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Perspectives on Performance and Accountability in Public Administration

Beyond Engagement and Participation: User and Community Coproduction of Public Services

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In recent years, there has been a radical reinterpretation of the role of policy making and service delivery in the public domain. Policy making is no longer seen as a purely top-down process but rather as a negotiation among many interacting policy systems. Similarly, services are no longer simply delivered by professional and managerial staff in public agencies but are coproduced by users and their communities. This article presents a conceptual framework for understanding the emerging role of user and community coproduction and presents several case studies that illustrate how different forms of coproduction have played out in practice. Traditional conceptions of service planning and management are now outdated and need to be revised to account for coproduction as an integrating mechanism and an incentive for resource mobilization—a potential that is still greatly underestimated. However, coproduction in the context of multipurpose, multistakeholder networks raises important public governance issues that have implications for public services reform.

In recent years, there has been a radical reinterpretation of the role of policy making and service delivery in the public domain. No longer are these seen as one-way processes. Policy is now seen as the negotiated outcome of many interacting policy systems, not simply the preserve of policy planners and top decision makers. Similarly, the delivery and management of services are no longer just the preserve of professionals and managers—users and other members of the community are playing a large role in shaping decisions and outcomes.

This article explores the wide range of ways in which users and communities now contribute to both policy making and service delivery. Whereas traditional public administration saw public servants acting in the public interest and New Public Management suggested ways in which service providers could be made more responsive to the needs of users and com-

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munities, the coproduction approach assumes that service users and their communities can—and often should—be part of service planning and delivery. This is a revolutionary concept in public service. It has major implications for democratic practices beyond representative government because it locates users and communities more centrally in the decision-making process. Moreover, it sheds light on the way emergent strategies are developed at the front line in public services. Finally, it demands that politicians and professionals find new ways to interface with service users and their communities.

The article presents a conceptual framework for understanding the range of user and community coproduction roles in local public services, illustrating different forms of coproduction in a set of case studies of radical local service improvement. These case studies are then used to exemplify the benefits and limitations of coproduction. The article concludes by suggesting that traditional conceptions of public service planning and management are now outdated and need to be revised in order to take into account the potential for coproduction relationships among multiple stakeholders.

Beyond Engagement and Participation: The Emerging Paradigm of Coproduction

By the 1980s, the limitations of traditional "provider-centric" models of the welfare state had become obvious. This prompted many public sector initiatives, designed either to give a larger role to *customer service,* including user research, quality assurance, and choice among providers, or to *competition* among providers for contracts commissioned by public agencies, both approaches being core elements of the New Public Management (Barzelay 2001; Gunn 1988; Hood 1991; Pollitt 1990). The role given to service users and communities varied greatly in these initiatives but continued to be decided by managers and professionals.

However, the limitations of both the traditional provider-centric service model and its New Public Management variants are vividly exposed when we consider the potential role of users in services. The most widely cited typology for characterizing this role is Arnstein's "ladder of participation" (1971). On the lower rungs of this ladder are *manipulation, therapy,* and *placation* of the public, then the more positive activities of *informing* and *consultation;* on the higher rungs, we find *partnership* and eventually even *delegated power* and *citizen control.* However, this ladder disguises the complexity of provider–user relationships.

Normann (1984) has suggested that in service systems, the client appears twice: once as a customer and again as part of the service delivery system. Sometimes, service professionals "do the service for the customer" (e.g., a surgeon performs an operation on a patient), which Normann labels the "relieving logic." However, service professionals often play solely an "enabling" role, so that the client actually performs the service task (e.g., a student finds appropriate material and writes an essay on a topic). In this situation, the client becomes a coproducer of the service. Typical private sector examples include the self-service supermarket or automatic teller machines. In a world of increasingly competent service users, Normann predicted that enabling relationships would become more prominent and that "relievers" would experience tough competition from "enablers."

Though Normann's analysis was particularly influential, other authors from the late 1970s on realized the potential of coproduction (Brudney and England 1983; Lovelock and Young 1979; Parks et al. 1981; Percy 1984; Sharp 1980; Warren, Harlow, and Rosentraub 1982; Whitaker 1980; Zeleny 1978). Indeed, it was quickly realized that coproduction already had a long history—for example, in citizen militias (Hood 1998) or juries. By the 1990s, the enabling logic of provision was well established in parts of the private sector (Ramirez 1999; Wikström 1996), not only in service delivery but also in service design and testing (e.g., of computer software).

Alford (1998) suggests that from the mid-1980s, attention switched from coproduction to marketization in the public sector, but since the mid-1990s, there has been renewed interest. In the United States, coproduction became a key platform within the communitarian movement (Etzioni 1995), which favors direct forms of participation in services (e.g., self-help groups and social support networks). The increasing exploration of trends in social capital (Putnam 2000) highlighted that coproduction is most common in countries with large welfare states, so that one is not necessarily a substitute for the other. Meanwhile, advocates of asset-based community development (Kretzmann and Knight 1993) drew attention to the widespread role of community groups in the self-management of community centers, play areas, and sports facilities. User- and community-led evaluation of services has become systematized in such approaches as participatory rural appraisal (Chambers 1997). Kelly, Mulgan, and Muers (2002) suggest a recent reawakening of interest in coproduction of public services in the United Kingdom, and the current inquiry into local government functions and financing there suggests a major future role for coproduction (Lyons 2006).

Taken together, these references from recent literature in Europe and the United States illustrate that the concept of coproduction is not only relevant to the service delivery phase of services management (where it was first discovered in the 1970s) but also can extend across the full value chain of service planning, design, commissioning, managing, delivering, monitoring, and evaluation activities. In this article, we shall focus mainly on coproduction in service planning and service delivery activities. However, several of the service planning examples will also include elements of service design and commissioning, while some of the service delivery examples will similarly include elements of service management.

Ostrom defines coproduction as "the process through which inputs used to provide a good or service are contributed by individuals who are not in the same organization" (1996, 1073), a definition close to that of Ramirez: "value coproduced by two or more actors, with and for each other, with and for yet other actors" (1999, 49). However, partnership is now so normal in services as to render such definitions trivial. Therefore, Joshi and Moore define a narrower form of coproduction, or "institutionalized coproduction," as the "provision of public services (broadly defined, to include regulation) through regular, long-term relationships between state agencies and organized groups of citizens, where both make substantial resource contributions" (2003, 1). However, this definition goes too far in the other direction, confining itself to coproduction with state agencies.

In this article, we define user and community coproduction as the provision of services through regular, long-term relationships between professionalized service providers (in any sector) and service users or other members of the community, where all parties make substantial resource contributions. This definition is not intended to preclude consideration of the different interests that various types of coproducers might have with respect to their coproducing roles. Here we will focus particularly on users, volunteers, and community groups as coproducers, recognizing that each of these groups has a quite different relationship to public sector organizations and that other stakeholders, too, may play coproduction roles.

In some cases, particularly in relation to service planning and commissioning, we will consider how citizens more generally can act as coproducers, where their relationships to public sector organizations are often more distant than those of service users and community groups (although, of course, many citizens also belong to these groups).

So far, there has been no convincing estimate of the level of coproduction of public services. Joshi and Moore (2003) suggest that institutionalized coproduction is probably common in poor countries, but it is often ignored because it is not looked for. This echoes Ciborra (1995), who suggests that industrial-based concepts of value creation have obscured the extent of coproduction in industrialized countries because of the arbitrary categories into which the interconnected dynamic elements of organizational life have been divided. One proxy is the number of active volunteers: in the United Kingdom, the Active Community Unit (2000) has estimated that 170,000 volunteers work in the National Health Service, befriending and counseling patients, driving people to the hospital, fund-raising, running shops and cafés, and so on; 1.85 million people are regular blood donors; 750,000 people volunteer in schools; and 10 million people are involved in 155,000 neighborhood watch schemes.

At a higher level of governance responsibility, 350,000 people serve on school boards of governors (Birchall and Simmons 2004). However, this is a huge underestimate—that is, it largely omits the role of service users as coproducers. From the provider side, about a quarter of U.K. local authorities in 1997 reported initiatives in which citizens had some direct control over service management, usually in social housing (Crawford, Rutter, and Thelwall 2004).

Coproduction does not simply involve managing relationships between one provider and a set of service users. In the public sector, a client such as a heart attack patient may coproduce welfare increases with health care providers (e.g., by adopting an improved diet and exercise regime to assure rehabilitation) and, at the same time, coproduce welfare in the community (e.g., by serving as an "expert patient," counseling and encouraging other sufferers to make similar changes). Once clients and community activists become engaged in the coplanning and codelivery of services alongside professional staff, the networks created may behave as complex adaptive systems, with very different dynamics from provider-centric services.

Forms of User and Community Relationships with Professionalized Public Services
In this section, a conceptual framework is developed that allows a more detailed characterization of the relationships between users and communities and professionalized public services than in the traditional public management literature, which typically consists of a relatively unstructured assembly of evidence of coproduction in unrelated contexts.

Table 1 shows a set of scenarios based on whether service professionals act alone or together with users and communities to plan and deliver public services. Whereas traditional professional service provision involves no external parties (top left cell), other arrangements involve significant coworking, either with users or with other members of the community or both. Working through the other cells, we find a range of types of coproduction. In practice, each of these different types will evolve along path-dependent lines from different antecedents and will be shaped by different motivations on behalf of both professionalized service providers and the users and communities involved. However, the value of this typology for the current discussion is that it opens up the range of ways in which we can envision how professionals, service users, and their communities may interact. (For purposes of clarity, this table collapses the key

Table 1 Range of Professional–User Relationships

	Professionals as sole service planners	Service user and/or community as coplanners	No professional input into service planning
Professionals as sole service deliverer	Traditional professional service provision	Traditional professional service provision with users and communities involved in planning and design (e.g., participatory budgeting in Pôrto Alegre)	N/A
Professionals and users/communities as codeliverers	User codelivery of professionally designed services (e.g., Sure Start)	Full user/professional coproduction (e.g., Caterham Barracks Community Trust)	User/community codelivery of services with professionals, with little formal planning or design (e.g., Beacon Community Regeneration Partnership)
Users/communities as sole deliverers	User/community delivery of professionally planned services (e.g., Villa Family)	User/community delivery of coplanned or codesigned services (e.g., Tackley Village shop)	Traditional self-organized community provision

arenas of interaction into service planning and service delivery—in practice, these should be considered to include the full range of potential decision-making arenas, such as planning, commissioning, design, managing, delivering, monitoring, and evaluating).

Traditional professional service provision with user–community consultation on service planning and design issues. Here services are delivered by professionals, but the planning and design stages closely involve users and community members. Examples include the following:

- Planning for real exercises in which communities are involved in interactive simulations of major changes to services and can suggest priorities (Taylor 1995).
- User consultation committees in which users give feedback on a service and can influence proposals for change in the service over time (Birchall and Simmons 2004).
- Parent governors of schools with power over strategy (Birchall and Simmons 2004).
- Participatory budgeting exercises in which community members can influence the annual budget preparation cycle of a public service or agency (see case study).
- Distributed commissioning in which a public sector purchaser enables many smaller commissioning bodies (e.g., at the neighborhood level) to choose the public services to be provided (from the purchaser's budget) according to their own priorities. This has long been a feature of "community chest" schemes in U.K. rural governance. In the 1990s, it spread to neighborhood renewal areas of cities with high concentrations of deprivation, funded through Community Empowerment Networks (NRU 2003) and European Union schemes such as URBAN. Along the same lines, a group of the most innovative U.K. local authorities has proposed setting up Local Public Service Boards, which would operate along distributed commissioning lines (Innovation Forum 2004). Similarly, a recent U.K. government document suggests Neighbourhood Improvement Districts, which could act as commissioning bodies (ODPM 2005).

User codelivery of professionally designed services. Here professionals dictate service the design and planning, but users and community members deliver the service. Examples include the following:

- Expert patients who are current or ex-users of the service (Mayo and Moore 2002).
- Health-promoting hospitals that attempt to empower the community for health-promoting lifestyle changes and management of chronic illness (Pelikan 2003).

- Volunteers (including families, neighbors, and friends) in care services who supplement the resources of professional staff.
- Direct payments to users in care services, who can then purchase professional care.
- Sure Start, a program in which trained mothers give support to new mothers (see case study).
- Self-reporting and self-assessment tax regimes in which citizens compile and return the relevant forms, maintaining appropriate records to support claims (Alford 1998).

Full user–professional coproduction. Here users and professionals fully share the task of planning and designing the service, then delivering it. Examples include the following:

- Community trusts that work with professional services to plan and design relevant services, deliver them through volunteers, and often do fund-raising (Taylor 2003).
- Community-based housing associations or companies and tenant-run cooperatives that plan and manage social housing in deprived areas with other public agencies.
- Faith-based social services that employ professionals but are managed by community representatives, often with the help of volunteers (Joshi and Moore 2003).
- Rural environmental improvement schemes that are jointly funded by national and local agencies, delivered by local community groups, and advised by professional staff.
- Neighborhood watch schemes in which local residents work with police and local authorities to raise vigilance against crime and tackle antisocial behavior.

User–community codelivery of services with professionals, without formal planning or design processes. Here users and community groups take responsibility for undertaking activities but call on professional service expertise when needed. Examples include the following:

- Community resource centers that provide a range of activities for local residents but call in professional staff for expertise that is not available locally.
- Local associations that specialize in leisure activities, such as music, sports, and cultural trips, and call on professional help only when organizing special events.

User–community sole delivery of professionally planned services. Here users and other community members take responsibility for delivering services planned by professionals:

- "Villa Family" projects in which host families live with and look after elderly people (usually with disabilities) and deliver home-care services (see case study).
- Smart houses in which technological aids allow residents to carry out many functions for which they would otherwise needed skilled support or home care.
- Samaritans, or volunteers who are trained to deliver professionally designed counseling services on an anonymous basis to potential suicides.
- Community-based recycling programs, such as that in Denver, where the appointment of block leaders in neighborhoods doubled the recycling of waste (Kelly, Mulgan, and Muers 2002).
- Community credit unions staffed by volunteers but operating according to the standard practices laid out in national codes of practice (Jones 1999).
- Youth sports leagues run by volunteers according to nationally formulated codes.

User/community sole delivery of coplanned or codesigned services.   Here users or other community members deliver services that they partly also plan and design. Examples include the following:

- Rural multifunction service points staffed by volunteers (see case study).
- "Time Dollar" youth courts, in which first offenders are sentenced to community work by juries of other young people, whose input also earns time dollars (Walker 2002).
- Contract services undertaken by local community groups that are under contract to public agencies (e.g., the maintenance of housing estates or cleaning of community centers).

Traditional self-organized community provision.   Finally, where professional staff have no direct involvement in services, there is traditional self-organized community provision, such as children's playgroups, school breakfast clubs, food cooperatives, Local Enterprise Trading Schemes, and local festivals. Joshi and Moore (2003) suggest that in the southern United Kingdom, this is usually the way the poor arrange their own basic education, funerals, or small-scale savings. Warren, Harlow, and Rosentraub (1982) call this "parallel production," as it does not explicitly involve public sector professionals. Nevertheless, professionals often have at least an indirect role (e.g., advice, informal quality checks). Importantly, these initiatives still qualify as coproduction between service providers and users, even though the providers are nonprofessional and can mobilize community resources very successfully (e.g., volunteers and fund-raising). Lack of professional inputs can, however, result in low quality or even legal problems (e.g., where adults work with children). Some initia-

tives focus on linking self-organized projects to public resources, such as the Time Dollars program (Cahn 2004). More fundamentally, the traditional conceptualization of professional roles with regard to users has been challenged by recent research, which suggests that the future role of professionals will be to support universal self-organized service provision by individuals and communities through advice, training, reassurance, quality assurance, and, only as a last resort, intervention at key moments (Finkelstein and Stuart 1996; Shakespeare 2000). This may help to tackle the problem that "[t]he public character of the services automatically generates relationships of unequal power and influence. Service users are still reliant on 'expert' providers … They … often have no way of escape from the relationship of dependency" (Birchall and Simmons 2004, 5).

Case Studies of Professional–User–Community Coproduction

Some case studies will now be presented to illustrate key aspects of the different types of relationships between service professionals, users, and their communities. Each case study represents one type of relationship highlighted in figure 1.

Methods

Case studies were selected on the basis of theoretical sampling (Eisenhardt 1989)—that is, they were chosen for theoretical rather than statistical reasons in order to highlight some of the key characteristics of each type of coproduction relationship. Each case study was chosen to illustrate how each cell in table 1 can yield a successful coproduction relationship, in line with the theoretical arguments advanced in the literature and with a particular emphasis on how coproduction can allow both improved information flows and greater resource mobilization. However, some limitations of coproduction emerge in each of the case studies, the implications of which will be explored later in the paper.

In two cases (Caterham Barracks Community Trust and Beacon Community Resource Centre), a full case study methodology was followed—documentation was studied, key players were interviewed, and site visits were made (at which a wider range of stakeholders was interviewed). Later, follow-up discussions were undertaken after at least a year in order to probe further details and to explore how outputs and outcomes had changed over time.

In two of the case studies (Participatory Budgeting and the Sure Start initiative), a visit was made, discussions were held with key staff in the process, and access was given to documentation. The remaining two case studies (Villa Families and Tackley Village shop) were constructed from documentation and correspondence with key players in the initiatives,

- Traditional professional service provision with user/community consultation on planning and design issues: participatory budgeting process in Pôrto Alegre, Brazil

- User codelivery of professionally designed services: Sure Start initiative in Gateshead, England

- Full user/professional coproduction: Caterham Barracks Community Trust in Caterham, England

- User/community codelivery of services with professionals without formal planning or design processes: Beacon Community Regeneration Partnership in Falmouth, England

- User/community delivery of professionally planned services: Villa Family in France

- User/community sole delivery of coplanned or codesigned services: Tackley Village shop in rural Oxfordshire, England

Figure 1   Case Studies of Coproduction Relationships

including a range of stakeholders, to ensure the validity of the case information.

Participatory Budgeting in Pôrto Alegre

In 1989, the city of Pôrto Alegre, capital of Rio Grande de Sur in southern Brazil, started a participatory budgeting process, called the Orçamento Participativo (OP), that takes place annually, involves a large number of citizens, and has a major influence on city council fiscal decisions. It illustrates the potential for citizens to become involved in service planning and design within a system in which services are delivered largely by traditional, professionalized methods.

When the Partido dos Trabalhadores (PT; Workers' Party) came to power in Pôrto Alegre in 1989, it sought not simply to consult citizens but also to involve them in decision making. The top priority at first was improved infrastructure—especially transport, clean water, and sewage treatment. With strong citizen support, resources were raised from national and state budgets and local taxes. Over time, citizen priorities naturally shifted to improvements in education, health, and social care. The OP became an integral part of city decision making and had the active support of the council's governing administration (Fischer 2006), which always accepted OP proposals, working them up with the *conselho* of the OP into detailed action plans. Though the council sometimes voted out specific proposals, everything that was implemented was in line with the decisions in the OP. Moreover, the city government believed that the OP actually speeded up the consultation process rather than slowing down decision making.

Because citizens appreciate being involved with the OP, people now have the confidence to challenge the design of city services in their area, a further example of coproduction. For example, one OP initiative

called for new housing in a shantytown (*favella*). Technical staff proposed small family houses, in line with the *favella* tradition. However, local residents wanted more dwellings and insisted on densely packed two-story houses. Eventually a compromise was reached, allowing for high density but respecting technical norms. This was so successful that a huge housing scheme is now being developed near the airport, along the same lines.

A survey estimated that about 50,000 people participated in the OP in 2002 (with some double counting), including more than 1,000 community associations and nongovernmental organizations. Given the long-term nature of this initiative and the resource contributions made by those involved, this form of participatory budgeting conforms to the definition of coproduction used here. A 2003 opinion poll of more than 600 people found that 64 percent agreed that "The OP is a great achievement for the city that cannot be lost." Though better-off groups are very positive about the OP, a large majority of participants come from the poorest groups, partly because they have most to gain and partly because the council has focused on getting *favella* residents to attend.

In the elections for mayor of the *prefeitura* in 2000, only the PT candidate was in favor of the OP but, as its popularity became clearer, all candidates in the 2004 elections were committed to it and its future appears secure, although the PT lost these elections. There have, however, been some arenas of opposition to the OP. Many elected politicians, who before 1989 were involved in negotiations of all major decisions in the city (giving rise to opportunities for clientelism), felt that the OP process gave them little room for maneuver. Another problem has been the attitude of professional and technical staff to the OP, which often challenges their expertise. Some groups of staff have

not welcomed this "interference" and have even put up spirited internal resistance.

Sure Start Initiative in Gateshead

Sure Start is a U.K. government scheme to support children, families, and communities by integrating all relevant policies, including early education, child care, health, and family support. Sure Start local programs provide one strand focused on disadvantaged areas in order to improve the health and well-being of children under four and their families, so that children will do better when they start school (NESS 2004). In terms of coproduction, the program illustrates the major role that parents can play in codelivering a service that is largely designed by professionals.

The Gateshead Sure Start program started in 2001 and has now been rolled out to five deprived areas in the borough. From the start, there was high parent representation in all initiatives, helping to set local targets within local delivery plans, and this has proved very successful. For example, nearly 50 local mothers have been trained in counseling on breastfeeding, one of whom has broadcast advice on the local radio (a peer support model sponsored internationally by the La Leche League). Counselors make the initial contact by visiting all new mothers in hospital maternity wards. Publicity campaigns also raise public awareness of the advantages of breastfeeding. There are now four support groups around Gateshead (where there were none before), and new mothers typically access them once a month or more. All new mothers are also visited after 20 weeks to discuss actual and potential problems. Moreover, peer counselors are always available on a phone helpline. More recently, Sure Start has trained peer counselors as course organizers to provide more local courses.

The greatest advantage of this peer support approach is that new mothers are much more willing to talk to other mothers who have had similar problems rather than professional midwives or health visitors. These regular contacts at an early stage in motherhood have also convinced mothers to use local child-oriented services, bringing much higher take-up.

The National Evaluation of Sure Start (NESS 2004) found that the level of parental involvement in the Sure Start local programs was generally high, though it varied across programs, with parents (primarily mothers but also fathers and grandparents) being involved in a wide range of tasks, including planning, management, service delivery, and evaluation. This very involvement, of course, has posed a challenge for staff in dealing with the professional–nonprofessional interface, particularly how best to work alongside one another in a way that deploys professional input appropriately but also embraces the skills that support staff have in working with the local community and gaining the trust of parents.

Looking at the effects of Sure Start nationally, the National Evaluation found that mothers in Sure Start program areas were more likely to treat their children in a warm and accepting manner than those in comparison areas (NESS 2004). This is consistent with the overarching principle of Sure Start that better parenting and family behavior affect child development.

Caterham Barracks Community Trust

This case study illustrates the potential for the community to play a major role in both coplanning and codelivering a project. In 1990, the British army declared its barracks in Caterham redundant, leaving a set of attractive and well-constructed buildings on a large site in the middle of the small village of Caterham, located in a rural area within commuting distance of London. The site was declared a conservation area in 1995 after active lobbying by local residents, thus precluding the most profitable commercial use of the site, namely, the building of a standard estate of expensive houses. An "urban village" was subsequently developed with 400 houses and flats, business premises, and a range of community facilities (Allen 2002).

Most unusually, the site developers were willing—admittedly, under pressure from local politicians and residents—to work closely with the community on redeveloping the site (Moran 2002). When planning permission was granted in 1998, it included a section 106 agreement under which the developers released £2.5 million to a newly formed local community trust for the building and maintenance of community facilities (rather than paying the monies to the local authority or spending them directly on public facilities, as in normal practice).

The Caterham Barracks Community Trust, established in 1999, has 12 members from the surrounding community, including one local politician. It acts on behalf of not only new residents in the development but also local residents in the village. It also acts as a sounding board for the developer's proposals, preserving the character of the site, insisting on affordable housing, designing a cricket pitch, and providing alternative parking for existing villagers. It funds a range of economic, social, educational, cultural, and sports facilities on the site and manages them in line with wider community needs. For example, the trust built a high-quality indoor roller-skate park with 5,000 members, up to 570 users weekly, and a turnover of more than £100,000 per annum (Moran 2002)—and, more importantly, providing a highly successful and safe meeting place for young people locally, something that was previously missing. Similarly, the trust has

sponsored a community theater group, craft workshops, sports teams, and many other activities, in line with local priorities as expressed by the board members.

The trust now plays a major role in the coproduction of a higher quality of life, both in its own neighborhood and in the surrounding area. As a direct commissioner of services that meet local needs and an influence on the site developers and the council, it has a major influence on decisions affecting local residents. Though not directly elected, it can claim to understand local needs more clearly and to pursue them more systematically than the district council, which necessarily seems remote from a small rural village such as Caterham. Moreover, its way of working has emphasized partnership—with the developer, planners, local public service providers, and above all, with the local community. In this way, projects supported have emerged through dialogue rather than being planned from the top down. Coproduction is central to this model: Not only have the investment decisions been planned with the community, but also all the facilities funded by the trust are managed by local community groups.

Beacon Community Regeneration Partnership

The Beacon housing estate in Falmouth (in the southwest of England) originally suffered from severe multiple deprivation and was regarded as Cornwall's most concentrated area of social and economic problems, with housing in disrepair. In terms of coproduction, this project has run through a variety of modes, from traditional top-down planning and professional service delivery (startup phase), to coplanning and codelivery of a range of public services between community groups and professional staff (intermediate stage), to the current position, where local people play a major role in generating and codelivering initiatives with service professionals, often through informal mechanisms.

The project started with a funding bid by the local council for a major program of energy-efficiency measures for the estate. This brought quick improvements in family welfare, health, and school attendance. A small core of staff in health services and the council played a key role in catalyzing these changes and provided effective community leadership. However, as one resident commented, "The key to unlocking the potential within the community … was to change the prevailing atmosphere of isolation and despair."

The Beacon Community Regeneration Partnership was formed to help all the statutory and other agencies to work together with residents' groups. Its constitution states that "residents will be at the centre of all decisions that the area in which they live." To achieve this, it opened up lines of communication among the local residents themselves in order to end their feeling of isolation and impotence; created dialogue among tenants, residents, and statutory bodies, thereby ending a growing sense of apathy and mistrust; and tried to turn anger and frustration into positive action by channeling energies effectively and appropriately, thereby ending the initial "headless chicken" syndrome, as one participant observed. Residents always had a majority on the project management committee, and active members could always be found, even though they occasionally faced reprisals from other residents for the actions of the committee.

The partnership set up an office on the estate, focusing on getting people in as often as possible, for as many reasons as possible, and engaging them in dialogue. In 2001, a bigger office was needed and the role of the partnership project coordinator became full time (filled by a former active tenant). The office housed several partnership staff (mainly part time) and hosted visiting professionals who gave advice on a wide range of topics. Residents generated further initiatives, such as housing repairs, crime watches, youth training schemes, a skateboard park, a garden task force, tree planting schemes, street furniture schemes, and an internet café (in the office), all largely led and managed by residents. As involvement grew, some residents became politically active as councilors. Partnership committee members were trained in budgeting and project planning, and courses were offered to all residents on running associations. Some improvements were easy—for example, previously drab blocks of flats were painted in vibrant colors. However, residents also tackled some "wicked issues" of local governance, such as neighborhood nuisances and antisocial behavior, both informally and, after consultation, through new conditions of tenancy and estate management policies.

Most impressively of all, these initiatives dramatically improved the local quality of life in the areas of health (88 percent drop in postnatal depression, large falls in visits to doctors, and a 50 percent drop in child accidents), education (major improvements in school attendance and exam results), living costs (energy savings to residents of £180,000 per annum), social care (60 percent fewer children covered by child protection orders), and crime (87 percent of residents now report feeling safe on the estate). Overall, requests for rehousing out of the estate have fallen hugely.

Villa Family Project

In France, elderly people who cannot stay at home because of a disability normally must enter a nursing home, often in a distant town. The Villa Family project was developed to allow them to live in their

villages, close to relatives and friends, in a family atmosphere (Perrette 2005). The first project opened in 1990, and there are now 20 in France, with another 60 planned. In terms of coproduction, this project shows how a professionally designed service can be delivered almost entirely by service users and other community members.

A Villa Family provides separate flats in a large house for two families, who each host three elderly people, usually over 80 years old. The concept of the host family already has a long history in France, but the architecture of the Villa Family is specially designed to overcome typical problems in these arrangements and helps to professionalize the job. The host family has a large flat upstairs, while the ground floor has a large living room in which everybody has their main meal together and shares leisure activities; next to this space are located the private bedrooms of the elderly, allowing a mix of social life and privacy, both for the elderly and for the host family. Both young and elderly benefit from contact with each other. With two host families under the same roof, hosts can stand in for each other briefly, such as on annual holidays.

In the Villa Family concept, the elderly people employ the hosts and can fire them if they are not satisfied with the service; in this way they remain in control of their lives in spite of their age and disability. The state pays them a disability allowance, which covers most of the salary of the Villa Family host, and a further sum for those with low incomes. The state also sets the salary of the host and a limit on food and housing expenses. This means that the elderly are not financially dependent on their families and can choose freely whether to live in a Villa Family.

The job of the host (normally a woman) is demanding, requiring 24-hour availability and qualifications in elderly care. Initially, hosts have three months' training in an existing Villa Family. The *département* (county council) registers the host's qualifications and the suitability of her household and monitors the project. A key part of the job of the host is listening to and talking with the elderly and knowing how to calmly enforce the family rules, which, in turn, the elderly have to respect. However, these jobs have proved attractive: They offer hosts the possibility of responsible work while still bringing up children, and the salary is attractive.

Essentially, the Villa Family is a public–private partnership. The firm that founded the concept, Ages&Vie, finds a private investor to fund the building of the house. (Small municipalities in France usually do not have the finances for such projects and are rather slow as project leaders—using private funds, a Villa Family can be built in under a year.) The investor receives the rental income but is not otherwise involved in the project. Ages&Vie expects municipalities to donate the lease of a plot of land on which to build the Villa Family. In return, it guarantees that elderly people from the municipality have priority allocation. The free land allows affordable rents to be set, in line with social housing. The municipality also acts as a mediator. When a Villa Family is created, a trust is set up, including the mayor, local doctor, host families, the elderly, and their families. It only intervenes in case of a conflict but not in daily affairs. If an elderly person becomes severely ill and cannot remain in the Villa Family, the trust can agree to a transfer to specialized care. It also has the role of keeping the family and elderly in touch with the community and local services.

Tackley Village Shop

The final case study looks at an initiative that was started and implemented by the community but involved service planning jointly with staff from a variety of public services. Tackley is a small village of just over 1,000 people, socially and demographically mixed, not far from Oxford but rather remote, with infrequent train and bus services. Some years ago, two shops, the post office, and a pub closed down in quick succession. Villagers came together to avoid the danger that the "heart of the village" would be lost. A small market research exercise established which services currently missing in the village were most needed. The "Tackley Top Ten" included postal service, basic groceries, newspapers and magazines, fresh and homegrown produce, pharmacy, lottery tickets, dry cleaning, and an "off licence" (a store licensed to sell alcohol for consumption off premises). Not all of these were immediately practical. After extensive consultation over four years, the final proposal involved the extension and upgrading of the village hall to include a shop, post office, café, meeting room, IT access, a delivery point, and improved sport and leisure facilities.

The new facility opened in 2004. It involved total costs of £415,000, 20 percent raised from the village and 80 percent coming from 14 external organizations. The facility was popular from the start—in the first year, shop turnover was £160,000. Furthermore, it has had a major impact in the village, not only by providing a wider range of services but also providing a new central point with a wide range of activities and new groups and activities quickly spinning out. Because all profits from the activities go to the community, the project has become more sustainable. As one local people person said, "I didn't believe it would work. Now I use the shop every day and am a volunteer once a week. Sorry for being a doubter."

This success has been largely founded on self-organization in the village. There are now more than

50 volunteers who help to keep the facility running in a variety of ways, and many more people in the village have provided free expertise of some kind. Throughout the development of the project, many villagers helped in its design and in local fund-raising. Furthermore, villagers have been keen to buy in the shop and participate in the other activities in the facility, on the principle of "use it or lose it." Although two people were initially the key drivers, there is now widespread ownership of the project in the village.

The initiative was essentially driven by the villagers themselves, both in terms of commissioning the services they most wanted, negotiating their design and delivery with relevant organizations, and taking responsibility for the delivery of most of the services themselves. Nevertheless, it is important to recognize the external support received from a range of other bodies, both in the planning and funding of the services involved. These included parish, district, and county councils; the Rural Community Council; the Post Office; the Regional Economic Development Agency; the EU Leader Plus Programme; the Department for Environment, Food and Rural Affairs; the Countryside Agency; the Carnegie U.K. Trust; and several other trusts and foundations.

Emerging Lessons

Clearly, six case studies cannot provide conclusive evidence on all aspects of the role of coproduction. However, these case studies do illustrate some of the most salient ways in which coproduction is having an impact on public services, from the planning and design stages to service delivery and evaluation. They also suggest some of the factors determining the relative importance of user as compared to community coproduction.

Joshi and Moore (2003) suggest two kinds of organizational motivation for promoting coproduction, both deriving from imperfections of the state: *governance drivers,* which respond to declines in governance capacity locally or nationally, and *logistical drivers,* which arise when some services cannot effectively be delivered because the environment is too complex or too variable or because the cost of interacting with large numbers of needy households is too great (e.g., in rural areas). (The term *feasibility drivers* might be better than logistical drivers, to cover situations in which some personal services simply cannot be delivered at all without coproduction—e.g., fitness training programs for obese children.) In terms of figure 1, governance drivers are more likely to result in service users and communities playing a role in service planning, design, and management, whereas logistical drivers are likely to result in users and communities playing a direct role in service delivery. This distinction also helps pinpoint situations in which coproduction is a genuine solution, not

just government attempting to dump its difficult problems on users and communities. In our case studies, participatory budgeting in Pôrto Alegre clearly exemplifies governance drivers; Caterham Barracks Community Trust, Sure Start, Villa Family, and Tackley Village shop are clearly motivated by logistical drivers; and both drivers are important to the Beacon partnership.

When stakeholders exist beyond the direct user (e.g., people who have altruistic motives, are directly affected by the user's welfare, or wish to ensure that a service remains available for their future use), community coproduction is needed in addition to user coproduction. However, the ability of community members to engage in coproduction is not simply a given. As Taylor (2003) points out, individual empowerment must be rooted in the basic economic, political, and social rights that underpin citizenship. When these are weakly developed, community involvement in coproduction will be difficult—although the Pôrto Alegre case shows that it is not impossible. In practice, of course, public sector organizations have rather different relationships with service users than with community groups. Specifically, leaders of community groups often play a mediating role between public organizations and individual coproducers and thus acquire position power, which they may—or may not—use to amplify the views of individual coproducers within the service system. Because of the transactions costs involved, it may be inevitable that user coproduction will appear more efficient to professionals when it is confined to the service delivery sphere, whereas coproduction in service planning, design, commissioning, and management may appear more attractive when it is routed through community representatives.

The case studies also illustrate a number of benefits from user and community coproduction. First, the practical choices open to users are widened by exploring mechanisms for active experience of services rather than simply assuming that professionals should *perform* a service *on* users (Normann 1984). Second, coproduction may transfer some power from professionals to users, as it means that both parties contribute resources and have legitimate voice. Moreover, coproduction may mobilize community resources not otherwise available to deal with public issues. Examples include word-of-mouth pressure by fellow citizens to encourage reluctant parents to participate in immunization campaigns (Moore 1995) and the peer pressure of other residents to cooperate and comply with regulations (Alford 2002), such as land-use planning controls. Mayo and Moore (2002) suggest that in this way, coproduction allows social capital to be more thoroughly exploited. The Tackley Village shop exemplifies this resource mobilization and intensive utilization.

Coproduction means that service users and professionals must develop mutual relationships in which both parties take risks—the service user has to trust professional advice and support, but the professional has to be prepared to trust the decisions and behaviors of service users and the communities in which they live rather than dictate them. For example, classes are redesigned to give pupils a more central role in their own learning; patients are allowed to make key decisions about their desired lifestyles and the medical regimes appropriate for them (Hyde and Davies 2004); and caregivers are advised on how best to provide support in ways that help both service users and carers (see the Villa Family case study). This new division of risk brings benefits for both parties, and it forces the welfare state to admit that not all risks to service users can actually be eliminated.

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Limitations

Coproduction is not a panacea. Problems arise, including conflicts resulting from differences in the values of the coproducers (Taylor 2003), incompatible incentives to different coproducers, unclear divisions of roles, free-riders (Mayo and Moore 2002), burnout of users or community members (Birchall and Simmons 2004), and the undermining of capacity of the third sector to lobby for change (Ilcan and Basok 2004). These problems have the potential to undermine the benefits of coproduction, although governance mechanisms exist that can (at least partly) deal with most of them, as the foregoing case studies show.

The strongest concern about coproduction is that it may dilute public accountability, blurring the boundaries between the public, private, and voluntary sectors. As Joshi and Moore suggest, "Where coproduction occurs, power, authority and control of resources are likely to be divided … between the state and groups of citizens in an interdependent and ambiguous fashion… . [Although] sharp, clear boundaries between public and private spheres are indicators and components of effective, accountable polities … some blurring of those boundaries may in some circumstances be the price of service delivery arrangements that actually work" (2003, 15). Yet there is a paradox here—the very act of participation in governance can clarify the lines of accountability and responsibility (Mayo and Moore 2002). Indeed, Sullivan et al. (2004) found that parent representatives on one Sure Start initiative felt very strongly that it provided an opportunity for their views to be taken into account by service providers. Moreover, as coproduction almost always means a redistribution of power among stakeholders,

> Coproduction is not a panacea.

the very process of moving to greater coproduction is necessarily highly political and calls into question the balance of representative democracy, participative democracy, and professional expertise—as the Pôrto Alegre case clearly shows (Baiocchi 2003).

A second major concern is who participates in coproduction, and why should they have to do so? There is much evidence that command over community resources and social capital is disproportionately in the hands of better-off members of the community (Taylor 2003). Nevertheless, a major survey in the United Kingdom by Birchall and Simmons suggests that "in contrast to more general civic participation, … public service participation engages the less well off in society" (2004, 2). This was also illustrated in the Pôrto Alegre case study.

The issue of why citizens should have to become coproducers is more complex. Mulgan remarks, "It is hardly progressive to distribute responsibilities to the powerless" (1991, 45), and Taylor makes the point that "excluded communities should not have to 'participate' in order to have the same claim on service quality and provision as other members of society have" (2003, 165). Goetz and Gaventa (2001) point out that communities do not always want to run their own services. Indeed, Alford (1998) discusses a number of "clients" (e.g., prisoners and taxpayers) whose compliance with regulatory bodies is essential to their functioning but who largely think they receive "bads" rather than "goods" in return. Hyde and Davies also suggest that the "ritual of coproduction may very well perpetuate regimes of control/containment for mental health patients that have little efficacy" (2004, 1424). Running counter to this analysis, however, Gustafson and Driver (2005) suggest that participation in Sure Start by parents in deprived areas had beneficial effects in helping them exercise power over themselves. Such parents fit well into the category of "everyday makers" identified by Bang (2005): people who want to deal with common concerns at the "small politics" level, concretely and personally, but who distrust political parties and the old grassroots organizations and do not wish to become "expert activists." In other words, they are determined to be publicly active only in ways that help to improve—not interfere with—their everyday lives. This discussion highlights the need to explore the balance of costs and benefits experienced by coproducing users and communities. This balance may mean that, for many users and citizens, coproduction will not be appealing. Nevertheless, there is great power in the

analysis of Joshi and Moore (2003), which indicates how coproduction may offer the only realistic hope for improved quality of life in many poor communities around the world.

Finally, each of the case studies presented here evidenced initial professional resistance to coproduction. Many professional groups assumed that gains in status among coproducing clients might come at their expense (Crawford, Rutter, and Thelwall 2004). They were often reluctant to hand over discretion to service users and their support networks, not trusting them to behave responsibly (Barnes et al. 1999). In many cases, they also lacked the skills to work closely with users and communities (Schachter and Aliaga 2003). There was clear evidence of provider-centric behavior in several case studies, often alongside a rhetoric of user orientation (e.g., in the case of technical staff resisting the Orçamento Participativo in Pôrto Alegre). Interestingly, however, the professional groups eventually were prepared to work in partnership with other professions, other sectors, and local communities, accepting that their expertise was only one input into decision making. Of course, this may partly have been the result of a competitive environment in which alternative sources of expertise might otherwise have been sought.

Coproduction within Complex Adaptive Systems

Coproduction does not simply involve bilateral relationships—usually there are multiple relationships among public service clients and other stakeholders. In the health service, Hyde and Davies found a "complex interplay between organizational design and staff-client interactions that coproduce care through a series of relationships" (2004, 1424). Once service clients and community activists become engaged in coplanning and codelivery of services alongside professional staff, there are many possibilities for positive returns to scale (Arthur 1996), and the networks created may behave as complex adaptive systems (Stacey 1996). Relationship building in multipurpose, multiagency, multilevel partnerships is likely to be relatively self-organized and less amenable to linear social engineering interventions. These tendencies are illustrated in the case studies presented here.

The Caterham Barracks case study provides the fullest example of how a complex adaptive system can develop in the context of community governance. The interactions between the private developer, local authority, local community, and other public service providers were complex and their outcomes were difficult to predict. The private developer and council were, finally, satisfied with the outcomes, although they were very different from what was first intended.

The community achieved a much higher quality of (affordable) housing and public service provision than it had expected. A small number of local activists triggered the move to a community-oriented process but relied on high participation by local residents to convince the developer and council that this approach would work. Here, we see a key characteristic of complex adaptive systems: Without a master plan for the area, developments were agreed piecemeal as desirable compromises between the players, and each of the actors believed that he or she was able to exert a significant beneficial influence on the outcomes.

The Caterham Barracks Community Trust, Beacon Community Regeneration Partnership, Sure Start, and Tackley Village shop examples illustrate another lesson. The motivational effects of coproduction can help mobilize the resources of users, carers, and their communities. This may be more important in public service improvement than any efficiency gains achieved through purely technical or organizational reconfigurations. Currently, there are no models of the service procurement process that are sufficiently dynamic to complement efficiency arguments and the resource activation effects that emerge from the case studies.

This analysis of the complex and dynamic context of coproduction emphasizes that public service planning and delivery are socially constructed processes in which multiple stakeholders agree to commit resources in exchange for commitments from others within (at least partially) self-organized systems for negotiating appropriate rules and norms (Bovaird 2006). Though we cannot predict the outcomes of these complex adaptive coproduction processes, they clearly extend the opportunity space of available solutions for social problems. Of course, as the case studies show, some stakeholders have conflicting values and differential levels of power, so outcomes of self-organizing processes around coproduction are not always socially desirable—there remains a rationale for reserve powers of state regulation. However, this does not mean that all coproduction is necessarily exercised "in the shadow of government" (Jessop 2004)—as the case studies show, user and community coproducers sometimes drive the decisions of professional service providers rather than vice versa. However, more important is the interdependence of decision making in such systems—typically, no one actor has the power to dominate outcomes, whereas all have significant influence.

Conclusion

The fragmentation of public sector organizations in recent decades has been widely remarked (Rhodes 1997; Skelcher 2005). However, this article suggests that coproduction by users and communities has

provided an important integrating mechanism, bringing together a wide variety of stakeholders in the public domain, although it is often hidden, frequently ignored, and usually underestimated in its potential to raise the effectiveness of public policy. The conceptual framework in this article maps how coproduction among public service professionals, service users, and their communities can take place through the stages of service planning, design, commissioning, management, delivery, monitoring, and evaluation. This framework suggests the need to reconceptualize service provision as a process of social construction in which actors in self-organizing systems negotiate rules, norms, and institutional frameworks rather than taking the rules of the game as given.

The case studies presented here illustrate a variety of forms of coproduction in local public services but cannot, of course, prove the existence of a trend. Moreover, they are still relatively recent, so that it may be premature to conclude that their cost–benefit balances are unambiguously positive. They are also specific to particular contexts, which may not be widely generalizable. Moreover, some of the governance implications of user and community coproduction were seen to be problematic, and these issues were not always resolved in the case studies in ways that would be appropriate in other settings. This suggests that coproduction is more likely to be acceptable where there is some flexibility in the templates that are socially and politically seen as appropriate for good governance.

This raises two further concerns about the political and practical feasibility of greater coproduction. First, there must be significant doubt about the willingness of politicians to contest the role of professionals, to place more trust in decisions made by users and communities, and to rebut media criticism when things go wrong. Essentially, politicians would need to support users in coconstructing their own identity rather than accepting one constructed by experts. Second, the practical feasibility of greater coproduction cannot be gauged from a small set of case studies, even though those here cover a wide range of service sectors (e.g., housing, health, and social care) and planning, commissioning, and delivery activities. Only further experimentation will show the practical scope for coproduction in other contexts.

In spite of these limitations, the foregoing case studies strongly suggest that traditional conceptions of professional service planning and delivery in the public domain are outdated, whether the professional is working in a monolithic bureaucracy, an arm's-length agency, or an outsourced unit, and need to be revised to account for the potential of coproduction by users and communities. What is needed is a new public service ethos or compact in which the central role of professionals is to support, encourage, and coordinate the coproduction capabilities of service users and the communities in which they live. Moreover, there is a need for a new type of public service professional: the coproduction development officer, who can help to overcome the reluctance of many professionals to share power with users and their communities and who can act internally in organizations (and partnerships) to broker new roles for coproduction between traditional service professionals, service managers, and the political decision makers who shape the strategic direction of the service system.

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