

Was it really co-production? An evaluation by co-producers of an Italian health promotion initiative.

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Abstract

Over the last two decades, the reconfiguration of relationships, roles and information exchanges has changed people expectations and roles with regards to producers and services providers. The co-production phenomenon have moved also the actors in the public domain into new directions.

With this work, the authors aim to evaluate a co-production process, by involving into the assessment the co-producers, both providers and users. The authors adopted the framework of Boyle and Harris (2009) and used a single case-study design with a mixed methodology for answering to the question “Was it really co-production?”. Data were gathered during the co-production initiative beFood, implemented in Tuscany (Italy) between 2016 and 2017.

The preliminary results show that the process followed in beFood were very good perceived by all the co-producers. Some differences emerged, showing that experts (the providers) assessed more positive the aspects related to their work of supporting people in being active partners and of recognizing and growing their skills. On the contrary, more efforts should be done for improving the experts capabilities and willingness in supporting people in being really active in sharing knowledge, in playing a role equal to the providers’ role and in creating more value for themselves and other people.

Co-production implies a deep change in the providers’ training and role, as well as in the power structure within the provider organization.

Introduction

Over the last two decades, relationships, expectations and roles of service providers and users has changed due to collaborative mechanisms (Etgar 2008, Hienerth, Lettl et al. 2014, Cui and Wu 2016, Trenz, Frey et al. 2018). This phenomenon regards also public institutions, where there have been many calls for involving people in service design, implementation, and delivery (Loeffler and Bovaird 2016, Osborne, Radnor et al. 2016). Terms like co-production, co-delivery, shared decision-making are often used to indicate an evolution of the mutual role of public services’ providers (Loeffler and Bovaird 2016). Collaborating and co-producing are about putting people in the right conditions to produce value for themselves and their community (Batalden, Batalden et al. 2016, Pennucci, De Rosis et al. 2019). Therefore, it implies to acknowledge people as potential partners and at their skills, expertise and abilities as under-used assets in the system (Karazivan, Dumez et al. 2015).

In this sense, the assessment of co-production initiatives by the same co-producers (both providers and users) is crucial for understanding if the process itself has been designed including a real partnership, taking into consideration the core aspects of an actual co-production (Boyle and Harris 2009). Indeed, co-production initiatives often not involves a real partnership (Richards, Snow et al. 2016). Moreover, the evaluation of co-production initiatives is rare in literature and this makes hard to understand when

and how the co-production has occurred (Voorberg, Bekkers et al. 2015, Richards, Snow et al. 2016, Cepiku, Marsilio et al. 2018). Final evaluations of co-production often does not regards the co-production process itself (Etgar 2008). Additionally, evaluative research marginally focus upon the public servants involved into the co-production initiative (Osborne, Radnor et al. 2016). The research agenda on co-production calls for more empirical research about “*when, where, why, and how coproduction generates which outcomes and to what effect*” (Jo and Nabatchi 2016). In this paper, the co-production self-assessment framework of Boyle and Harris (2009) was adopted answering to the research question “Was it really co-production?”. In order to evaluate the co-production initiative (beFood), all the co-producers were directly involved into the evaluation. The beFood initiative was an empirical co-production experience aimed at promoting healthy lifestyles among adolescents with adolescents (Pennucci, De Rosis et al. 2018; Pennucci, De Rosis et al. 2019).

Framework

The co-production self-assessment framework (Boyle and Harris 2009) provides a useful tool to review practices in relation to six core principles of co-production:

1.*Assets*: it is based on the acknowledgment of people as (under-used) assets, as potential creators of value for themselves and other people, and consists in changing people’s perception of themselves (from passive recipients into active partners).

2.*Capacity*: it is necessary to work differently with people, changing the service delivery model by recognizing and growing people’s skills, knowledge, and capabilities and supporting people to actively use and share them.

3.*Mutuality*: it regards the sharing of responsibility, reciprocal relationships, and the mutual expectations in relation to the outcome, which should be the main incentive for people’s engagement.

4.*Networks*: it is focused on supporting the transfer of knowledge and behaviors inside and outside the services, through personal and peer networks and local communities.

5.*Shared roles*: the needed foundation of the fifth principle is a cultural revolution, which implies a re-shaping of the power structure, by removing the boundaries between the traditional roles (providers vs users; producers vs consumers).

6.*Catalysts*: the last principle focuses on the changing in the goals of the services from providing the service itself to facilitating and enabling people to produce value.

In this research, the authors assessed whatever the above described six principles of co-production were applied in beFood in the participants’ point of view, also analyzing eventual differences in the participants’ perception of the co-production.

Setting: the beFood case study

The health promotion initiative beFood was co-produced and co-delivered by healthcare professionals/experts and adolescents in Tuscany (Italy) between December 2016 and May 2017. 26 experts were involved in the project, with different tasks. 49 high-school students aged 16-17 years from the 10 provinces of Tuscany were recruited into the project, on a voluntary base.

The adolescents were in charge of promoting healthy lifestyle habits among their peers, sharing what they learnt and experienced during the first phase (a training week). During this latter, experts actively involved teenagers in experiences, following the models of reverse-teaching and flipping classroom (Knowles 1989, Gilboy, Heinerichs

et al. 2015, O'Flaherty and Phillips 2015). The teenagers were made aware of the responsibility of informing policy-makers about results produced within beFood. In the second field-work phase, the adolescents worked autonomously to reach at least a minimum number of peers for each province of Tuscany. Experts motivated them, gave suggestions and, if necessary, support. In order to measure the number of people reached, a webAPP was developed. It made possible to answer a lifestyle questionnaire, and receive a customized feedback based on the answers. In the last phase, preliminary results and teenagers' proposals for promoting health to adolescents were presented to policy-makers, high-school principals, teachers, and experts by the same 49 students. More details on beFood are available in Pennucci and colleagues (2018, 2019).

Methods

Because the focus of this research is on the process of co-production, a single in-depth case-study design was adopted for going into detail (Eisenhardt 1989, Dubé and Paré 2003, Golden-Biddle and Locke 2007, Yin 2013, Denscombe 2014). The authors used an approach based on multiple sources and methods. Observations of real-life events were combined with feedback of beFood co-producers, collected using a questionnaire. The authors developed the questionnaire starting from the core dimensions of the co-production framework (Boyle and Harris, 2009), using Likert-scales with five levels of agreement, where 1 represents the lowest level and 5 the highest. A year after the end of beFood, the 49 teenagers, and the 26 experts were invited to fill-in a brief self-reported questionnaire. By including open-ended questions, it was possible to deeper analyze the personal experience of each adolescent and expert. Descriptive statistics and T-tests on average distributions were performed using the STATA.15 software.

Preliminary Results

30 out of the 49 teenagers (61%) and 23 out of 26 experts (88.5%) answered to the assessment questionnaires. Respectively 20 (40,8%) and 23 (88.5%) fully filled-in the questionnaire. The quantitative results pertain the answers of these 43 co-producers. The results of the participants' evaluation are generally positive considering both experts and teenagers. *Asset* is the overall better evaluated dimension, immediately followed by *Networks*, while *Catalyst* is the worst evaluated dimension. On average, experts evaluated better *Asset* and *Capacity* than the teenagers did, while teenagers evaluated better *Networks*, *Roles* and *Catalysts*. At the item level, some differences emerge in respect to the general pattern, and described in the following paragraphs, dimension by dimension.

1. Assets

In this first dimension, the item 2 "Teenagers' competences, knowledge, and ideas were taken into consideration" was the best evaluated. Looking at the differences between experts and teenagers' evaluation, the item 1 "I felt to be considered as a partner" was better evaluated by teenagers, who appreciated the actions of activation-involvement-engagement put in place by experts for valuing them as key assets. The teenagers reported the followings:

"For the first time, I had the opportunity to actively take part to something in which my contribution was expected and asked. I was not a passive observer of someone else's work. Sure, acting of myself was demanding, but indeed the responsibility and the trust that were given to us encouraged us to do our best."

"I perceived the responsibility and importance of our task."

"The success of a phase of the research was completely (...) depending on us."

2. Capabilities

The item 3 ("The scheduled activities were stimulating and challenging in respect of teenagers' capabilities") was overall the best evaluated. The item 1 ("Teenagers contribution was central for the project success") was significantly better evaluated by experts ($p<0.001$). Despite experts evaluated more positively this dimension than the adolescents did, these latter reported several positive aspects related to the capacity building:

"It actually helped me very much in overcoming my fears. Before I shamed in public speaking and in expressing my opinion. Now something has changed a little".

"The team work with my high-school buddies was very important to me. It allowed me to know them much better and to learn how to work with them. (...) It was challenging and funny at the same time. What I learnt working in team will be really useful in future, particularly in the working life".

"beFood held me in my personal developing, in a certain sense, in terms of food choice and of the self-confidence."

3. Mutuality

In the *Mutuality* dimension, the item 5 "Participating to beFood was valuable for the teenagers" was the best evaluated. The item 4 "There was a role sharing between experts and teenagers" was better evaluated by teenagers rather than experts. The item 2 "Teenagers had a role in implementing the project" was better evaluated by experts. The teenagers perceived their involvement as borderline between consultation and co-production. These results are confirmed by the results of activities put in place during the first week to understand the teenagers' expectancies, and by the words of the same teenagers:

"It seemed to me as I was in a work place as an adult. (...) Moreover, seeing that older people talked to me and to the group as we were persons of their age made me feel good, because usually the words of us young people value/matter less than those of the adults, who seem and think to know almost everything."

"It was very interesting to compare our ideas and through the give birth to the realization/implementation of the project."

"It would have been more engaging if we could help in developing the app or to work at the inclusion of the questions [into the questionnaire]."

4. Networks

The item 3 "Teenagers were encouraged to contact people in their personal and school networks" was the best evaluated of this dimension. The item 1 ("Experts were mentors and supporters for teenagers") was significantly better evaluated by teenagers ($p<0.05$). Authors observed that the trust given by experts was a key aspect in the point of view of the adolescents. In the second phase of beFood, the adolescents chose a 'multiple' approach, using social networks and instant messaging for the closer networks, and visiting schools, sport associations, and other similar places to enroll other teenagers. In this way, the 49 students reached more than 5,000 people, 4,749 of whom were 16-17 years old who completed the beFood test on the webAPP and obtained their personal feedback. During the process, old relationships were reinforced and new relationships

were born inside and outside the closer networks of the 49s. The same working groups of teenagers evolved during beFood, due also to new competences in team working.

"This project (...) allowed new friendships to be born within us guys."

"It was challenging and interesting to involve firsthand each person, guy by guy: maybe, starting from the schools, directly during the lessons also."

"As a team, we tried to propose the work in the most possible stimulating/inspiring way, for example using a presentation, but also gladly answering to the questions they asked us. Indeed, I think it was all because of the willingness/ goodwill of the team and the willingness to include into the project as many people as possible."

5. Shared roles

Among the items of this dimension, the item 2 "Teenagers could discuss and speak out their expectancies with experts and the other participants" was the best evaluated. In the first phase of beFood the experts payed attention to this aspect, pushing teenagers in expressing their expectancies. The item 5 "The responsibility for the success of beFood was shared between experts and students" was significantly better evaluated by teenagers ($p<0.1$). As anticipated above, the delivery of beFood as health promotion initiative was a responsibility of the 49s. Moreover, during the final event of beFood results' presentation, the roles were actually blurred: adults and teenagers presented the results as equal partners. The authors observed that the goal of beFood (the wellbeing of adolescents) and the reporting in front of policy-makers had an impact on the engagement and sense of responsibility of teenagers.

"I felt responsible because of the importance of the project that we had to carry out."

6. Catalysts

In the Catalyst dimension, the item 2 "The final aim of beFood was to contribute to adolescents' well-being" was overall the best evaluated. It was also better evaluated by experts, together with the items 3 "my responsibility was important as the responsibility of the counterpart" ($p=0.005$) and 4 "beFood was mostly realized by students (the adults were just supporters)" ($p<0.08$). The experts perceived more than the 49s did the new key role of adolescents as the beFood engine, its first beneficiaries and, contemporary, its main providers. Adolescents had a partial perception of their role of catalysts:

"It was very satisfying and I felt to be an integral part of the project."

"I felt as I had a big responsibility towards my peers and I am glad I had the opportunity of doing it."

Conclusions and implications

The study highlights that providers should mainly work in collaborating with people on those dimensions that mainly refers to knowledge transfer, role sharing and value creation. Only by recognizing people as assets and nourishing their capabilities, providers can support the role changing between them and users, with people becoming value co-creators. The adoption of this approach implies to work differently at organizational level, changing the ways in which services are provided and providers are trained. Thus, co-production implies willingness to change the power structure.

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