Timebanking programme in Northern Ireland consists of a variety of different opportunities for communities, organisations and networks to establish time banks with and for older people.

Five, small one-off seed grants were allocated to help different places/groups set up a time bank with support from Volunteer Now (VN) from April 2012. The aim

is to establish and support 5 new time banks a year in this way over the next 3 years. Each time bank receives up to £3,000 to develop a time bank with older people at the heart, with support from VN to do this. Those established so far, and applications received for the next round, have all been from people who really believe in the aims and principles underpinning time banks and a desire to be part of this as older people and/or involving older people. The first 5 time banks to be established in this way are:

Newry and Mourne in the South East – with a focus on carers of older people (re)gaining their sense of self, identity and getting respite support.

First step North Belfast – with a focus on recently bereaved partners, typically of older couples who have tended to have very traditional roles, aiming to be a skill swap, enabling those who are bereaved to develop new skills and confidence

Newton Steward Time-trade – with a focus on sustainability and becoming a transition town.

Omagh time bank – a larger, well established time bank for the whole town started by older people but providing a wider community infrastructure for mutual support and reciprocity.

Clough Mills – a community based, environmental project using redeveloped land to provide allotments, with a focus on engaging older men.

This focus on multiple stakeholders is illustrated in the matrix developed by Tony Bovaird, in his report for the Carnegie Trust’s Commission for Rural Community Development in, Beyond Engagement and participation, user and community co-production of services (Bovaird, 2011).

	Professionals as sole service planner	Service users, community & professionals as co-planners	No professional input into service planning
Professionals as sole service delivers	Traditional professional service provision	Professional service provision - users and communities involved in planning and design	Bespoke services commissioned by users and delivered by professionals
Professionals/ users/ communities as co-deliverers	User co-delivery of professionally designed services	Full user/ professional/ community co-production	User/ community delivery of services with little formal/ professional planning or design
Users/ communities as sole deliverers	User/ community delivery of professionally planned services	User/ community delivery of co-planned or co-designed services	Self-organised community provision

The blue highlighted boxes are those that Bovaird identify as degrees of coproduction, reflecting different levels of involvement and collaboration of more than one interest group to plan and/or deliver services.

5.2 The costs and benefits of coproduction

As a recent review of coproduction in social care led by the Social Care Institute for Excellence (Scie) in 2013 asserts:

“Issues around the costs of co-production are particularly complicated.”

They found that most evaluations of coproduced services and initiatives focus on how people have participated rather than on the costs and benefits involved. While they found some evidence that coproduced activities and services can reduce costs, overall the available evidence is inconclusive. None of the studies they reviewed produced reliable information on costs, and most ignored the issue altogether. For example, a number of evaluations looked at peer support mechanisms – where people who use services take on peer support roles on a voluntary basis – which suggested that delivery costs are minimal. However, even in some of these cases there were significant hidden costs associated with the working practices of professionals to engage more effectively with peer support workers. SCIE’s review concludes that introducing co-productive working practices will probably lead to short-term increases in the use and therefore costs of some services but that working in coproductive ways is more likely to lead to services that are ‘more appropriate’, efficient and personally tailored i.e. resulting in better outcomes for individuals. For example, they 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. So there are improved outcomes for people who use services as a result.

One of the key arguments about the economic benefits of co-production is the potential return(s) from perspectives that focus on the broader determinants of health and wellbeing – i.e. prevention and early intervention in “service speak”. So, if there is investment in broader opportunities for enhancing wellbeing and general or universal services, people are less likely to need more expensive services (such as crisis and emergency services). Working with individuals and communities to identify what is working and not working is a crucial element to achieving such savings.

Some of the clearest evidence of the potential savings that can be achieved in prevention using co-production in health services has come from NESTA’s People Powered Health programme⁴. This programme focuses on ways to improve practice in health services, including peer support, co-design and co-delivery with people living with long term conditions. NESTA’s analysis of the programme shows that such approaches deliver savings of approximately 7%, for example through reduced and shorter hospital admissions and fewer visits to A & E departments. They also argue that these savings could grow to 20% over time, i.e. these savings will accumulate.

One of the key studies examining the economics of co-production looked at three coproduced, community-capacity building projects including: a time bank, a befriending

⁴<http://www.nesta.org.uk/project/people-powered-health>

scheme and a community navigator scheme involving volunteers supporting people to access services (Knapp et al, 2010). This used 'decision modelling' methods to compare what happened *within* these projects to what might have happened if they had not existed. The authors looked at all of the costs, gave a monetary value to all of the benefits, and made conservative estimates that the projects produced net benefits for their communities in a short time.

Finally, the contribution that co-production makes to developing social networks and strengthening community connections is another key benefit identified in a number of studies:

Another major reason why coproduced services are more cost effective is that they bring in extra resources, in the form of help, support and effort from clients, their families and neighbours. These non-monetary resources are ignored in the current model of illusory efficiency, mainly because no price is attached. Their effective use demands major reforms to the structures of our services, effectively turning them inside out. But the possible resources are huge and their contribution is critical. We also have some evidence of cost savings because key elements of co-production have been evaluated. (Boyle, D. & Harris, M. 2009)

5.3 The drivers for and barriers to effective coproduction involving older people

Both the literature and the examples shared in this paper demonstrate that there are important characteristics that set coproduced activities apart - both in terms of the processes and experiences involved and the outcomes likely to be achieved. In other words, where these characteristics are in place, it is more likely that better, more affordable individual and community outcomes will be achieved and sustained. These are summarised in Box 3.

Box 3: Defining characteristics of coproduction in action

- Different stakeholders are actively involved, not just one set of voices or experiences.
- These stakeholders work together as equal partners on a shared goal, task or vision, including a shared understanding of what success looks like.
- A coordinated approach is usually necessary, which may require one person/ agency/group taking a lead role in holding the coproduced activity together. This does not mean that they hold greater power - although at times they may experience greater control than other members.

- There is an explicit agreement that decisions are taken and made together, including shared responsibility for living with the consequences!
- An asset based approach lies at the heart of the coproduction partnership. This means recognising and then using the full range of skills, experiences, talents and other resources of those involved.
- There is a commitment to involving and enabling different voices to be heard, including those who are not usually well heard or involved (though this is an area where much more work needs to be done).
- It is agreed how these various resources are pooled and used to help achieve the shared task/goal/vision: this includes financial, human, physical and intellectual resources.
- There is a shared sense of being “in it together” which can be described or explained by those involved.
- There is a focus on outcomes to be achieved, but also attention to the processes by which these happen.
- Processes or mechanisms for achieving outcomes are deliberately inclusive of different stakeholders e.g. delivery of services, managing budgets, reviewing progress, communicating and promoting what works.
- It is usually recognised that this is a new and different way of working together – even in those places and networks where coproduction has been thriving for some time! It still feels like a different approach from the norm.

So, given that we know the contexts and can identify significant levers and drivers for and the benefits of coproduction, why isn't more of it happening?

The ongoing and increased pace of reform of all public services means that different approaches to ensuring that older people can access services and retain their identity and networks are vital. This doesn't mean doing more of the same but doing things radically differently and in better ways. This usually means working with different partners and directly engaging the people for whom services are designed in the entire process of planning, design, commissioning, delivery and review. The current, sustained focus on personalisation, self determination and self directed support within health and social care are good examples of this ongoing transformation. However, whilst policy frameworks such as these are clearly important drivers for change, they are not enough to bring about change on their own.

The focus on outcomes that reflect the whole of people's lives, not just service/ resource use should also be a key driver for coproduction. For example, for agencies and communities to work together to coproduce outcome measures and evaluate progress towards them. Whilst there is an increased focus on outcomes across a number of policy agendas (e.g. outcomes focused commissioning), outcome measures and ways of evaluating progress still tend to be professionally dominated.

Among some populations, interest groups and communities, there is an increased awareness of the positive power of people and communities. Where this is evident, different kinds of partnerships and power dynamics emerge. For example, some disability or impairment groups and networks, some geographic communities, some age groups and some issue specific interest groups. One example of this is the Time to Change campaign which is co-designed and co-delivered with people who have lived experience of mental health issues (<http://www.time-to-change.org.uk/>).

Whilst financial constraints are often used as a reason for scaling back change programmes and trimming development capacity, the current (and likely future) economic context can also be an incentive for doing things radically differently. This ultimately means engaging with the various constituent members of a service, programme or area to ensure their voices are not just heard but their interests are served and their contributions harnessed.

6. A Framework for future action: guiding principles and practices for coproduction with older people

The Coproduction in Action framework combines 7 guiding principles for co-production with associated practices that means these principles can be applied at a local level. The following pages provide a summary of the kind of things that need to be in place in order to coproduce successfully using these principles to guide the overall process and achieve better outcomes with and for older people. These address some of the issues identified in Section 5, offering practical steps and approaches that can help overcome barriers and exploit drivers for coproduction that exist.

7 Principles of coproduction with older people	Applying the principles to local practice
<p>Older people are involved throughout the process – from beginning to end</p>	<ul style="list-style-type: none"> • Identify and contact the full range of people who will be affected by your development/activity. • Pay attention to those whose voices and perspectives are rarely heard; how can they be supported to engage in your work? Think about all equality strands as well as very local factors (e.g. rurality, poorer neighbourhoods etc). • Focus on being clear about what you want to achieve before asking people to get involved and for their contributions. Build in flexibility to change this based on the feedback you will then get from the people who become involved! • Think of the different ways and roles that different people could have – and stay open to their ideas of what they could contribute.
<p>Older people feel safe to speak up and are listened to</p>	<ul style="list-style-type: none"> • Take time to get to know everyone involved. This is essential for building trust and mutual respect – key ingredients for co-creating change. • Ask people what support they need if they are to work with you as partners. Everyone involved will need to be guided and encouraged to be attentive to people’s different needs, establishing security and trust for all participants. This may require sensitive facilitation at times; at other times people will be self organising.
<p>People and organisations work on the issues that are important to older people</p>	<ul style="list-style-type: none"> • All those involved need to agree not to impose their issues on others; if people have things they need to work through, they will need to do that outside of the coproduction ‘group’. • Participants are supported and encouraged to listen in order to fully understand and then agree the issues to be worked on. This may require experienced facilitation at times. • Understand and pay attention to the different ways that people communicate (including those in official positions!) in order to capture perspectives and priorities from everyone with a stake in the work you’re doing. This may vary from translation/interpretation needs to very

	<p>personal communication support needs to the importance of cultural nuances, dialect and history.</p> <ul style="list-style-type: none"> • Sometimes policy makers and service providers need “their hands held” to work in this way. Don’t assume people in positions of power and authority know the answers or are confident about new ways of working.
<p>It is clear how decisions are made</p>	<ul style="list-style-type: none"> • Agree what needs to change and the differences you want to see (what success looks like). • Negotiate common ground, don’t impose it - don’t forget there may also be constraints (e.g. political/resource considerations) that affect everyone, not just organisations and politicians. • Coproduction is about joint action and shared responsibility as well as power and influence. • Be honest and open about the financial, human and other resources that are available to make change happen. <p>Don’t just talk about it – get on and do it!</p>
<p>Older people’s skills and experiences are used in the process of change</p>	<ul style="list-style-type: none"> • Every co-produced strategy should be able to be traced to changes/improvements in people’s lives. • Significant change requires effective engagement - identify who else needs to be involved to achieve the agreed changes and get them on board. • Create a range of ways in which different people can be involved and contribute to the coproduction activity. • Some people may need help in recognising their own skills and potential to contribute. This can take time and may evolve over several ‘coproduction rounds’. • Use older people’s direct experiences of services and support to redesign services and personalise them (remembering that this isn’t just about health and social care, but all public services). • Be patient and focused on what it is you are trying to achieve; keep checking this out with all those involved but don’t be stalled by barriers and obstacles in your path. Work together to dismantle, move or ignore them! • Agree how you are going to work – including who will do what, when, how and where.

<p>Meetings, materials and venues are accessible for older and disabled people</p>	<ul style="list-style-type: none"> • Plan ahead and ask members/participants what they need to truly take part and contribute. • Book venues after agreeing what work needs to be done face to face; check the individual requirements of every person involved so they can contribute fully. • Engage different participants in different roles and activities; making notes, distributing information, writing bids, engaging partners, accessing assistance, winning hearts and minds – these are all key actions typically required in coproduced endeavours and they need different skills and resources to deliver them. • Check the materials and media required for everyone to be able to share and understand records of discussions, agreements, action and progress. Make sure expenses can be reimbursed either at the time or as soon as possible afterwards. Clarify these arrangements with everyone involved.
<p>Progress is evaluated through looking at the actual changes in older people's lives</p>	<ul style="list-style-type: none"> • Build in and co-design evaluation frameworks that will provide an evidence base to aid learning and future developments. • Keep it proportionate: sometimes asking simple questions to obtain feedback will suffice; at other times a fully funded research programme is needed. • Don't just talk about change; demonstrate what has been achieved and how. • Make sure everyone knows they are accountable to each other, to funders, local partners and communities. • Look back on what you have done, agree what went well (and celebrate it), what didn't go so well, and what you would do differently next time you coproduce.

This framework has been influenced, and used by, creative and diverse partnerships involving a wide range of older people and other stakeholders. One example is a new approach to commissioning which is being adopted by Hampshire County Council.

Coproducing a commissioning strategy with and for older people with high support needs in Hampshire

Background

Hampshire County Council is committed to working with older people who use local health and social care services. They embarked on a major transformational journey, asking for local communities of older people to help them develop a new commissioning strategy for older people with high support needs across the county. This meant working with people who had not been involved in such developments before – older people, local organisations and council staff. The Council set up and supported a small ‘Design Team’ of older people from local communities who had experience of local services and staff responsible for those services, including senior commissioning leads and elected members.

Coproduction in action

The Design Team followed the Coproduction in Action framework to work together, share knowledge of local communities and services; share experiences of getting support to have a good life; and explore different options for personalised support. They worked together to agree the most important things that the Strategy should cover to enable older people with high support needs to have a good life and get the support they need to make this happen. The group came together to do this work through a series of informal meetings over a period of 4 months. Practical tasks were taken forward between meetings by different members of the group. Each meeting was relaxed whilst also being structured and facilitated to help the team do what was needed in a way that felt comfortable to everyone involved. Tailored and personalised support was available to participants to enable their full contribution.

Outcomes

This different way of working resulted in a new, shared vision for services and support to enable older people to have a good life. The coproduced commissioning strategy has been approved by elected members and includes a new menu of support options, including those previously not known by or familiar to members of the co-design team. The team is going to continue on an ad hoc basis, but members are also now actively engaged in wider developments – for example, in the development of Dementia Friendly Communities and development of Circles of Support for people living with dementia in Hampshire.

7. Conclusions and next steps

The following points distil the critical issues and important lessons identified from looking at the examples and evidence shared in this paper. They highlight actions and approaches that will help ensure that coproduction is not a passing fad but a fundamental set of principles and practices that take root and become the norm.

- It takes time to build effective working relationships based on trust and a shared understanding of what services should be seeking to achieve, how including what's different and changing as a result.
- Working in partnership to make change happen is not a one off exercise; it takes time to develop and hone a method that works for those involved at a local and individual level. The dynamics of who is involved and mechanisms for engaging and working with different partners/stakeholders will need to evolve over time. Everyone involved needs to be prepared to go with the flow whilst staying focused on what they want to achieve and what they are there to do.
- Close attention needs to be paid to whose voices are heard and how, and whose voices are not heard and why, for example older lesbian women and gay men. A broader, more creative range of methods for engaging and working with different people is needed to ensure that marginalised groups and communities are effectively involved and their skills and experiences used. There is still a tendency to focus on face to face methods such as meetings and workshops which may not be feasible or suit everyone who has a contribution to make and a perspective to share. Social media and networking techniques are still relatively under-developed in this respect.
- Many of the examples in this paper have been funded through dedicated resources, either additional to or ring fenced above those routinely available to commissioners, providers and communities as part of their substantive budgets (for example via the Change Fund). This investment has clearly been essential, given the lack of emphasis and evidence of coproduction with older people to date without it. However, this brings with it certain challenges, not least a financial one in the current climate of tightening resource constraints and cuts to public services.
- There is a need for more effective dissemination and ongoing evaluation to ensure such approaches are profiled and embedded within local services and in national frameworks and policies; and that older people's experiences and impacts in influencing change are recognised, valued and used on an ongoing basis.

Six key priorities need to be addressed if this agenda is to be taken forward as the (intended) corner-piece of policy, service and practice development across different public policy areas and local services.

Six priorities for developing coproduction with older people

1. Promote and share the practical learning from initiatives outlined in this paper and others (e.g. those shared via the coproduction practitioner's network, New Economics Foundation and NESTA, 2010) to ensure that small-scale, localised innovation is 'scaled up and spread out'.
2. Develop and increase the skills and confidence of commissioners, providers, practitioners and older people in working together in ways most closely associated with coproduction defined in this paper.
3. Establish a Scotland wide community of practice that is explicitly about coproduction involving and led by older people, to help achieve the above two actions; this may well be a subset or revamp of an existing network. A key function of such a group would be to access mutual support and assistance in getting started, sustaining what works, overcoming barriers, reviewing outcomes and spreading lessons and experiences. This could be developed to provide a peer mentoring/coaching facility from those with long standing experience and expertise in coproduction and related skill sets to provide to others just starting out or experiencing problems.
4. Further work on establishing and demonstrating the social and economic case for coproduction, with a view to changing current commissioning, provision and delivery so that the key features of coproduction are embedded and drive local commissioning practice and service delivery with and for older people.
5. Make coproduction a requirement of all future funding, especially new funding in the forms of grants, but also in terms of service commissioning at a local level. Also consider making this a requirement of research and evaluation funding.
6. Consider adopting the Framework for Coproduction in Action that sets out the principles, practices and outcomes that should be discernible from successful coproduction practice.

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