

Self-directed Support: a voyage of discovery

Evidence Explorers project report

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Key discoveries

1. Evidence gaps and SDS

Co-production partners, their networks and blog contributors identified gaps around choice, systems and infrastructure, barriers, equality, roles, drivers and principles. The quantity and range of evidence gaps show that much needs to be done to strengthen the evidence base on SDS. Arranging the issues under headings – strategic issues, delivery issues, what’s happening now, outcomes – created a framework that could provide a basis for reviewing, organising, presenting and analysing evidence.

There is a difference between evidence gaps – knowledge that doesn’t exist - and information needs – knowledge that exists but has not been communicated. Both need to be addressed so SDS recipients can exercise choice, and to make sure on-going learning is shared. Indeed, the evidence-base is continuously evolving and it would be useful to keep track of this, as learning accelerates with implementation.

2. Human rights and SDS

The human rights workstream identified that SDS should be an important vehicle for advancing human rights and independent living. However, to fulfil its promise, SDS needs to reflect human rights in the way it is designed and delivered, including charging policy, eligibility criteria, resource allocation systems and assessment.

The workstream found that more needs to be done to promote transparent decision-making, provide advocacy and support, develop an independent appeals process and ensure social work values, consistent with the goals of SDS, can be reflected in social work practice.

It recommended that: the Scottish Government and CoSLA should work together with disabled people’s organisations to make community care free at the point of delivery; a commission on the funding for social care in Scotland should be set up; and that the Scottish Government should direct local authorities on charging.

3. Mental health and SDS

The mental health workstream found that individual budgets do not have to be big to make a difference and that it was important for budgets to be preserved when conditions fluctuate. This was highlighted by more than one type of evidence.

A literature review found little specific to mental health and SDS, but much from other studies about barriers to accessing SDS that could be particularly significant to mental health service users, carers and staff.

Key messages overall concerned the need for accessible information about mental health and SDS, the avoidance of stigma-based assumptions and strong stories to show, not just that SDS can work for people with mental health conditions, but that it could be used to promote recovery.

4. Project process

The two most important learning points for improvement concerned the need for realistic timescales and for greater clarity of purpose at the outset. Perhaps counter-intuitively, this indicates that more needs to be fixed at the start in order to allow more subsequently to emerge.

The two successful project workstreams had similarities. One (human rights) was led by disability organisations; the other (mental health) by a practitioner/ provider partnership, but both brought in other perspectives by holding events. It may feel less challenging to work with people like ourselves, however, participation provided opportunities for participants to explore their own work from other perspectives, and to promote and refine them. The similarities in the processes employed by the two successful workstreams might begin to indicate a model for co-productive working.

It does not take many people to make things happen, but a critical mass of people and time may be required. There may also be a 'tipping point' in terms of how well formed plans have to be if others are to take them forward.

A particularly successful activity was the ‘bring your own evidence’ (BYOE) event run by the mental health workstream. Participants each brought a piece of evidence which they found convincing and then explored both the evidence and what they found convincing about it.

Despite obvious resource limitations, little use was made of the support IRISS had offered, raising questions about whether more could have been done to promote it, what type of support is useful, and its limitations.

5. Who are practitioners?

As part of the project, an [IRISS Insight](#) reviewing the evidence on SDS was published. Although not fully co-produced, the involvement of a wide diversity of people led to a rich, multi-faceted appreciation of the subject, and increased the accessibility and widened the relevance of the product.

The process posed questions about who ‘practitioners’ are in a world where SDS is the norm. Moreover, in the spirit of co-production, choice and control, the views of people supported by services and carers would seem to be important, if not the determining, factors regarding what constitutes good practice in the delivery of social care.

6. Nature of evidence

Co-production partners identified different purposes for evidence: building confidence, deepening understanding, predicting the future, communication, promoting change and shining a spotlight on an issue.

Co-producing evidence could just mean that evidence is shared and a bigger picture is created. Where different parties identify the same issue, it adds weight to that finding. It might change the way all parties understand an issue, creating a shared narrative. It might also mean new insights arise – and perhaps a new kind of evidence.

Regardless of its quality, the power of evidence can be limited by personal preferences and motivations, the external environment, and views about the partiality of the people responsible for generating it. Co-production should mitigate the latter.

7. Nature of co-production

Equal voice and shared responsibility do not have to mean that the roles of participants must be the same. Responsibility for initiating, shaping and leading could change during the process. Shifts in roles and responsibilities could continue beyond co-production, to promote empowerment and ultimately independence. As that shift occurs, implications can arise for support, skills and accountability.

Organisational, personal and process-related factors can impede participation. Some can be addressed by the way the process is designed and by providing support. But other factors were unconnected to the project and there were limits to what could be done about them. Lack of time was the main reason why people could not participate. Participation appeared to be facilitated where there was a good fit with work they were already doing. To promote equal participation and equal voice, it might help to approach prospective partners well in advance, allowing time to build it into their organisational and life plans.

The fluid, emergent nature of co-production poses significant challenges to traditional leadership and project management models. This way of working means being comfortable with ambiguity and uncertainty, and needs a proactive, constructive approach from all concerned. However, sometimes the nature of a topic means consensus will not be achievable without unacceptable compromise and so co-production may not be appropriate.

8. Project impact

Participants cited numerous ways in which they and their organisations had gained from their involvement in the project. They increased their understanding of the subject, and each other, made new contacts, built new partnerships and accessed new networks.

'I have learned a lot about how other people / organisations view the role of evidence in the development of SDS...One of the most interesting aspects for me was how service users/carers might understand and view evidence and how important it is to facilitate this if we are to co-produce solutions for the implementation of SDS.'

Perhaps the most important message, backed by firm evidence, is that we all have a great deal to learn from each other. Further, on a national level, the findings of the Evidence Explorers project are being used to inform the self-directed support workforce implementation plan. The implementation plan is led by the Scottish Social Services Council and details a range of workforce development activities to support the implementation of self-directed support.

'The lives of people who require support are enriched through greater independence, control, and choice that leads to improved health and well being, and the best outcomes possible.'

*Self-directed support: A National Strategy for Scotland,
Scottish Government, 2010*

Introduction

This report describes and analyses the activities and findings of the Self-directed Support: Evidence Explorers project, and provides links to key outputs. It begins with an overview of the case for strengthening the evidence-base for self-directed support (SDS) and explains how this was addressed by the project. An overview of the project, its purposes, outcomes, participants, process and outputs, is then provided. The report then explores the significant amount of learning acquired about the nature of evidence and of co-production. Throughout, key findings and their implications are highlighted. Finally, the success of the project is evaluated and next steps outlined.

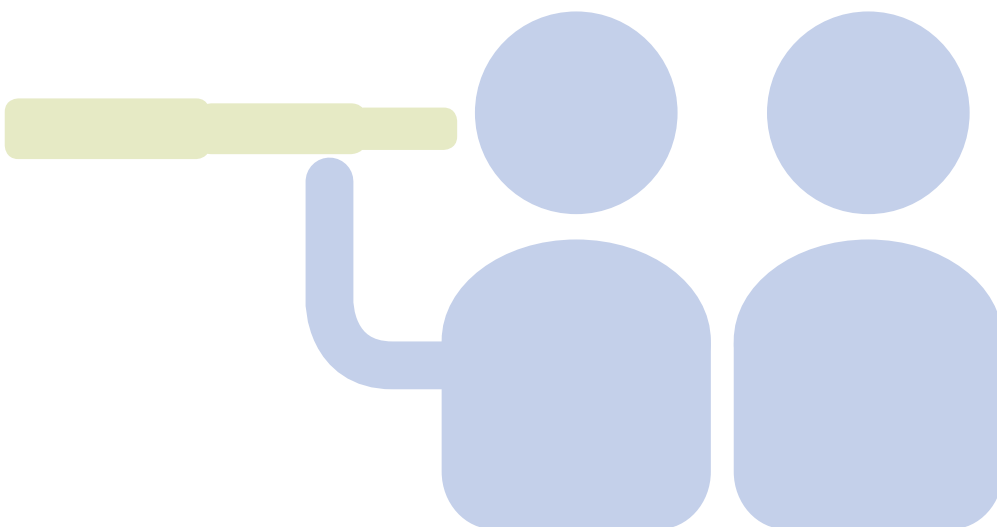
The project was initiated by IRISS and developed in co-production with a [range of partners](#). It ran from January until November 2012.

Background and rationale

At a time when new policy is on the horizon, there is a particular need for evidence to inform developments. However, it follows that the newer the policy, the less likely it is for such evidence to exist. Yet policy is rarely completely new and is usually developed incrementally, building on what went before.

Such is the case with SDS. It advances long-term directions of travel towards greater personalisation and the promotion of independent living, building on previous policy and practice like direct payments and person-centred planning. However, by making SDS the mainstream mechanism for delivering social care, with user choice and control at its very heart, significant new challenges are set to emerge; a prospect further complicated by the current financial climate and the forthcoming integration of health and social care.

At times of change and uncertainty, evidence helps to build confidence about how to put policy into practice. When it comes to SDS, there is relevant evidence to be found on previous related policy and practice. For example, evidence on direct payments reveals uneven take-up by user groups and across localities (Scottish Government Statistics 2012). In addition, some useful evidence has been generated by the SDS test-sites selected by the Scottish Government (Ridley and colleagues, 2011 and 2012). Looking to the future, as all players get into gear for rolling out SDS, learning will increase and it needs to be captured and shared. Thus, while there is an evidence base to draw upon, existing evidence is not necessarily comprehensive, integrated and communicated and thought needs to be given now to evidence collection going forward.



Project overview

In this context, IRISS initiated a project to explore evidence on SDS and how gaps might be addressed through co-production. The focus was primarily on what evidence was needed rather than what was already available, although literature reviews featured at a couple of points.

The project was genuinely experimental. As a co-produced endeavour, exactly how it would be shaped and unfold could not be foreseen by any one participant. It was impossible to say how – or even if – it would work. This necessitated a degree of comfort with ambiguity and uncertainty, and a proactive, constructive approach from all concerned.

Although outcomes and process were pre-defined in a broad sense, both were very fluid. While usual project management-style tools were used to sketch out a project plan at the outset, it was allowed to evolve, change tack and acquire definition as it progressed. There was some fluidity too in terms of membership of the group, and fluctuations in degrees of involvement. As the project progressed through different stages, there were shifts in roles and the balance of responsibilities within the broad parameters of co-production. All this had implications for styles of leadership and management.

In many respects, and although not specifically intended from the outset, the way in which the project itself was designed and delivered echoed key features of SDS:

- Collaboration between multiple parties, each with an important role to play
- Recognition of the value of different types of expertise
- Co-production, shifts in roles, responsibilities, choice and control
- Success contingent on the quality of relationships and a sharing of responsibility
- Jointly agreed broad outcomes at the outset
- Flexibility regarding how they were to be achieved.

Learning about SDS was thus derived both through the fact that it was the subject matter of exploration and through the way in which that exploration was carried out.

Purposes and outcomes

The originally proposed purposes of the project were to:

- Explore the challenges and opportunities that self-directed support presents
- Select one issue, challenge or opportunity for more in-depth consideration
- Reflect on the process and added value of combining different perspectives, types of evidence and expertise

In fact, three rather than one issue ended up being selected for in-depth exploration by the workstreams.

The outcomes initially proposed were:

- An evidence-base is established to inform the development of self-directed support, in terms of clarifying key challenges and opportunities and identifying possible responses to these
- The contribution of different types of evidence, and how to generate it through co-production, is demonstrated
- Sharing learning about the evidence, issues and process helps all stakeholders to improve self-directed support approaches and practices
- Everyone involved in the project improves their understanding of the challenges and opportunities presented by self-directed support, and how to respond effectively, through exposure to each other's perspectives and expertise

These too were slightly amended. Partners pointed out that there was already an evidence-base, albeit incomplete and in need of strengthening. The first outcome was therefore reworded as follows:

- The evidence-base is strengthened to inform the development of self-directed support. Evidence gaps relating to key challenges and opportunities are identified and action is taken towards plugging them.

Co-production partners

The first task was to identify and recruit participants. They needed to have expertise (of whatever sort) regarding SDS and, in view of the tight timescale for the project, some familiarity with co-production.

From the outset, it was necessary to consider the implications of co-production. While IRISS was clear about the project it wanted to initiate, the nature of that project made it imperative not to be over-detailed or prescriptive in order to allow space for others to shape it. There needed to be sufficient clarity for people around what they were being invited to participate in and what accepting the invitation would entail, while acknowledging that exactly how the project would unfold and the role participants would play, to a considerable extent, would be up to them. With this in mind, a short outline of proposed purpose, outcomes, process and roles was sent to prospective participants. The response was overwhelmingly positive.

There are many pieces to the SDS jigsaw: many different stakeholder groups with perspectives to contribute to the formation and understanding of a comprehensive, multi-faceted picture. The aim was to involve a wide diversity of players, while accepting that not all of those with an interest could possibly take part. Undoubtedly, other perspectives (eg people with learning difficulties or younger people) could have added value and enhanced learning, potentially both about SDS and the process of co-production. However, there was a limit to how many people could be directly involved without the process becoming unduly cumbersome. Attempts were made to make the project more inclusive, through the use of participants' networks, the project blog, workstream activities and feedback from events – with varying degrees of success.

[The resulting co-production group](#) included practitioners, policymakers, providers' organisations, organisations of and for disabled people, a scrutiny body, academics and, importantly, people who used services. The majority were based around the central belt, but there were also two from the Highlands. Participants were not acting in a formal representative capacity, but through their diverse experience brought those perspectives to the table. Some, (though not all) members already knew each other to differing extents.

The group agreed early on that looser involvement across workstreams should generate more learning and, as the project unfolded, involvement ebbed and flowed. Some who signed up never managed to make a meeting, while new people came on board at various points. There was also a core group who remained highly involved from beginning to end.

Stages

Stage one: set up and overview of evidence gaps

At the first meeting of the group, the basics were put into place. The outcomes that had been circulated were discussed and amended, as described above. Before being in a position to explore evidence or work in co-production, it was necessary to develop a shared understanding of what those terms meant. In the course of discussion the focus for inquiry shifted away from exploring the evidence that already existed towards clarification of the key gaps in evidence that needed to be plugged. Finally, the partners agreed on the basis for an evaluation framework, a draft outline of the timetable and activities, and confirmed action to be taken before the next meeting. Each would trawl their networks to gather further thoughts on the key gaps in evidence relating to SDS. The aim was to develop an overview of evidence gaps as a precursor to selecting the theme – or, as it later transpired, themes – for in-depth exploration by workstreams.

The second meeting reviewed and discussed the evidence gaps that partners had amassed. The intention had been to select one theme for several workstreams to explore. However, in preference, the group selected three different themes to be explored by separate workstreams:

- How SDS could support people with mental health conditions/ fluctuating conditions
- The implications of human rights for key elements of the SDS process and for outcomes
- SDS and people from BME communities (and possibly accession countries)

The general approach that all workstreams would take was then agreed and the support that IRISS could offer was discussed. Partners then selected the workstream they wished to join and discussion commenced.

Stage two: workstream activities

From the end of April, each of the workstreams met to decide how to approach the task, and various activities took place, described in more detail below along with their outputs. Progress was discussed at a meeting of the full group in August, at which point the partners agreed to extend the project until October, to allow more time for exploration and analysis.

During this time, workstreams provided regular updates on their activities. These, along with materials on SDS which individual members thought might be of interest, were collated into a monthly newsletter and circulated to all.

Stage three: refinement and dissemination

At the final meeting of the full group in early October, the mental health and human rights workstreams gave presentations of their work. Unfortunately the BME workstream had not managed to progress very far. Of the four original members, two dropped out when they changed jobs and, despite attempts to involve others, there were insufficient resources to enable the workstream to get off the ground. Nonetheless, the need for further work in this area had usefully been highlighted.

It had been agreed from the outset that opportunities would be taken throughout the course of the project to inform, and draw upon, work on SDS that other parties were carrying out. The workstream themes directly informed the development of IRISS's [Pilotlight project](#) and information on the evidence gaps identified was fed into Evaluation Support Scotland's work to develop an evaluation framework for projects funded under the Scottish Government's 'Support in the Right Direction' programme. Presentations were made – and opportunities for audience input offered – to [meetings of the SDS leads](#) (27/09/12) and [IRISS Champions](#) (29/10/12). A further presentation was made at a [Capita conference on SDS](#) (19/11/12).

Key outputs and activities

Evidence gaps

The first task of the group was to pull together the key gaps in evidence about SDS. The purpose was to ensure that there was an awareness of the range of possibilities from which to select the workstream topics. An alternative approach would have been to start by reviewing the evidence that already existed, and from there, deduce where the gaps lay. However, as the experts in the room were already acutely aware of the evidence gaps this proved unnecessary.

The process began with partners writing their [thoughts onto post-it notes](#). At first glance these appeared random and diverse. However, even at this stage it was possible to discern broad themes, around choice, systems and infrastructure, equality, drivers and principles. The partners were then tasked with going out to their networks and gathering further input. They drew on various sources including a membership survey, a targeted consultation with key stakeholders, help-line phone calls and conference feedback. Their findings resonated strongly with the gaps originally proposed, extending and refining them, adding new nuances and shifting their emphasis. The groupings of issues acquired greater [definition](#) similar to the themes previously identified. Together they encompassed many key aspects of SDS.

An emerging question concerned possible distinctions between evidence gaps and information needs. A similar issue arose in a workshop run by the mental health workstream, which found that 'evidence' and 'information about' are often seen as the same thing. They also highlighted the importance, not just of evidence but of awareness-raising. In effect, information needs may arise where knowledge exists but has not been conveyed, whereas evidence gaps denote the non-existence of knowledge. Both the development of knowledge (of all types) and its communication are clearly important if SDS recipients are to be equipped to exercise choice and control, ongoing learning is to be shared and its benefits thereby maximised. Moreover, as implementation progresses, new evidence gaps may emerge while others are resolved.

Both before the selection of workstream topics and thereafter until the final stages of the project, there were opportunities for wider input. [Blog posters](#) drew attention to various matters, including the importance of advocacy, the barriers that can intervene in the process, the need to know how the initial stages were being approached, the scope for creativity in the way people use their budgets and the importance of the way SDS is communicated in a context of cuts.

'We can't hide from the cuts to budgets – they're factual – but we can adopt a principled approach to working with people and families, which is what I think SDS is about'

Another highlighted 'the need to spread awareness of supported employment, its features and outcomes, if it is to be offered as a possibility to individuals taking up self-directed support'. Later on, presentations to events at the dissemination stage elicited some additions, such as the question of how diverse markets could be developed in rural areas, the need for feedback on how older people and their carers are experiencing SDS and how access to services can be contingent on identification with a particular identity.

Having served its initial purpose as a mechanism to facilitate the selection of workstream themes, the possibility remained that the data gathered on evidence gaps could be put to other uses. Further analysis revealed scope to organise the previously identified groupings under the four headings of 'strategic issues'; 'delivery issues'; 'what is happening now' and 'outcomes'. Bearing in mind the need to capture and convey evidence acquired going forward, the [resulting evidence framework](#) might provide a structure for systematic review, organisation or presentation of evidence. It might also serve as an analytical tool to aid the exploration of the inter-relationship between issues across groupings as well as within them.

Summary of key findings and implications:

- The quantity and breadth of the evidence gaps identified indicate that much needs to be done to strengthen the evidence base.
- Distinctions between evidence gaps and information needs highlight the importance not only of evidence development, but also its communication. Can an evidence gap truly be said to be filled without both being accomplished? Is it a matter of the existence of knowledge or who possesses it?
- There was little opportunity to identify changes to the evidence-gap landscape during the course of the project, although further investigation and capturing of the evolving evidence base could well prove fruitful.
- The structuring of evidence gaps into a framework could provide a consistent basis for the systematic review, organisation and presentation of evidence and its analysis.

Workstreams

The workstream topics were identified through group members writing the two topics that they felt should be prioritised onto post-it notes and identifying any which could be ruled out, eg because others were already working on them. These were then grouped into broad themes. The main headings were: ethnicity, equality, risk, mental health, and human rights implications. From this it was agreed that wider equality issues and risk would be treated as cross-cutting themes, while the other headings (and related items under them) became the workstream topics. Workstreams were encouraged to invite others to join, to ensure that their membership comprised a range of perspectives. It was agreed that all should include people who use services. Agreements on the overall approach and a list of available support were then formalised in a [workstream framework](#).

Human rights

The outline brief for this workstream arising from the post-it note exercise was that it would explore the human rights implications for key elements of the SDS process and its outcomes. It could also identify unmet need. Of the eight workstream members, almost all were people working with disability organisations of different types (including a person who accessed support). Although a variety of them came to meetings, and outputs were circulated to all for sign-off, the tasks of driving the work forward, developing outputs and making presentations were carried out by just two.

With its offer of increased choice and control, SDS should be an important vehicle for advancing disabled people's human rights and independent living. However, to fulfil its promise, SDS needs to reflect human rights in the way it is designed and delivered. The workstream members agreed to use two established processes for analysing and applying human rights: the [FAIR approach](#) and [PANEL](#). With these they would explore the implications of human rights for some of the gateways to SDS including charging, eligibility criteria, Resource Allocation Systems and assessment. The initial intention was to consider these across four Scottish local authorities, drawing on desk-based research and qualitative engagement with disabled people in each local authority area. In the event, two major pieces of work were completed, firstly on charging, and secondly, exploring the four processes in one local authority area.

Certain articles within the European Convention on Human Rights (ECHR) and the United Nations Convention on the Rights of People with Disabilities (UNCRPD) have a particular bearing on matters pertaining to SDS. In summary, they include the right:

- not to be tortured or treated in an inhuman or degrading way (ECHR article 3)
- to have respect for private and family life (ECHR article 8)
- to live in the community with the necessary support (UNCRPD article 19)
- to an adequate standard of living (UNCRPD article 28)
- to participate in cultural, political and civic life (UNCRPD articles 29 and 30)
- to life itself (ECHR article 2)

Detailed [desk-based research](#), along with some engagement with disabled people and their organisations, was carried out on charging policy for non-residential community care, and its impact. This highlighted how essential care and support is for many disabled people to access their human rights. Applying community care charges inconsistently across local authorities, and indeed at all, could have highly detrimental and discriminatory consequences – particularly in view of impending cuts to welfare benefits and the poverty already experienced by many disabled people.

‘What you’re buying with your charge is a human right, and I don’t believe that anyone in our society should have to pay for a human right. No-one else pays to go to the toilet or to get out of bed in the morning.’ [see Elder Woodward (2011) *The Ethics of Charging*]

The report acknowledges the challenges posed for public services by the forecast increase in demand alongside cuts to budgets. It also draws attention to the powers of Scottish Government Ministers to direct local authority charging policies and to the fact that not all local authorities in Scotland do charge for community care. In England, proposals to cap life-time contributions are forthcoming, while the Welsh Assembly Government has imposed a cap on social care charges of £50 per week (for which local authorities receive compensation).

The workstream made three recommendations arising from this exercise:

1. The Scottish Government and CoSLA should work together with disabled people’s organisations to make community care free at the point of delivery
2. A commission on the funding for social care in Scotland should be set up
3. The Scottish Government should direct local authorities on charging

The second tranche of activity comprised a variety of methods, including desk-based research, and interviews and round tables with social workers and disabled people (separately), to explore SDS in the context of one local authority.

This confirmed that SDS was consistent, not just with human rights but with social work values (BASW, 2002) and that social workers remained committed to doing the best they could to enable disabled people to live independent lives. However, significant challenges were posed by the roll-out of SDS in tandem with cuts to local services, leading to reduced care packages. Threats to human rights arose primarily from budget cuts, but little evidence was found that human rights compliance was an explicit component of any aspect of SDS design and delivery. Indeed, an explicit human right agenda is more generally absent in local and national government structures, despite the potential threat of litigation. To redress this, [recommendations were made](#) for policy and practice, training and guidance. More needs to be done to promote transparent decision-making, provide advocacy and support, to develop an independent appeals process and, ultimately, to ensure social work values can be reflected in social work practice.

Mental health

[‘The worry for carers is that services are not continued, or there is a gap in restarting services once a service user leaves hospital or their needs change quickly’](#)

[Blog post](#)

The outline brief for the mental health workstream was to explore how SDS supports, or could support, people with mental health conditions. It was recognised that some findings might have wider relevance to people with fluctuating conditions. The people who signed up to this workstream were from diverse groups, however, in practice there were just three, from public sector (NHS Lothian, Falkirk Council/ ADSW) and a provider organisation (CCPS), who drove activity.

Following an initial meeting, and a very small survey (with just four respondents), a ‘Bring Your Own Evidence’ workshop was held. Including people who had lived experience of mental health issues, a total of nine participants was drawn from Falkirk District Association for Mental Health, NHS Lothian, Falkirk Council, Community Care Providers Scotland, Scottish Recovery Network, Penumbra and Highland Council. Participants explored what the evidence said about SDS and mental health, the nature and quality of that evidence and the questions it left unanswered.

Each brought evidence – a piece of mosaic with which to build a whole picture – as follows:

- Lived experience (service user and carer)
- [Falkirk Mental Health Short Break Vouchers Pilot](#)
- [Evaluation of self-directed support test site: Mental health cohort \(NHS Lothian\)](#)
- Individual Budgets Evaluation Network (IBSEN) study, mental health data only (Glendinning and colleagues 2008)
- [Literature review about barriers for mental health service users and their carers \(NHS Lothian\)](#)
- [Penumbra's DVD on SDS](#)
- [Self-directed support: A review of the barriers and facilitators](#), Scottish Government
- Potential pieces of work (SRN, NHS Highland)

While each provided evidence in their own right, some findings were common to more than one mosaic piece: the fact that an individual budget does not have to be large to make a difference; the benefit of protecting budgets for individuals with fluctuating needs so that they are not lost if unused for after a period of time, and the challenges projects face in establishing change. It was also clear that people with mental health problems experience barriers and challenges to taking up SDS and that good information about SDS is vital to make good decisions. They also observed that national implications could be extrapolated from learning at local level. However, perhaps inevitably, the process prompted further questions and exposed gaps in the research, such as the key issue of why take-up of direct payments was low, how SDS could be used to promote recovery (a 'WRAP with resource') and the need for longitudinal research to establish its longer term impact.

[The literature review](#) and secondary analysis were undertaken (entirely voluntarily) by another colleague in NHS Lothian, to explore what could be found on the barriers to accessing self-directed support, from the perspective of mental health service users, carers and staff. While this exercise found little specific to mental health, there was much that could be extrapolated from other studies that could have particular significance for those groups.

Overall, the key messages were that accessible information about mental health and SDS needs to be created, stigma-based assumptions need to be avoided and strong stories need to be developed, to show, not just that SDS can work for people with mental health conditions, but that it can also promote recovery. However, we still need to know more about what happens in the longer term and to hear individuals' stories from start to finish.

BME / ethnicity

The outline brief for this workstream was to explore how SDS needs to be designed and delivered to people from BME communities. It was proposed that it might also consider the implications for people from the accession countries. The workstream membership was very small but diverse, with the potential to bring together perspectives from carers, disabled people, providers and policymakers.

An embryonic proposal was formulated for a seminar, to explore the experience of BME disabled people and SDS's potential to mitigate current disadvantage by opening up access to mainstream services. There was an interest in learning from others in England and Northern Ireland, where work on the subject is more advanced. The intention then was to use evidence from the seminar to raise awareness of the specific issues for disabled BME people and carers. They also proposed to engage with existing SDS recipients to find out more about evidence gaps and needs.

Overview

The three workstreams provide scope for comparisons to be drawn and implications to be inferred, with regard to their membership, approach, activities and productivity. Two of the three became major projects in their own right while also making a significant contribution to the outcomes of the overall project. The third made a promising start and with a shade more clarity about whom to invite, the desired outcomes, and where and when it would be held, others may have been able to step in to support the delivery of the seminar.

Although the three workstreams began by taking quite different approaches, ultimately there were similarities between the two that did successfully deliver. In some respects they almost mirrored each other, one being led by disability organisations and the other by a practitioner / provider partnership. Both held events to bring in other perspectives, which were given equal weight to those of the workstream members. The mental health workstream also invited others with expertise who were not otherwise involved in the project (SAMH and the Scottish Recovery Network) to their first meeting. Their input contributed to the development of the workstream and its activities.

The two workstreams differed in terms of the purposes to which the evidence amassed was directed. For the human rights workstream, evidence on charging was used to formulate recommendations to policymakers for policy change. It was acknowledged that the recommendations had been made many times before by disability organisations and that this was in some regards a political stance. It was queried whether co-producing this work with the target audience (ie policymakers) could have strengthened outputs. It would presumably have necessitated considerable exploration of respective positions and negotiation to find common ground. Yet, it is questionable whether co-production can work – or should even be attempted - when positions are far apart and scope for compromise is very limited. There may be risks of ‘incorporation’, and / or of becoming associated with an outcome that cannot be supported. The only alternative might be to work in a more traditional, oppositional ‘campaign’ model.

The exploration of one local authority was carried out with the aim of establishing evidence and baseline information about what practitioners know about human rights and SDS, explore what they need to know and how to meet information needs. However, the picture painted by the findings was somewhat bleak, and hence, potentially challenging, despite the supportive intentions.

Meanwhile, the mental health workstream was primarily concerned with exploring different types of evidence as it pertained to their theme, and to reflect upon its value. Co-production occurred in that each participant brought evidence to the table and had equal voice in discussion. Whether new evidence was generated through co-production is perhaps more debatable. However, the fact that common themes arose from different sources gave added weight and sharper definition to certain features within the wider evidence landscape.

There was a clear association between involvement in this work and synergy with the work that participants were already engaged in. Two of the three mental health workstream leads brought projects they were responsible for to the 'Bring Your Own Evidence' workshop. Through contributing to the SDS Evidence Explorers project, they were able to use the opportunities it provided to explore their findings from other perspectives, and to promote and refine them. Similarly, human rights was a central issue for the disability organisations who signed up to that workstream, although not necessarily an explicit focus for their activities. In one instance, involvement in this workstream appeared to act as a catalyst for an organisation to develop its work on human rights. They commissioned a human rights specialist, both to support workstream activity and to draft an internal report for the use of the organisation concerned.

Lack of time was by far the main reason given why people did not participate as much as they would have liked.

'The main challenge was time - people were trying to fit this into already busy schedules, although they were well motivated. Having said that the time pressure helped to focus the mind on the task in hand.'

With more time it might have been possible to carry out additional activities and analysis. Moreover, it was suggested that people who use services and carers, who often have little experience of contributing to such activities (particularly in the mental health field) may well need time to feel comfortable with the process and confident that their input is valid and valued.

It was hoped that extending the timescale of the project would help – and it did enable a little more to be achieved. However, it is possible that time constraints were attributable to ongoing external factors associated with participants' organisations and busy jobs. If so, extending the project deadline could only have a limited impact.

Either way, it implies that other ways need to be found to secure the necessary time commitment, perhaps by seeking formal agreement from prospective participants' organisations in advance. One participant suggested a:

'Longer lead in period to allow busiest / least well resourced participants to establish relationships and fit evidence gathering into their existing work programmes.'

This would also enable more notice to be given for events, which should make it easier for people with busy diaries to attend. However, as became clear during the course of the project, there are many factors, both professional and personal, that can enforce reprioritisation at any point (discussed below).

Given the impact of insufficient time and resources, it is perhaps surprising that more use was not made of the support IRISS had to offer. Although the input of the SDS Associate was sought on several occasions, and she was invited to attend some meetings (in whatever capacity she chose), the offer to fact-find, attend or facilitate workstream meetings, help find venues, etc, was not taken up. Nonetheless, the limited input she did make appeared to be helpful:

'I really benefited from the contact with Sally. I had a few calls with her between meetings to discuss workstream issues and ideas and found her 'coaching' approach to these conversations constructive and supportive.'

Funding to support activities, where participating organisations would otherwise unavoidably have incurred costs, was scarcely touched. No use was made of IRISS's research service, Learning Exchange, or (with one minor and unproductive exception) the project blog.

Although it was mentioned in a meeting and briefly itemised in the workstream framework, there was some evidence that people were unclear what support IRISS could offer. It should, therefore, have been helpful to spell this out in more detail and provide concrete examples. However, it also raises questions about whether this was the type of support that workstreams needed and whether there are limits to what can be done to resolve issues arising outwith the process.

This was not the only aspect of the workstream framework that did not appear to inform developments in practice, including the integration of the agreed cross-cutting issues and the desirability of a good mix of perspectives within the workstream membership. Yet there was also a plea for greater clarity of purpose and structure:

'I'm really conscious that this was an emergent project design and intended to be group led. However, a bit of structure would have helped. Thinking of structure to the project as scaffolding is to a building - helps hold it up initially but isn't part of it in the end.'

Whatever the intentions, the workstream framework obviously did not fit that bill. Aspects of it fell by the wayside as workstreams developed their own sense of purpose and structure within the broad parameters of the overall project purposes and outcomes. Once again, the dichotomy arises of how much – and what - needs to be fixed in order to enable maximum fluidity and creativity to emerge.

Summary of key findings and implications:

- It does not necessarily take many people to make things happen, but there may be a critical mass required in terms of numbers and time commitment.
- Similarly, there may be a tipping point for shaping an initiative, before which it cannot be carried forward by others, unless they take on aspects of the shaping themselves, and have the confidence, motivation, skills, knowledge and time to do so.
- To enable participation on an equal basis, more formal, senior level approaches might be made to prospective partners in time for involvement to be built into organisational plans, and dedicated resources to be apportioned.
- The importance of synergy with participants' organisational priorities and existing projects / concerns was clearly demonstrated .
- Despite obvious resource limitations, little use was made of the support IRISS had offered, raising questions about whether more could have been done to make people aware of it, what type of support is useful and its limitations.

- Participation may not just be a matter of individual but also organisational capacity. In either case there is scope for some to be inadvertently disadvantaged, whatever the good intentions to promote equal voice.
- New, innovative models of working emerged. The ‘Bring Your Own Evidence’ model was very productive, and may well have wider application for other purposes. The similarities in the processes employed by the two successful workstreams might begin to indicate a model for co-productive working.
- It is worth reflecting on the dynamics that might subconsciously compel us to work with people like ourselves; whether there is a natural imperative because it is more comfortable / less challenging, whether it could be a consequence of habit or because the nature of the topic means consensus with other parties is unlikely to be achieved without unacceptable compromise.
- Learning generated by the workstreams was very rich about topics and processes, successes and failures. The productivity and creativity of the two workstreams demonstrates that this way of working potentially has much to offer. There were also clear indications of what can be done to realise that potential fully.

Insight

IRISS’s *Insight* series aims to provide concise overviews of research literature on key topics, and to extract the implications for practitioners. Forming part of this series and part of the Evidence Explorers project, [an *Insight on the subject of SDS was developed*](#). The usual process entails the preparation of a draft, either in-house or commissioned externally, which is then reviewed by a small number of commentators, mostly specialising in aspects of social work research, policy or practice. The draft is then amended accordingly.

On this occasion, the process differed in terms of the diversity of players involved and their role both in shaping the content and subsequently commenting on it. In the context of SDS, there is likely to be value in the learning of all parties and relevance to their views of what constitutes good practice. Indeed, given the emphasis on choice and control that lies at the heart of SDS, it should perhaps be for people who use services and carers to determine. Furthermore, it becomes less clear who ‘practitioners’ are, or of whom the social care workforce is comprised. Arguably it extends well beyond social workers to encompass providers, support and advocacy organisations, directly employed Personal Assistants and even those employing them: people both use services and play a key role in managing their delivery.

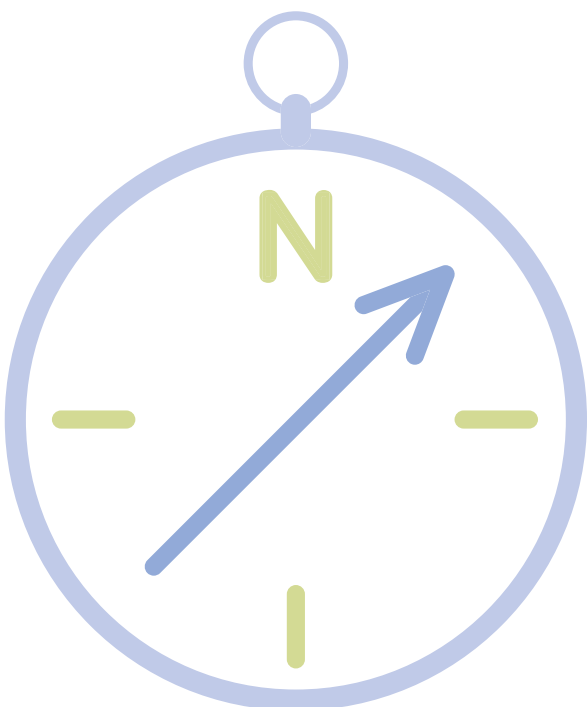
Two academics, themselves members of the SDS Evidence Explorers group, worked with the SDS Associate to develop an outline. This was then taken to a full meeting of the co-production partners. A wide-ranging discussion ensued, covering (among other things), the relevance of Scottish Government workstream activity on workforce issues, research on voluntary sector providers’ readiness to implement personalisation, how an overly-cautious approach to risk could impede positive change, and the need to distinguish the impact of SDS from the impact of cuts. Although it was agreed that it could be useful to focus an *Insight* around a particular aspect of SDS, there was also a strong case for one that concisely encapsulated its whole.

The *Insight* was drafted in the light of points raised and circulated to the SDS Evidence Explorers group, usual *Insight* reviewers and some additionally selected experts (a plea for information about research on SDS also went out via the blog, although to little avail).

A wealth of comments and suggested material was received. Commentators liked much about the first draft and felt the ground it covered was appropriate. However, the need to spell out more clearly the implications for practice was a recurrent refrain, as was the request for a more accessible writing style. It was no easy task to build on the first draft’s strengths, weave in a mass of valuable additions and spell out practice implications, while simplifying the language and reducing the overall length. Difficult choices had to be made and inevitably a lot of potentially useful material ended up on the cutting room floor. The result was a synthesis of many perspectives, forming a shared narrative of SDS.

Summary of key findings and implications:

- No matter how clear and unambiguous research findings are it does not follow that their implications for practice are obvious. Interpretation (or translation) is required.
- The language of academia and of practitioners can similarly differ.
- The process posed questions about who ‘practitioners’ are in a world where SDS is the norm .
- Moreover, in the spirit of co-production, choice and control, the views of people who use services and carers would seem to be relevant, if not the determining, factors regarding what constitutes good practice in the delivery of social care.
- Although the *Insight* was not fully co-produced, the increased involvement of a diversity of people led to a rich, multi-faceted appreciation of the subject and a product with the potential to be more widely relevant. It was a time-consuming exercise but one likely to be worth repeating for other topics.
- There are strong arguments for developing more *Insights* on SDS with a narrower focus on particular elements.



Exploring the nature of evidence

There are various classifications of evidence to be found. It is commonly broken down into three types: research; practice wisdom and experience of people using services and carers (IRISS, 2011). Pawson and colleagues describe it in terms of the knowledge from different communities: organisational, practitioner, policy community, research community, user and carer (Pawson et al, 2003). Others propose three ways of 'knowing': empirical (often based on quantitative or qualitative research study); theoretical (using frameworks. derived from research, intuition or less formal starting points, for thinking about a problem) and experiential (knowledge built up over years of practical experience) (Nutley et al, 2012, p4).

Given the emphasis in SDS on co-production between practitioners and recipients throughout all stages of the process, the roles of practice wisdom and user experience would seem to be important, as would the knowledge of other constituencies with a direct involvement.

Purposes

Before it was possible to explore evidence, it was necessary for the partners to come to a shared view of what they meant by 'evidence', what it was for, and the forms it might take. They began by identifying a variety of reasons why evidence might be needed. Several interconnected broad themes were identified from their responses:

- **Building confidence:** evidence provides proof, which can be used to justify actions and give them credibility, provide reassurance, build confidence and offer security
- **Deepening understanding:** it helps us ask the right questions, it can drive improvement and supports good decision-making, eg to help ensure we spend money on what works
- **Looking to the future:** evidence of trends can be used to make predictions and to plan accordingly; it can tell us where we are now and help us work out where we want to go

- **Communicating:** evidence can articulate, demonstrate and illustrate by painting a picture, in order to inform and promote learning
- **Promoting change:** it is not just about diagnosing problems but also about finding solutions, both of which can serve as tools for influencing / persuading others about the need for change
- **Shining a spotlight on an issue:** focusing down onto a particular aspect or facet of a bigger picture, perhaps to answer a specific question or need, eg to identify inequalities

Types

The group then considered what might meet such needs: types of evidence, the forms it can take and its sources.

Stories and experiences: of people who use services, practitioners and other perspectives too, as reflected in the diversity of the group.

Practice wisdom: evidence that comes from doing and reflecting on actions. What we do influences what we think and what we think influences what we do.

Qualitative versus quantitative research methods: exploratory investigation via focus groups, interviews, action research, etc (qualitative) and definition via statistical analysis, surveys, audits, etc (quantitative) both types have roles to play.

Longitudinal studies versus snapshots: tracking developments over time (longitudinal) and snapshots of what is happening at a particular time both have their uses.

Comparison of outcomes: comparisons between any and all types and forms of evidence could be useful.

Cost-benefit analysis: particularly in the current financial climate, there is an imperative to ensure that expenditure is worthwhile. While expenditure lends itself to quantitative measurement, the costs and benefits of expenditure (or lack of it) may well best be captured via qualitative methods, stories and experiences.

Social media: could not just be a means of gathering evidence of all types but also provide new ways to participate ('in bed activism') widen scope and generate new approaches to research. The '[Spartacus](#)' report was cited as an example.

Case law: this can certainly meet some of the needs identified (eg promote change and justify action), but is it 'evidence' or another sort of tool?

Quality and limitations

SCIE has proposed a quality standards framework comprised of six features: transparency, accuracy, purposivity, utility, propriety, accessibility (Pawson et al, 2003) and the question of how to gauge the quality of evidence was explored at various junctures. The group queried whether all types of evidence were equally valued. They observed that some forms are more likely to be suited to particular needs, or to be favoured by particular audiences. It might even be a matter of personal preference.

The mental health workstream drew attention to the fact that definitions of, and responses to, evidence are not necessarily at all rational. We are swayed by many (sometimes subconscious) factors - what our boss wants, what we've just read or seen in the media and our own personal experiences. They also highlighted the many ways in which evidence can be undermined by those with a will to do so, by suggesting that it is contradictory, inconclusive, open to interpretation and so on.

Personal stories tend to have a powerful impact on all audiences, but there is a need for statistics as well, and in some situations these will provide a firmer basis for action. Nonetheless, evidence from individual service users – their views and experiences – is key to formulating care packages, and in shaping strategy.

It was acknowledged that irrespective of quality, there were limitations to what evidence could achieve:

‘Unfortunately in this climate, we have considered the possibility that research itself (particularly that carried out by disability organisations including disabled people’s organisations and others) will be less persuasive to informing policy and practice than established case law.’

Human Rights workstream

The power of evidence to make an impact might be contingent on the external environment, on financial – or perhaps political – constraints. It may also depend on who was responsible for generating the evidence. This might suggest that the co-production of evidence involving diverse participants should strengthen its scope for impact on different audiences. It might diffuse any hint of partiality and reassure audiences that their objectives, needs and constraints have been understood and taken into account, because people like them were involved in its development.

Co-producing evidence

Through the course of the project, all types, forms and classifications of evidence or knowledge came into play to differing degrees. Co-produced evidence could therefore be described as the outcome of a combination of many different types of knowledge from different communities, and potentially (though not inevitably) different types and forms of evidence. Through promoting equal participation, it can break down boundaries between organisations as well as knowledge boundaries.

One way to approach it might be to imagine the co-productive process as a melting pot, into which the raw ingredients of different types of knowledge and evidence are cast. The outcome might be a rich, flavoursome cake – or an almighty explosion! In coming into contact with each other, some ingredients will synthesise, while others repel and separate, reflecting the fact that there can be different, equally valid truths. The latter might be more likely where inequalities between participants are greatest, not with regard to their voice within the process but perhaps in terms of social position, or the extent to which the outcome of deliberations brings personal consequences for them. Conversely, in such a scenario, where a synthesis can be achieved, its value is likely to be greater.

The question is whether co-produced evidence is simply evidence that is more complete or reliable (because the subject has been explored from different perspectives), or whether it constitutes an altogether new type of knowledge. Is it helpful to think of co-produced evidence as a mosaic (as opposed to a hierarchy) of small, bright pieces that be put together to build a whole picture, as a workshop run by the mental health workstream proposed? Does a co-produced synthesis of knowledge consist of each party colouring in their discrete part of a larger picture? Or is each part changed through exposure to others? Is the overall image transformed through the addition of each piece? In effect, does something analogous to a chemical reaction occur, bonding diverse knowledge together to form a new compound? This requires further exploration.

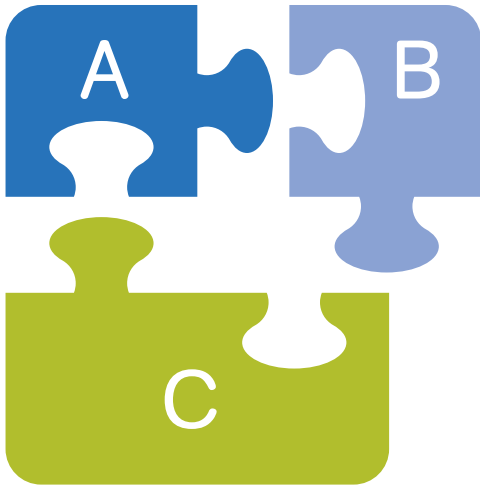
Ways of thinking about co-producing evidence

The results of the SDS Evidence Explorers project suggest that the process of co-producing evidence can take different forms and that these can have a number of differing implications for the evidence that emerges. The following visualisations may be taken to represent discrete examples of process and associated evidence output. However, they (any number or combination) might also be seen as stages in an evolving process of co-production.

The visualisations depict three different parties, A, B, and C, each with their own evidence (of various types) to contribute from their particular perspective. Each party and their evidence is represented by a shape (obviously many more parties may be involved).

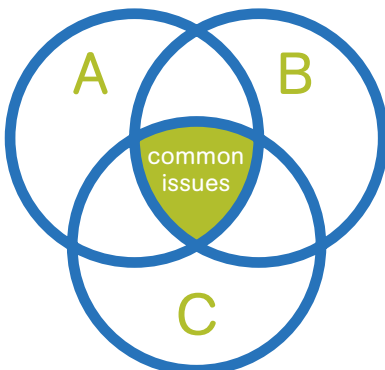
1. The three parties come together. The evidence of each is shared, each has part of the overall picture and together that picture becomes more visible, but there are no overlaps in their evidence and the roles of each party remain distinct.

Fig.1



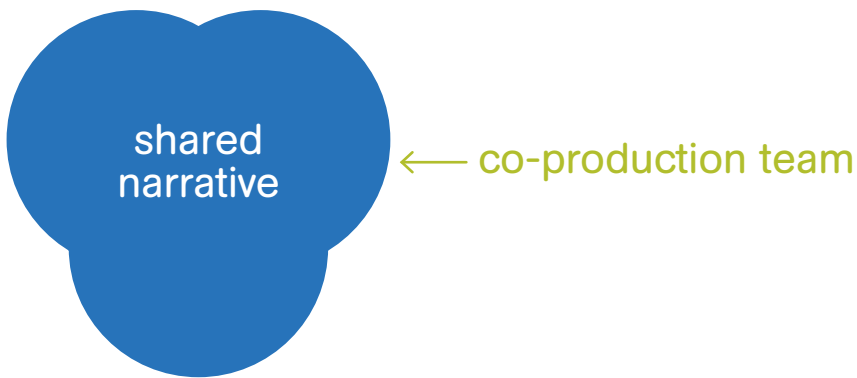
2. The three parties come together. The evidence of each is shared and it becomes clear that, while much remains particular to each party, some issues are common to all. Their different perspectives on the same issue give it a more rounded substance, strengthen its importance and value as evidence, comparable to triangulation. The roles of the three parties remain distinct, but the process increases their understanding of the issue and of each other.

Fig.2



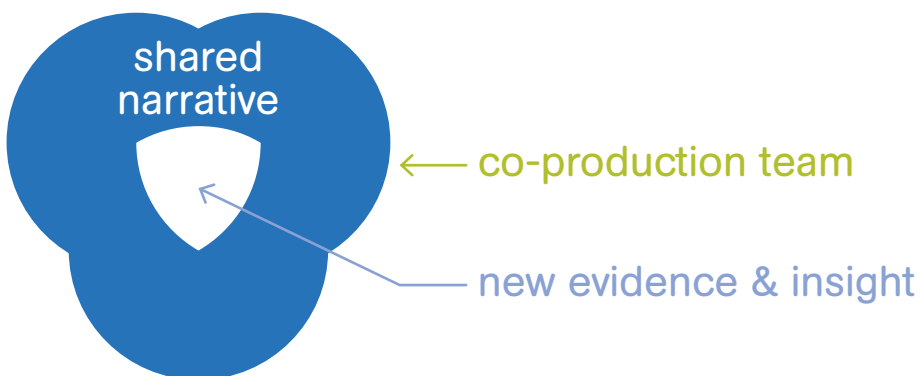
3. The three parties come together. The evidence of each is shared, and through that process all three develop a shared understanding and a shared narrative. The boundaries between the parties and their roles become less pronounced as the identity of the team of (equal) co-production partners comes to the fore and all their evidence mixes together in the one pot.

Fig.3



4. The three parties come together, as in diagram 3. Not only does a shared narrative emerge, but the process generates new evidence and insights that none of them separately could have acquired and which only come into being through co-production.

Fig.4



Summary of key findings and implications:

- The themes that emerged from discussion of the purpose of evidence might offer a new approach to categorisation.
 - Whether or not explicit, do the three evidence categories of ‘research, practice wisdom and user or carer experience’ carry an implication of who is responsible for each? In view of the diversity of parties with an involvement in SDS, might these categories usefully be reformulated as knowledge acquired through:
 - an artificially constructed research exercise specifically designed for a given purpose
 - enactment / action of a system or process in a real-life setting
 - experiencing the impact of others’ actions
- If so, as an artificially constructed exercise, the SDS Evidence Explorers project could itself be classified as research.
- There may be merit in further exploring the role social media might play in widening input to evidence gathering or generation, and in possibly creating new forms of evidence through the immediacy it permits; an unreflective stream of consciousness similar to brainstorming.
 - The power of evidence can be limited by factors other than quality, including personal preferences and motivations, the external environment and attitudes towards those responsible for generating it.
 - While academic social research is made more robust by using two or more methods to confirm results (known as triangulation), the exploration of a topic from multiple perspectives through co-production might be an analogous means of strengthening results.
 - Co-producing evidence could take the form of synthesising diverse accounts to form a bigger picture, jointly developing empirical, theoretical or experiential knowledge – or possibly entail the creation of a new, distinct type of knowledge.

Exploring the nature of co-production

Defining ways of working

There are many definitions of co-production, but they often share common features; that it entails ‘diverse interested parties with different roles and experiences’ who ‘work together as equal partners’ from the ‘start of a process’ towards ‘agreed outcomes’ and that they ‘share responsibility for success’.

One of the first things the group did was to discuss what they meant by co-production. They agreed that it entailed setting an agenda and that conversation needed to be purposeful. Trust and transparency were critical and there should be no hidden agendas. This was a process of reciprocal collaboration, of sharing expertise and willingness to compromise. It was recognised that power shifts may be necessary to ensure all participants, whatever their role or level of seniority, were each accorded equal voice.

The group’s conclusions were transformed into a series of ground-rules setting out how they wanted to work together:

- **Encourage risk-taking** - ‘blue-sky’ thinking. Don’t shy away from difficult conversations about tenacious issues, or from disagreement.
- **Be honest, open and transparent**
- **Ensure good communications** – a reflective process / style, give feedback
- **Respect and value diversity**, different roles and expertise
- **Be receptive to new ideas**
- **Be supportive** of each other to learn from each other
- **Challenge constructively** – ourselves, each other, assumptions, evidence - what’s out there.

Along with the project outcomes, these ground rules were, in turn, transformed into an evaluation framework for the project.

Shifting roles and responsibilities

Equality of voice and shared responsibility does not have to mean that the roles of all participants have to be the same. Busy people are unlikely to be compelled to come together by a blank sheet of paper. It stands to reason that someone must initiate activity by defining a purpose, and proposing outcomes and process, even if all are subsequently revised through discussion and negotiation. What is less clear is whether the same party needs to carry out these roles throughout. Equality might be promoted, not by everyone necessarily having the same role but by different parties playing particular roles at different points.

The change of gear from full group to workstreams marked a major shift of roles and responsibilities, all potentially within the parameters of co-production. Initially, IRISS's SDS Associate had responsibility for outlining proposals on how the project would be shaped (chairing the meetings of the full group, and drafting agendas and discussion papers), although partners made a number of significant changes, as described. When it came to the workstreams, responsibility for deciding on activities and outputs was devolved to members. Leadership of this sort was detached from any designated role and it was left to workstreams to resolve how – or indeed if – that vacuum would be filled and by whom.

Meanwhile, the Associate's role shifted to one of offering support, suggesting, chasing, prompting, collating information and attempting to keep communications flowing. She had some input to developments through discussions or e-mail exchanges with workstream leaders at various points, but did not attend meetings of the workstreams. While she retained responsibility for the project by virtue of her job, she had no direct control over what ensued – not always a comfortable position to be in. Nonetheless, through shifting power in this way, and creating the space for people with the expertise and the enthusiasm to drive the work forward as they chose, the outcomes that emerged from two of the workstreams far exceeded IRISS's expectations, in terms of productivity, creativity and learning. Moreover, although unsuccessful, there was also useful learning to be derived from the fate of the third workstream.

An empowerment spectrum

In effect, co-production was explored to its limits – and arguably beyond. Through passing on the leadership baton to partners in the way described, possible extensions or refinements to the usual spectrum of degrees of involvement or empowerment were hinted at. The following describes how this might look (but other variations are possible), where degrees of empowerment are equated with degrees of choice and control within a relationship:

- **Providing information about a decision:** Party A (the information provider) has total control over the decision and what they say about it. All party (or parties) B (the recipient) can do is choose whether or not to act on the information they receive.
- **Consultation:** Party A defines outcomes and shape, and requests the views of party B on those areas where there is scope for change. Party A then decides whether or not to take views received on board.
- **Co-production:** Parties A and B work together to agree purpose, outcomes and how they are to be achieved. While they each have equal voice, one will take responsibility for shaping outline proposals for discussion or negotiation. To further promote equality, they might take it in turns to do this at different points in the process.
- **Empowerment:** Party B takes the lead in shaping, enactment and delivery, while party A assumes a proactive supporting role. The shift from co-production to empowerment might be characterised as a change in the nature of the process, from one of knowledge brokerage and negotiation to one of catalyst for subsequent action by others.
- **Independence:** Party B takes the lead throughout, while party A retains a residual role, only providing support as and if requested.

The shift in choice and control can be illustrated as follows:



Party A, choice and control: blue
 Part B, choice and control: green
 ----- = equality

Any one process might include different elements. Within the terms of this schema, the overall project could be cast as an exercise in co-production with shifts around an axis of equality. Alternatively, different stages might be plotted at different points, with the workstreams hovering somewhere between co-production and empowerment.

The differing workstream outcomes highlight the fact that, as we progress along the spectrum towards independence, so the scope for positive gains and, conversely, the risk of failure increases. The location of ultimate responsibility and accountability for outcomes becomes a potentially pressing issue if these do not accompany the shift in choice and control. The further along the spectrum, the more difficult it becomes for party A in their diminished ‘hands-off’ role to retrieve the situation, should it start to go wrong. This is exacerbated in situations where party A does not possess the expertise or knowledge to pick up the reins. While the availability of support may indeed be a critical determinant of success, it does not follow that the main protagonists collectively possess the capacity required. By commissioning a human rights expert to support aspects of their activities, the human rights workstream demonstrated that additional support from another party may be necessary.

In the event that Party A nonetheless retains responsibility, they need to be confident that the support provided or requested is sufficient to promote success, even if the empowerment and independence of others intrinsically means that it is for them to decide what they do with it. It therefore becomes increasingly important to identify the range of factors that promote, or compromise, chances of success.

Factors affecting involvement

There are many reasons why working relationships across partners from different organisations or groups can break down, regardless of the model of engagement. However, co-production presents particular challenges due to the fact that it requires all participants to be heard equally and to share responsibility for success. Unlike more traditional models, where participants react to whatever they are presented with in a pre-ordained process, co-production logically implies that all will take a proactive approach to driving the work forward and that the absence of any voice could have greater impact.

In practice, this project revealed that there are likely to be a variety of good reasons why participants do not make an equal contribution. As we discovered, there are factors that can even cause co-production to break down altogether.

The Human Rights workstream identified two important barriers that could impact on involvement:

- ‘Voluntary organisations, including Disabled People’s Organisations (DPOs), struggle to provide sufficient resources to participate in this kind of process.’ This could suggest that smaller, less-well funded organisations may inadvertently be excluded and that ways to prevent this occurring need to be explored.
- ‘To engage meaningfully with this kind of co-productive process, the topic in question has to be one of the strategic issues for DPOs; this helps to secure organisational ‘buy-in’ and also enables appropriate levels of resource to be identified.’ This may point to the advantages of promoting choice within the confines of an overall project purpose and outcomes, to widen the scope for strategic alignment. The decision to have three work shop themes rather than just the one may have assisted here, although it is unclear whether that selection was consciously made on the basis of the priorities of participants’ organisations.

Others drew attention to process issues, such as the importance of a clear purpose (highlighted by the mental health workstream) and of a realistic amount of time in which to carry out the work. There was also evidence of personal factors intervening, such as a change of job.

During the project, and from its evaluation, a range of factors was suggested. They can be summarised under the headings of organisational (arising from the organisation from which partners came), personal and process. Some of the following were foreseen and could be pre-empted, while others emerged during the process. Sometimes these could be addressed at the time – or could be in similar future exercises. Others appear to be beyond any of the participants' control.

Organisational factors: There are – quite rightfully – a number of factors that organisations of all kinds need to take into account in deciding how to deploy their resources. They will be more able to justify involvement with work that reflects their strategic priorities or in some way takes forward work that is already have underway. For example, participating in a co-produced project might provide access to new relevant evidence, or opportunities to test out, refine, or promote the organisation and its work. It might open the door to important new contacts and networks. Conversely, participation might be impeded or curtailed altogether by unrelated and unexpected demands on already over-stretched resources. Overloaded jobs might compel the prioritisation of work that is unavoidable or known to be essential, reducing scope to experiment with the potentially valuable, but intrinsically, uncertain dividends of co-production.

Personal factors: Engagement might be encouraged if individual participants have confidence in the value of the work and that they have something meaningful to contribute. It is important to consider whether co-production implicitly requires certain skills and experience, and whether some may be inadvertently advantaged or disadvantaged as a consequence, eg because they are used to making themselves heard in meetings or have experience of negotiation or relationship-building. Other skills, such as leadership, project management, research, report-writing, presentation, event organisation, and facilitation, all could become relevant in a process where roles and responsibilities are fluid. A further issue is perhaps more a matter of personality than skills: how comfortable a person is with ambiguity and uncertainty, or with taking a proactive approach. Yet, co-production does not demand that all participants can perform all roles. Instead it acknowledges the equal value of different forms of contribution.

The significance of the topic differed for participants, with possible implications for motivation and the approach taken. While all might subscribe to its values, for some SDS, or how it is delivered in an era of budget cuts, could have a major impact on their lives, for better or worse. For others it had implications for how they did their jobs – and for some it was both.

The nature of relationships between participants, both personal and professional, might be a further consideration. In a situation where some participants already had good relationships with each other, there is something useful to build on, but also something to protect – a factor which could compromise openness, transparency and risk-taking.

Unforeseen demands and reprioritisation do not solely occur in a work context. Life events, such as a change of job, family-related matters, health issues, or ad hoc mishaps like a malfunctioning wheelchair, can all take precedence over anything else.

Process factors: Along with clarity of purpose and a realistic amount of time, process factors could include whether the process is accessible to all participants and the degree of flexibility to make adjustments as it progresses. Particularly in a complex project comprised of different interconnected elements, prompt and frequent two-way communication assumes critical importance.

The number of participants might be a factor: too many and the process risks becoming unwieldy; too few and there is insufficient collective capacity to deliver. The impact on participants might be worthy of further investigation. For example, if there are too many participants for the task, does this (consciously or otherwise) prompt some to take a back seat? If too few, does it impose undue and unjustifiable stress on them to deliver?

Finally, the availability of appropriate support to plug any emerging gaps in capacity could prove essential. Yet, there may be some aspects of capacity that cannot be filled by any form of external support, eg if a funding crisis suddenly strikes a participating organisation, something relevant to core business arises externally and enforces reprioritisation, or a key member of staff leaves unexpectedly. A variety of personal matters could also fall into such a category. Thus, while there is much that can be done to pre-empt or address factors that impede participation, there are limits to what can be achieved by the design of the process or the availability of support to participate in it.

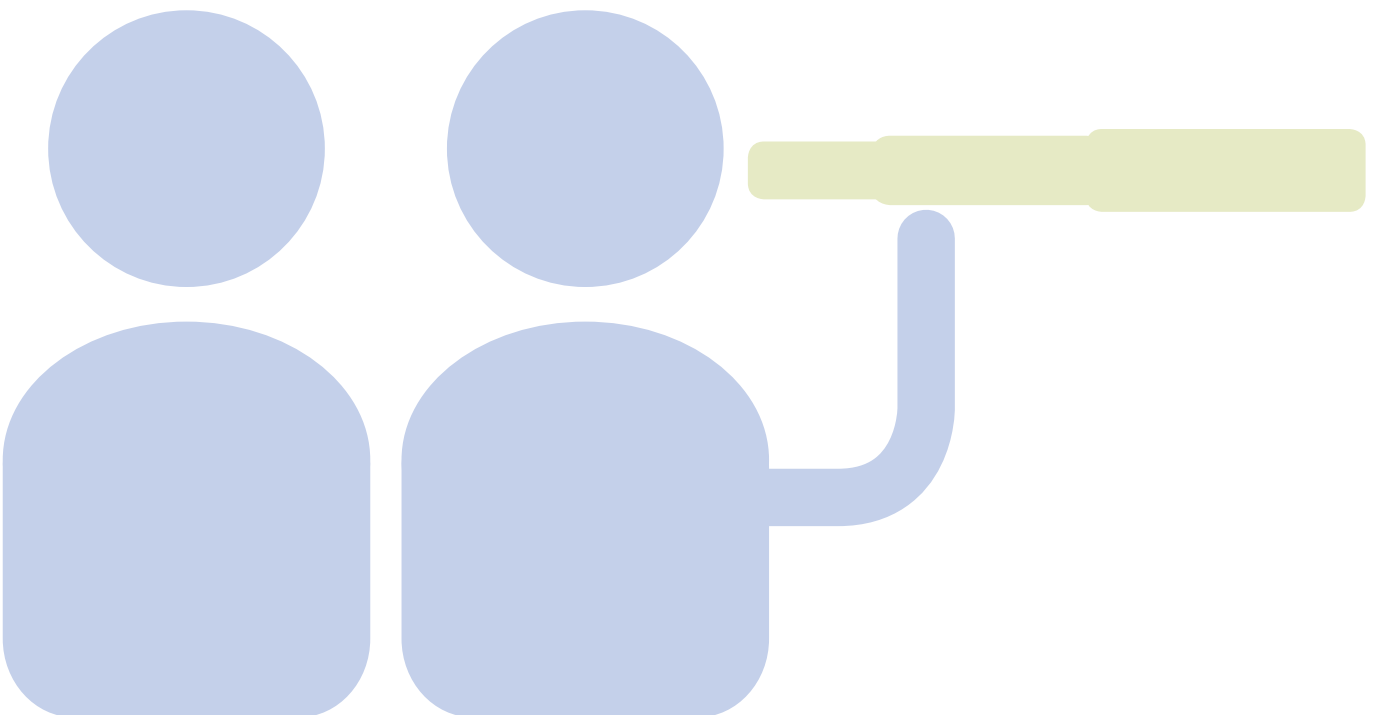
Leadership and management implications

The emergent, adaptive nature of co-production, shared responsibility and the goal of equal voice together have major implications for the style of leadership which is likely to be effective. Indeed, one implication is that leadership itself, who exercises it and how it finds expression, is also to a considerable extent fluid and emergent, rather than predetermined and associated with a given role. This is not a matter of steering people firmly towards a known solution using tried and tested methods. Instead the aim is to create the greatest possible space for all participants' creativity and influence while maintaining clarity of purpose and outcome (see Heifetz 1994; Heifetz and colleagues, 2009).

Similarly, traditional project management techniques could not accommodate the flexibility and uncertainty that are the hallmarks of the evolution of co-produced work. Where the usual approach is to draft a project plan and stick to it as closely as possible, in this instance, the aim was to maximise the flexibility that could be accommodated, recognising that this could enhance rather than compromise the delivery of a high quality product. Moreover, the SDS Associate had no management authority over participants. In fact, no-one within the process had any such authority. Throughout, it was for participants to decide what they did, how they did it - and, indeed, whether they did anything at all. Nonetheless, it was the Associate's job to keep the project on track within certain parameters, as set by the need to sustain momentum, the scope to make good use of time and resources, and, ultimately, by what IRISS as the sponsoring organisation would tolerate.

Summary of key findings and implications:

- Co-production is an iterative process, which can encompass shifts around an axis of equality with regard to responsibilities for initiating, shaping and leading, among other functions necessary for delivery.
- Shifts in roles and responsibilities can continue beyond co-production, to promote empowerment and ultimately independence.
- As that shift occurs, so implications for support, skills and accountability come to the fore.
- There are many factors that can intervene to impede participation, broadly categorised as organisational, personal and process-related.
- There is much that can be done through the design of the process and the provision of appropriate support to mitigate such factors. However, because some have their origins outwith the process, there are limits to what can be done to address them.
- The intrinsically fluid, shared and emergent nature of co-production poses significant challenges to traditional models of leadership and project management.



Evaluation

This project could be described as a co-produced exercise to explore co-production. It could perhaps be classified as meta-research, encompassing several types of knowledge and evidence. The evidence explored, generated and analysed during its course was of different types, from theoretical constructs concerning the nature of evidence and co-production through to direct practical steers for action.

At the end of the project, participants had the opportunity to provide feedback on how it had gone, based around the evaluation framework of outcomes and ground rules. Others added comments on the draft of this report.

Outcomes

Those who responded seemed to feel that, within the limited time available, the project had certainly started the process towards strengthening the evidence base, though considerably more had been done to identify gaps than to plug them. While a lot of valuable evidence gathering had taken place, one person suggested that it would be up to the organisations involved in the project (and maybe others?) to take this forward.

‘Given the limited time for the project I thought the evidence base was strengthened, some gaps were clearly identified.’

There was a fair degree of consensus that good progress had been made in exploring the contribution of different types of evidence.

‘I don't think anything more could have been done to achieve this. It felt like a very thorough process, particularly given the time constraints.’

The opening up of discussion about types of evidence had been one of the strengths of the mental health workstream in particular. Meetings with various stakeholders enabled a co-productive approach, but whether the process could be called fully co-productive was queried by one respondent.

Learning had definitely been shared, both within and between the main group and the two workstreams. There were also some concrete examples of it informing external work (eg the Pilotlight project) and a view that shared learning could be translated into other settings. However, while sharing had increased knowledge, it was perhaps too early to show that it had resulted in improvements to practice.

‘There were good examples of sharing both within the main group and in the two workstreams. I certainly learned a lot from the process which will inform my own practice in taking SDS forward and sharing with others.’

‘Even our own limited involvement was worthwhile and it was evident that a great deal of shared learning was occurring.’

There were mixed views on the extent to which exposure to other perspectives had enhanced understanding of the challenges and opportunities presented by SDS. One thought that, while it had been achieved to a reasonable extent, time pressures had both limited participation from the main group and made it hard to get a real understanding of the perspectives of people with lived experience. Others were considerably more positive. Even though other perspectives could be challenging at times, this was felt to be a good thing. Hearing from others had improved and refined their own understanding of the issues.

‘The process of working with other organisations and being able to access their knowledge and expertise has been very helpful.’

Human Rights workstream

Ground rules

In terms of ways of working, in general people felt that the ground rules had been respected.

‘I thought it was a very positive project to work on. Unfortunately I wasn’t able to make all the meetings, but when I did attend it was informative and open. Given the range of stakeholder interests involved, I thought it was very well balanced. All credit to Sally for this.’

‘I thought the process worked well and the environment created enabled people to express their views comfortably and to feel respected.’

There was the occasional dissenting voice. One queried what ‘blue-sky thinking’ meant, whether any was done and whether it was anyway desirable:

‘If it means really ‘wild’ thinking then probably not. If it means being a bit more creative in our process than is usual, then yes, I think we did do this well.’

While most said that they felt comfortable about challenging others and found colleagues to be supportive, one was less sure. It was clearly the case that responsibility was not equally shared among participants and, as previously discussed, there were potentially many good reasons for this. Yet it is obviously important to ensure that those willing and able to step up to the plate do not end up feeling exploited, and that when people agree to carry out tasks, they take responsibility for following through, given that no one has any authority to make them.

‘Despite the fact that time was short I thought the support of the group enabled a significant amount of work to be done, although it felt at one point that it might be a bit too ambitious.’

In an environment where all parties have equal status, working relationships, expectations about behaviour, and motivation to deliver have to be founded on factors other than levels of seniority and power to hold others to account. The forging of positive new relationships and the strengthening of old ones was cited by many as something that had worked well. However, exposing fragile, potentially conflictive relationships to a regime of openness and honesty is clearly not without risk.

Participants cited numerous ways in which they and their organisations had gained from their involvement in the project.

‘Taking part in this is the only experience I’ve had of co-production, other than working within a DPO. It was such a good learning experience to search for and produce evidence alongside others who see things differently but are driven by the same values.’

Participants made new contacts, built new partnerships and accessed new networks. Knowledge was increased on substantive issues, such as how SDS can be utilised for people with mental health conditions. Involvement had promoted recognition of one organisation’s work and provided opportunities to draw on the experience of other organisations to inform future work.

‘I have learned a lot about how other people/organisations view the role of evidence in the development of SDS, the range of evidence which makes sense and resonates with different people and how coproduction can lead to an improved understanding of a wide range of different approaches to the evidence base. One of the most interesting aspects for me was how service users / carers might understand and view evidence and how important it is to facilitate this if we are to co-produce solutions for the implementation of SDS.’

Learning points

There were clearly a lot of learning points about how to make improvements to the process. The two most frequently cited concerned the importance of realistic timescales and the need for greater clarity of purpose at the start of the process. Perhaps counter-intuitively, feedback indicated that more needs to be fixed at the start in order to allow more subsequently to emerge.

Additional points made include:

- the need for a bit more structure or ‘scaffolding’.
- more clarity about the commitment required of participants.
- a bit more support to engage with other organisations and involve them in the workstreams.
- the importance of good video-conferencing facilities if geographical diversity is to be promoted alongside other forms.
- there might be scope to make more use of social media, perhaps through a twitter feed.
- apart from a handful of high quality posts, the blog did not generate the wider spontaneous input that had been hoped. While in theory a blog could provide a valuable forum for dialogue and knowledge exchange across stakeholder groups, in practice people seemed reluctant to engage. It would be worth exploring why this was, and whether action could be taken to overcome it.

Perhaps the most important message, backed by firm evidence, is that we all have a great deal to learn from each other.

Next steps

From the outset it was hoped that the learning from this project would inform wider developments around SDS. Having been informed by many different perspectives, its relevance to a diversity of stakeholder groups and purposes should hopefully be enhanced. Participants felt that its findings could be of interest to a wide range of stakeholders, including practitioners, organisations, people who use services and carers, communities, policymakers and providers. It was hoped that Scottish Government in particular would draw on the findings to inform future work around implementation.

Although the project has now come to an end, it does not follow that so too have the activities and the learning that it set in train. Through exposing gaps in the evidence-base, through raising and answering questions, an agenda for future action takes shape. The dissemination of findings was well underway before the project came to an end and there are some clear examples of where learning has informed future work. Hopefully there will be more to come, following the dissemination of this report and project outputs.

‘Disseminating the information and learning from the project is an important next step.’

Participants made some specific suggestions regarding future action that they would like to see. One proposed that the project might provide a platform from which to develop further research links and knowledge exchange strategies. Another suggested that it would be good to regroup at some point in the not too distant future to examine the benefits of the work that has so far been done. The idea of a launch event for the project report was mooted by another.

Overall, it seems fair to conclude that both the strengths and the weaknesses of the project generated a great deal of learning. One commented on the ‘positivity in the room, despite the challenges’. Another concluded her feedback comments by saying:

‘I really enjoyed taking part - more so than I expected. It may have been a relatively small project and it didn’t feel during the process that we were achieving much but reflecting on the end results was surprising in terms of what was achieved.’

Of course, there remains much to do. Hopefully, the learning from this project will be helpful to all involved, as we work together to make the vision for SDS a reality.

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Project outputs

Evidence review and frameworks

[Self-directed support: preparing for delivery \(IRISS insight\)](#)

[Literature review: Barriers in accessing self-directed support - perspectives of mental health service users and their carers \(NHS Lothian\)](#)

[Community care charging: a human rights analysis \(Human rights workstream\)](#)

[SDS: Evidence framework \(Co-production partners\)](#)

[Feedback on evidence gaps by co-production partners and their networks](#)

Presentations

[Presentation: From evidence to blueprinting \(delivered to the Capita Conference, November 2012\)](#)

[Presentation: Self-directed support - Evidence explorers \(delivered to SDS leads, September 2012\)](#)

[Presentation: Mental health workstream \(delivered to IRISS champions, October 2012\)](#)

[Presentation: Human rights workstream \(delivered to IRISS champions, October 2012\)](#)

[Presentation: SDS and evidence explorers delivered to IRISS champions, October 2012\)](#)

Other project outputs

[Project blog](#)

Further resources, such as some meeting notes and project newsletters can be found on the [SDS: Evidence Explorers webpage](#)



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