



briefing

One Step Beyond: A new co-productive community relationship



“Time Banks can enable individuals and communities to become more self-sufficient, to insulate themselves from the vagaries of politics and to tap the capacity of individuals who were in effect being relegated to the scrap heap and dismissed as freeloaders”

Edgar Cahn, Time Dollar Institute

“Time banks stimulate participants to become more knowledgeable about their own health, more empowered when confronting the healthcare system; and more adherent with their medical regimens.”

Dr Richard Rockefeller, Doctors Without Borders

“Money, philanthropy and programmes alone can’t cure social problems if we can’t enlist those being helped as partners and co-workers. And the way to send that message is by honouring the contribution that people can make by enabling it to confer the ability to secure the essentials to life.”

Edgar Cahn, Time Dollar Institute

“ The public become, not the passive recipients of state services, but the active agents of their own life. They are trusted to make the right choices for themselves and their families. They become doers, not the done-for.”

David Cameron, Prime Minister - January 2007

“ We should not all be supplicants at the state machine, but enabled to take charge of our health.”

Nick Clegg, Deputy Prime Minister, The Liberal Moment - 2009

Introduction

For thousands of years social commentators have understood that family and community relationships often operate as a second economy. Modern economists have placed less emphasis on this economy by calling it the non-market economy. The environmental economist Neva Goodwin recently set about reversing this hierarchy by calling these relationships the 'core economy'.²⁴ Goodwin argues that co-production is one possible route to rebuilding and reinvigorating this core economy to realise its potential in the delivery of public services.

Definitions of co-production

There is not one accepted current definition of co-production. The following three are amongst the most widely used.

1. **'Co-production' is the process whereby clients work alongside professionals as partners in the delivery of services. (New Economics Foundation)**²
2. **Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. (David Boyle)**¹
3. **Co-production is a partnership between citizens and public services to achieve a valued outcome. Such partnerships empower citizens to contribute more of their own resources (time, will power, expertise and effort) and have greater control over service decisions and resources (M. Horne and T. Shirley)**⁴

History

Co-production as a concept emerged in the 1970s to explain why public programmes seemed so difficult to sustain, and why results often appeared to be the opposite of what was originally intended. The concept was then extended to tackle the question of why the accepted model of service delivery, as run by large centralised organisations, appeared to be failing so disastrously on the ground.

The theory of co-production has developed in the subsequent decades, particularly in relation to the delivery of health services, to a stage where it can now provide a critique of large health programmes. This critique reveals that too often health professionals are simply creating dependency by allowing patients to think that they have nothing worthwhile to offer in respect of the service they are receiving.

Current research suggests that the opposite approach is what is required as a modern model of service delivery. It appears that the way forward is an approach that views patients as assets with a range of differing skills, the ability to care, and

often with time to contribute.

Professor Elinor Ostrom and the Indiana University team has continued to develop these ideas. They believe that the current delivery model for public services arose because of a fundamental misunderstanding about the nature of the many interlocking services that are responsible for different aspects of the same problems.

The co-productive concept has been further refined through the work of Professor Edgar Cahn, President and Founder of the Time Dollar Institute. For Cahn, co-production means that for professionals to succeed in the long-term there needs to be partnerships between professionals and clients that respect what both sides need to provide.

Co-production is speedily rising up the policy agenda in many countries. This recent renewed interest in the UK and Australia, stems from a combination of factors, including; the realisation of the valuable contribution which service recipients can potentially make to public service improvement; the desire to find effective ways to achieve citizen empowerment, the need to encourage personal responsibility for individual health and well-being, and the belief that the mobilisation of resources from service users and citizens can cut public sector costs.

In the words of Cummins and Miller, co-production is about how services '*work with rather than do unto users*'²¹

Core values of co-production

TimeBanks USA have stated that there are five core values of effective co-production²⁶:

1. Clients become valued as assets.
2. Their contributions are valued, rewarded and perceived as real work.
3. Reciprocity between clients and professionals leads to mutually rewarding support and stronger outcomes all round.
4. Clients and service providers all contribute in ways that build a web of mutual support.
5. There is respect for each and for what each brings to the table.

Why co-production?

Our welfare state has undoubtedly greatly improved and enhanced the lives of millions of people over the past three generations. What it has not, generally speaking, achieved is a healthier and more self-reliant population, as the Beveridge

Report suggested it would. Far from the envisaged gradual reduction in costs and demands for services, the very opposite has been happening.

Public services in the UK currently face an unprecedented set of challenges: increasing demand, rising expectations, seemingly intractable social problems and, in many cases, reduced budgets. As David Boyle has said, *“Reform can’t confront these challenges effectively; radical innovation in public services now needs to move from the margins to the mainstream.”*¹

Co-production suggests that the conscious or unconscious maintenance of service users as passive recipients is not just a waste of their skills and time; it is also the reason why systemic change doesn’t happen.¹²

If citizens are never asked to contribute, and when they feel ignored or deliberately side-lined, the culture of contributing is weakened. The fact that social needs continue to rise can be attributed not to a failure to consult or conduct opinion research, or even to a lack of resources. But due to a failure to ask people for their help and to use the skills they have.

Co-production theorists suggest that this is the forgotten engine of change that makes the difference between systems working and failing.

What is co-production?

Co-production offers an innovative approach that goes beyond the traditional public sector mechanisms of consultation, representation on boards and engagement. Co-production focuses on citizens as prime assets with whom professionals need to engage if they are going to make long-term, sustainable progress.

In the co-productive method people are involved in reciprocal activity that builds neighbourhoods, supports public service professionals, underpins their own development or recovery, and which is also measured and rewarded.

The New Economics Foundation (NEF) has stated that whilst there is an emerging co-production sector in the UK, it may not be very aware of itself as such.²

NEF has also stated that it believes that there are two overlapping categories of co-production that exist:

- Generic co-production – the effort to involve local people in mutual support and the delivery of services; and
- ‘Institutional’ co-production of the kind advocated by

Professor Edgar Cahn.² Currently this appears difficult to achieve, mainly because of institutional systems in the organisations that might benefit and because of the way public services are managed. Co-production in a context of public sector organisations raises a number of important governance issues, which have serious implications for public services reform in this direction.

Put simply, “co-production” means that welfare programmes, policing and health need to be equal partnerships between professionals and clients. It can be argued that politicians have been paying lip-service to this idea for a generation or more. What makes this latest thinking more subtle and revolutionary - and why policy-makers in the US and Japan are getting excited about it - is that co-production has come up with practical and often surprising ways in which professionals can transform their relationships with their clients.

Although co-production has much in common with initiatives to encourage user involvement, it is not the same as consultation or the types of tokenistic participation of people who use services and their carers which do not result in meaningful power-sharing or change.

Consultations often seek feedback on a particular service and regularly result in a lack of any discernable change for the service user. Co-production demands more active involvement and decision-making by the person using a service, and puts more emphasis on ‘relational’ rather than ‘transactional’ approaches to delivery. In other words, it sees service outcomes as achieved through person-centred relationships on the frontline, rather than service-centred delivery to a person who can then express satisfaction or dissatisfaction.

There is now a growing belief that co-production has the potential to give responsibility to service users, and help them feel useful and worthwhile when long-term illness may have seriously eroded their self confidence and by so doing can change their lives. Experience has shown this can have a dramatic effect both on their recovery and their need for medication.

Horne and Shirley et al⁴ suggest that there are four reasons why co-production should have a more significant role in the delivery of mainstream public services:

1. Co-production often improves outcomes. Evidence shows that interventions that adopt this approach have a big impact on outcomes
2. The public frequently want to be partners and much more involved when public services relate directly

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to them and their family. People's willingness to help others is usually underestimated.

3. The value citizens contribute is significant. The scale and value of the resources that the public contribute is enormous, families and communities generate a huge amount of economic value that is currently unmeasured and unrecognised by public services.
4. Co - production can improve value for money. Department of Health Evidence from 2007²⁷ seems to conclusively demonstrate that care programmes for long term health conditions can:
 - Reduce visits to GPs by up to 69%
 - Reduce hospital admissions by up to 50%
 - More than pay for themselves through savings

There are already many examples of co-production in practice including: -Nurse Family Partnerships, Family Intervention Projects, Family Learning, Restorative Justice, Youth Courts and Time Banks.

Origins of time banks

Co-production is often linked with the work of time banks. Time banks can provide a system under which citizens are asked for help, and their efforts in the community are measured and rewarded with the use of time credits.

The story of time banks goes back to 1980, and the American civil rights lawyer Edgar Cahn. Whilst recovering in hospital from a heart attack Cahn suffered feelings of uselessness that affected him profoundly– giving him an insight into how many other people in society must feel in different circumstances.

To formulate his ideas around this issue, Cahn spent a sabbatical year at the London School of Economics in 1986, where he was influenced by hearing the word 'redundant' being repeatedly applied to unemployed individuals.

The idea that subsequently emerged of a time 'credit' scheme was designed to make sure that everyone's time was valued – even if it had no market value.

The result was a pamphlet called *Service Credits: A New Currency for the Welfare State*.¹² In this pamphlet Cahn proposed that one of the major failings of many social provision organisations was their unwillingness to enroll the help of those people they were trying to help.

His ideas were not initially taken up in the UK, and time

credits– or 'service credits' to give them their generic name – were pioneered instead by the Robert Wood Johnson Foundation, the biggest healthcare foundation in the USA. In these centres doctor's bills can be paid in time credits earned by making a contribution in the neighbourhood.

What is Time Banking?

A time bank allows people to come together to help others and help themselves at the same time. Participants can 'deposit' their time in the bank by giving practical help and support to others and are able to 'withdraw' their time when they need something done themselves. Edgar Cahn has described the idea as working like "a blood bank or babysitting club."¹²

Participants can spend their time credits on the skills and support of other participants when they need a helping hand.

The unit of currency used by time bank groups has various names, but is generally known as a Time Dollar in the U.S. and a Time Credit in the U.K. In traditional time banks, one hour of one person's time is equal to one hour of another's. Time Credits are earned for providing services and spent receiving services.

Upon earning a Time Credit, a person does not need to spend it right away: they can save it indefinitely. However, since the value of a Time Credit is fixed at one hour, it resists inflation and does not earn interest. In this way it is intentionally designed to differ from traditional monetary currency used in most countries. The UK government currently zero-rates time credits for tax and benefit purposes.

Many time banks encourage the donation of excess Time Credits to a community pool that is then spent for those in need or on community events, a process known as "building social capital".

Over the last decade, the idea of time banks has developed to become more sophisticated. In many time banks operating today, participants' efforts are rewarded with 'time credits', which they can spend, not only on help when they need it themselves, but also on a range of other things that recognise their effort even if they don't – by necessity – fully 'pay' for people's time.

Time Banking UK²⁸ have highlighted three models of time banking that have emerged, and another that is at an embryonic stage. These models are: -

1. Person-to-Person model

This is the most common approach to time banking in the UK. It usually involves a 'broker', often a paid worker, who facilitates and records exchanges between individuals and develops the membership of the time bank.

There are different ways that person-to-person time banking services are set up:

- An independent, stand-alone local organisation run as a self help group, a co-operative, not-for-profit organisation or charity
- A two way service run by statutory agencies utilising existing staff time and resources in collaboration with local residents in a defined community
- A two way service run by a third sector organisation or social enterprise as one of many services they provide for the local community.
- A service commissioned by local statutory and voluntary agencies in response to identified needs – communities of interest
- Small local neighbourhood time banks run and shaped by neighbours

2. Person-to-Agency model

Under this model an organisation enlists people to contribute to its mission or objectives. Service users or local communities act as agents to help an organisation to realise its goals and are rewarded with time credits. So for instance, Housing Association residents are rewarded with Time Credits as a 'thank you' for their involvement in helping to improve community life for all residents. The time credits can then be used to access training, cultural or social events and 'reward activities' such as outings. The time credits can also be exchanged between individuals but this is a secondary outcome.

The main aim of this model is to encourage a culture change within an organisation so that paid staff see themselves as facilitators of co-produced services as well as service providers. This model was pioneered in Wales by Timebanking Wales and Spice.

3. Agency to Agency model

There is growing interest in this third model, in which organisations are using time credits as a medium of exchange to share staff skills and resources with each other. Experiments are underway in Wales, Gloucestershire and the north of England. The internet is used to inform organisations of the offers and requests and to record the exchanges.

Time banks and social sustainability

David Boyle ¹¹ has highlighted that over the first quarter century of the development of time banks, the following evidence based lessons seem to be emerging:

- Everyone has something to offer: time banks work because there is no artificial division between givers and receivers, and because there is an ethic at the heart of them – that everyone will be asked to give something back.
- Feeling useful is a basic human need and can be transformative: many participants are people who have spent their whole lives defined by professionals by their disabilities, and who are never asked for anything back. By defining them according to what they can do, time banks seem able to transform people's lives.
- Systems work through face to face contact: success or failure depends very much on the time broker at the heart of the scheme, and how much they can push or trust participants. The engine of time banks are not primarily in the software – useful as that is: they work because they bring people face to face with each other, across age, race and other cultural divides.
- They have to be local: that basic informality, valuing everyone's time the same, makes all the difference. Time banks can perhaps be accredited centrally, but they are local schemes and have to remain so – people do not volunteer for their local authority, still less for the government. They work because they are human-scale.

It appears that the lesson is that time banks can create reciprocal relationships between people and institutions, as well as between people and people, which ordinary volunteering finds it harder to achieve. They allow almost anybody in society, including the elderly and housebound, to give something back.

These are the reasons why co-production, as a concept, and time banks as a practical application, are beginning to move to the heart of the policy debate on both sides of the Atlantic. This debate about the future of the welfare state, philanthropy, public services and why they are often so intractable will be a key one in the coming years. It is this debate that is leading those involved to ask the question - How, after nearly six decades of the welfare state, do we seem to have made so little difference to poverty, youth crime, ill-health and educational attainment?

Time banks and healthcare delivery

There are proven effects of volunteering both on health and on health budgets, both for givers and receivers.

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Volunteer work can inoculate, or protect, the older person from the hazards of retirement, physical decline and inactivity. The Sentara group of hospitals in Richmond, Virginia paid time credits to asthmatic patients creating a phone network of local people with asthma, befriending, advising and informing, and managed to cut the cost of treating asthma by over 70 per cent in two years.

David Boyle has stated²⁹ that there are a number of immediate implications of this changed relationship, and not all of them sit easily with a traditional view of professional medicine. Boyle believes that these are as follows: -

- It makes it absolutely explicit that doctors need patients as much as patients need doctors. When patients are partners in the business of keeping the neighbourhood healthy, they also become equals.
- The focus shifts from people's problems to their abilities. Professionals traditionally concentrate on what patients can't do: often this becomes the accepted way of triggering help. Time banks focus instead on people's assets, what they can do.
- By using these hidden resources in the community, surgeries are able to provide access to a much wider range of services than traditional surgeries – anything from basic DIY to selfhelp bereavement counseling.

Advocates of the benefits of time banking argue that public sector organisations that deliver care services need an injection of reciprocity, to allow them to become two-way networks that involve beneficiaries as partners as opposed to one-way delivery systems short of resources – with professionals struggling against a rising tide of need.

Criticisms of Time Banking

Some criticisms of Time Banking have focused on the Time credit's inadequacies as a form of currency and as a market information mechanism. Frank Fisher of MIT predicted in the 80s that such a currency *"would lead to the kind of distortion of market forces which had crippled Russia's economy."* To this day, Time Banks in the U.S. must avoid setting any monetary worth on their Time Credits, lest it become taxable income to the IRS.

Dr. Gill Seyfang's study of the Gorbals Time Bank - one of the few studies of Time Banking done by the academic community - listed several other non-theoretical problems with Time Banking. The first is the difficulty of communicating to potential members exactly what makes Time Banking different, or *"getting people to understand the difference between Time Banking and traditional volunteering."*¹⁸ She also notes that there is no guarantee that every person's needs will be provided for by a Time Bank by dint of the fact that the supply of

certain skills may be lacking in a community.

One of the most stringent criticisms of Time Banking is its organisational sustainability. While some member-run Time Banks with relatively low overhead costs do exist, others pay a staff to keep the organisation running. This can be quite expensive for smaller organizations and without a long-term source of funding, they may fold.

Examples of co-productive services

Examples of co-productive strategies in health include the following:

The Rushey Green Time Bank

Rushey Green Time Bank was the first time bank in the UK to be based in a health-care setting, and it has established a reputation for pioneering work in this field. It is based in a medical centre - The Rushey Green Group Practice- in the borough of Lewisham, South East London.

In 1999, in partnership with the New Economics Foundation, Dr Richard Byng at the Rushey Green Group Practice instigated the idea of the Time Bank. Dr Byng was convinced that increasing their contact with other people could help many of his patients who presented themselves with symptoms of depression and isolation. He also hoped to find a framework in which they could feel useful to society and needed by others. The Time Bank was piloted as an innovative way to promote wellbeing, health, social inclusion and social capital locally. Rushey Green Time Bank became a registered charity in 2004.

The Time Bank continues to be supported by the Rushey Green Group Practice which provides patient-centered holistic care for almost 9000 patients in Catford. Through joint projects between Rushey Green Time Bank and the Rushey Green Group Practice, time bank members can be actively involved in their own health care, and in the promotion of good health.

Early research at Rushey Green shows that 70 per cent of participants suffering from a combination of physical and mental problems reported some remission of their condition within six months of joining the time bank.²⁵

There is confirmation of this in research by the Socio-Medical Research Group at King's College London, which shows that those participants who are most actively involved in the time bank experience the most improvements in both their mental and physical health.

GPs there confirmed that it had *"a proven record at improving mental and physical wellbeing among our patients by supporting people in their environment, targeting unmet needs, and creating a partnership between patients*

themselves, health professionals and allied workers.”²⁵

Co-delivery: Bridgend Street Pastors, St Johns Ambulance and SW Police (Triage Centre)

Street Pastors is an inter-denominational church response to urban problems, engaging with people on the streets to care, listen and support. It was pioneered in London in January 2003 by the Ascension Trust, and introduced to Bridgend in 2007. It has seen some remarkable results, including a reduction in crime in areas where teams have been working.

Street Pastors engage people where they are, in terms of their thinking and location i.e. where they hang out - be it on the streets, in the pubs and clubs or at parties etc. They are also used by the Community Safety Partnership (Safer Bridgend) to tackle particular hotspots where they occur.

Street pastors usually operate in Bridgend town centre over the weekends from 10pm - 4am. They work closely with SW Police, particularly at times of the year or at events when acts of antisocial behaviour and alcohol issues are of particular high risk. At times such as these, St Johns Ambulance volunteers are also involved and set up a Triage Centre in a town centre church. Street Pastors patrol the streets supporting and engaging young people who may have drunk to excess and are feeling vulnerable, emotional, angry, or may have been hurt or hurt themselves. In these cases they are cared for by a Pastor and taken to the triage centre for minor treatment if appropriate.

The impact has been reduced police resources being spent on issues that are low priority and more people keeping a watchful eye on the streets of the town resulting in lower crime and antisocial behaviour incidents. The scheme also reduces pressure on the limited ambulance service which was often called in to transport people to A&E for minor drink related incidents (such cases often also involved a police officer staying with the individual until the arrival of the ambulance), and ultimately lower admissions to A&E at the local hospital.

This scheme has enabled the police and Local Health Board to maximise their existing resources on priority issues, reduced costs of front line health and police services and seen lower crime and antisocial behaviour incidents. The service is also responsive, meeting the needs of young people at the time they require it.

Tredegar Health

Timebanking Wales is developing a small pilot application with health providers in Tredegar. This pilot is being developed with local GP surgeries to target the most

commonplace mental and physical health conditions in the area. Community members and patients earn credits for contributing towards active classes and support groups. These credits are then redeemable against leisure and health recreational activities and services.

The Rest Assured scheme

This scheme is run through the Fair Shares network of time banks in Gloucestershire and guarantees participants that if they have an accident or unexpected stay in hospital, they will be visited by people who will do their shopping and provide other help for up to two weeks after they return home.

The Gorbals Time Bank

In Glasgow, the Gorbals time bank runs a fresh food delivery service, and is among a number of time banks linked to health. Among those providing support for healthy living are the time banks network run by the Agency for Health Enterprise and Development in Sandwell.

The Cares of Life project

This project is run through the South London and Maudsley NHS Trust, and has time banks and co-production at the heart of its efforts towards the minority ethnic population of south east London, recognising the critical importance of self-esteem and social networks in recovery from mental ill-health.

Does co-productive working offer cost savings?

All eyes are now firmly focused on the budgets for public services, with suggestions that there will need to be savings of approximately £1.5 billion in Wales over the next few years. Yet this focus on efficiency savings is not new. Since Derek Wanless' review in Wales in 2003 and Peter Gershon's 2004 review of UK public sector efficiency, annual targets of between 3 and 10 per cent of cashable savings have been demanded from public sector budgets. 'Efficiency' has effectively become the key driver of public service reform.

The danger in having cost-efficiency as a central driver is that it can create a 'race to the bottom' in public service provision. Shorter-term horizons are fed by ever narrower outputs. This situation becomes even more problematic in current financial circumstances.

The cost savings available if co-production was made mainstream in the NHS in Wales are very hard to calculate, but it appears clear that it would make a major impact on

the costs of delayed transfers, emergency readmissions, chronic conditions, and in social care.

The World Health Organization estimates that healthy life expectancy in Britain could be raised by around 5.4 per cent by successfully tackling the problems of irregular blood pressure, high cholesterol, obesity, tobacco and alcohol — and this can only be done by recognising the responsibility of patients.

It is in these areas that considerable future savings may be found. Yet the current narrow focus on efficiency inadvertently undermines this possibility.

The potential for savings appear to be clear. However, what is not clear in any of these estimates is what mechanisms can be used to make it possible in practice.

Conclusion

Co-production as a concept, if applied to the delivery of health services would allow patients and professionals to become the core drivers of reform and progress in the NHS, based on a reciprocal relationship between them. It would further mean that patients are able to rely on supportive networks of peers and neighbours, and are rewarded for their local knowledge and effort. It could also allow staff and patients to undertake long-term strategies to address underlying problems.

Co-production is not about consulting more, or giving people more choices. It is about encouraging public and frontline staff to use the skills and experience they have - to release the human assets that exist around all public services, often among people who are never asked to give anything back.

However, despite its appeal and its potential ability to get to grips with intractable social problems, co-production remains controversial among some professionals. Big organisations find the co-productive model a hard one to grapple with because it often means changing established procedures and ways of working that can be resisted by large bureaucracies simply because it conflicts with some existing methods.

There are also fears about handing over responsibility to citizens who have been defined hitherto by their problems rather than their capabilities. Many professionals have been trained to believe that this would be irresponsible, and will need to be reassured that systems will be in place to safeguard those they will be working with.

The targets many NHS institutions have to work to expect them to measure their success according to very basic numbers, so often it is not immediately clear to agencies how useful, in the narrowest possible sense, co-

production is for managers. There is also an inevitable fear among staff that handing over tasks to citizen participants will make them less essential to their employers.

If public services are to become genuinely better and efficient in the future, they will need to focus on maximising positive outcomes defined in terms of public benefit, rather than merely minimising costs, and move upstream to tackle problems before they become critical.

The current political and financial climate is ripe for radical innovation so that public services can make real inroads into tackling prevention and greatly reducing demand for expensive critical services.

Key Messages

- Co-production emphasises that people are not passive recipients of services and have assets and expertise which can help improve services.
- Co-production is a potentially transformative way of thinking about power, resources, partnerships, risks and outcomes, not an off-the-shelf model of service provision or a single magic solution.
- Co-production means involving citizens in collaborative relationships with more empowered frontline staff who are able and confident to share power and accept user expertise.
- Staff should be trained in the benefits of co-production, supported in positive risk-taking and encouraged to identify new opportunities for collaboration with people who use services.
- People should be encouraged to access co-productive initiatives, recognising and supporting diversity among the people who use services.
- The creation of new structures, regulatory and commissioning practices and financial streams is necessary to embed co-production as a long-term rather than ad hoc solution.
- Learning from existing international case studies of co-production while recognising the contribution of initiatives reflecting local needs is important.

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About the Welsh NHS Confederation

The Welsh NHS Confederation represents the organisations making up the NHS in Wales: trusts and local health boards. We act as a voice in the drive for better health and better healthcare through our policy and influencing work, and by supporting members with events, information and training. To find out more about us go to -

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