The Co-production Connection: Community Engagement and Health

Abstract
Health can be construed in many ways, for example, as the absence of sickness or as a caused outcome of environmental interactions. Here we focus on personal and collaborative agency in a community context, and construe health as an achievement co-produced by a person and other engaged community members.

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Co-production; time banking; peer-to-peer exchange

ACM Classification Keywords
H.5.m. Information interfaces and presentation (e.g., HCI): Miscellaneous.

Introduction
Co-production of social services is producing social service outcomes through collaborations among recipients, social service professionals, and other stakeholders; in co-production all stakeholders have power and responsibility to identify and achieve successful outcomes. Service recipients or clients work directly with providers to produce the desired service. The concept of co-production originated in the observation that effective delivery of a social service sometimes depends on the active involvement of the service recipient. The signature example is Ostrom's (1996) analysis of the increase in Chicago street crime.
that coincided with police switching from walking a neighborhood beat to patrolling in cars. Ostrom argued that car patrols reduced contact with residents, diminishing the extent to which neighborhood safety was pursued as a joint project of police (service providers) and residents (service recipients). A police officer in the street is better positioned to co-produce public safety with public involvement: Police and residents get to know one another better, trust each other more, share and display awareness of events, and directly and indirectly collaborate to provide neighborhood safety.

Many person-to-person interactions are co-productions: When Sue gives Joe a guitar lesson; both are active participants in the service exchange. Moreover, the service provided by Sue to Joe creates a capacity for further service exchanges within the community, for instance Joe giving a guitar lesson to Ed. Co-production has been identified as a key to strengthening the core economy of home, family, neighborhood and community (Glynos & Speed, 2012; Stephens et al., 2008).

Cahn (2010) extended the concept of co-production, including partnerships among communities and agencies, as well as among individual community members and service professionals. Drawing on Cahn, Glynos and Speed (2012) distinguished additive and transformative co-production. In the former, service recipients contribute to the creation of a service without changing the way they see themselves, namely, as recipients or clients, and without changing the way the service provider or the larger community see themselves, or participate in the service. In transformative co-production recipient contributions to the service become so integrated as to change the way we construe what the service is, how such service is produced, and the roles and relationships among all stakeholders in the service.

On this definition, Ostrom’s (1996) original example of cooperation among residents and Chicago police is additive co-production: All traditional stakeholder roles are maintained, but the service recipients cooperate with the service provider to (incidentally) contribute to the creation of a service benefitting themselves and their community. Teaching and mentoring interactions can often be transformative co-productions: The service cannot be merely “provided,” but must be co-created. For Cahn, and for Glynos and Speed, the challenge of co-production is reconceptualizing social service provision as relying on recipient initiatives and relationships in the context of a broader transformation of roles and responsibilities, including roles and responsibilities of municipal and other government entities. In Cahn’s notion, social service professionals can become facilitators more than providers, and services themselves can be negotiated and produced by all stakeholders working together toward collective goals.

**Time Banking and Co-production**

*Time banking* is the valuing of service contributions by the time taken to produce them, and mediating exchanges of effort and other contributions among community members by adjusting time credit balances (Cahn & Rowe, 1992). For example, one person might have a car, and can drive neighbors to appointments and grocery shopping; another may be an accomplished gardener. Each can contribute effort to the collective time bank, and draw against their
resulting time balances to make requests, perhaps having someone mow their lawn. Time banking is an alternative economic paradigm to exchanges of money. Because it emphasizes person-to-person interactions, and because everyone’s contributions are valued on the same scale (time), time banking strengthens local social ties and social capital, and it enhances personal dignity in ways that a money-based economy does not (e.g., Seyfang, 2009).

In recent years, several ambitious experiments in health policy and service provision – through the co-production of health and wellbeing – have taken place in the United Kingdom (Glynos & Speed, 2012; Stephens et al., 2008). For example, the Rushley Green time bank is linked to a primary care center in Catford, South London, where doctors and other healthcare professionals refer their patients to the time bank as part of their treatment for depression and feelings of isolation. In the time bank, members receive credit for services such as accompanying elderly members who are shopping, visiting elderly people in their homes, etc. to enable the elderly to live on their own. The time bank is innovatively conflating the traditional roles of recipient and provider of health care services.

The Glynos and Speed (2012) article describes a current policy debate in the United Kingdom regarding broader incorporation of co-production into social service programs (one issue is that the assumption of public service responsibilities through time banking or other civic sector mechanisms could encourage public sector spending cuts; see also Seyfang, 2009). Although government or agency expenditure may be required to launch a time bank, a recent economic analysis of novel approaches to health and social care in the United Kingdom estimated that the return on such expenditures in time bank service delivery was 2.16 – more than double (Knapp et al., in press). And indeed, the authors noted that their analysis was deliberately conservative with respect to estimating quality of life benefits.

Glynos and Speed (2012) observe that co-production is structured by a logic of recognition, rather than by a logic of exchange. Consider a hypothetical case, in the Rushley Green time bank, of a member who has been referred to the time bank for depression, and who goes shopping with an elderly person as part of his or her treatment. Who is the service provider and who is the recipient? This is a case of transformative co-production; each party might very well wish to recognize the contribution of the other. And indeed, doing so would enhance the direct benefits of the interaction, for example, it would create social capital, and provide an affirmative model for other community members.

**My contribution to the workshop**

I believe that time banks and other engaged community interactions can be transformative and effective in co-producing health and wellbeing, specifically with respect to enriching social networks, social relationships, and sense of community (diminishing social isolation), and strengthening self-perceptions of agency, resilience, coherence, and efficacy (diminishing feelings of helplessness and loss of control). These concepts are operationalized in standard survey instruments (e.g., Antonovsky, 1996). At a behavioral level, we hypothesize that co-production will increase time spent and quality of exercise, participation in musical and other
collaborative arts activities, and community volunteering. Prior research shows that such activities enhance health and wellbeing, though co-production as such has not been investigated.

This orientation to theorizing and intervening in health and wellbeing raises many research questions about the specific outcomes of particular co-production relationships (e.g., playing music together), as well as questions about how to facilitate the initiation, development and sustainability of such relationships. It raises questions about how to measure health and wellbeing outcomes broadly (notably, avoiding the simplification that health is just the absence of illness, the salutogenetic model; Antonovsky, 1996).

During the last year and a half we have investigated new mobile technology infrastructures for time banking. We are working with the largest time banking group in North America (about 12,000 members). We have carried out field studies to understand practices, and how those practices might be facilitated through smartphones and other personal devices, deployed iOS/Android prototypes nationally, and carried out a survey of 430 members (Bellotti et al. 2014). Our initial scenarios for mobile time banking sought to identify how people can do things for others (1) with relatively minimal effort; (2) leveraging the affordances of mobile devices, such as GPS (Global Positioning System) information; and (3) being pre-situated in a flow of embodied activity.

References
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References