COPRODUCTION AND SOCIAL CARE

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The coproductive scale

- **Description**: compliance with legal and social norms, description of the status quo
- **Recognition**: recognising the input that service users already make and creating new channels to harness its impact
- **Transformation**: a relocation of power and control, supporting users to deploy expertise and manage services.
Evaluating coproduction in social care

• Social Care Institute for Excellence has commissioned two evidence reviews of coproduction and social care (Needham and Carr, 2009; Needham, forthcoming)

• Case studies have included:
  • Time bank projects (e.g. in south London and Glasgow)
  • Key Ring project
  • Villa Family (France)
  • Local Area Coordination (Western Australia)
  • Peer support in mental health services
Benefits

• Value for money
• Accessible to a diverse range of service users
• New sources of expertise
• Health benefits for participants
• Practical skills (e.g. DIY)
• Building social capital and involving broader community
• Emphasis on outcomes based around broad quality of life factors
Limitations

• Need to recognise that some users need more support to co-produce
• May develop ‘bonding’ social capital rather than ‘bridging’ social capital.
• May clash with existing regimes of regulation and risk management
• May be based on short-term, insecure funding
• Requires support from and for staff
• Need to avoid co-productive approaches that are designed simply to cut costs or create ‘responsible’ users.
How coproduction can save money

• Spending it on the right things in the first place (e.g. personal budgets)

• Understanding better what is valued and how outcomes are achieved (e.g. experts by experience)

• Accessing, utilising and the assets of service users which may be freely given (e.g. peer advocacy)

• Adding to the assets of service users and reducing welfare dependence (e.g. time banks)

• Reducing formal staff contributions (e.g. better using community assets)

• Improving service quality (e.g. user-led evaluation)

• Improving long-term health and well-being (e.g. Expert Patient Programme)
But...

- It can also cost money...
  - Training for staff, users and other participants
  - Generating new demands

- Cost-savings may be ‘soft’ rather than cashable
  - Reduction in loneliness and isolation
  - Enhanced trust, social capital, reciprocity

- The ‘business case’ can be very difficult to evidence
Evidencing the cost savings

- Social Return on Investment (SROI)
- Cost/benefit analysis
- **BUT both are lengthy and expensive**

- Is there a coproductive approach to develop ‘good enough’ research that builds an evidence base?

- Organisations like In Control built the early financial case for personal budgets on a few transformative case studies and individual testimonies
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