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research article

# Collective co-production of health and care services – a systematic review of research from the United Kingdom, Germany and Norway

Håkon Solbu Trætteberg, h.s.tratteberg@samfunnsforskning.no
Institute for Social Research, Norway

Rune Ervik, ruer@norceresearch.no
NORCE Norwegian Research Centre, Norway

This article reviews all published English-language articles concerning collective co-production of welfare services in the United Kingdom, Germany and Norway, which are countries representing different welfare regimes. The review identifies facilitators for collective co-production and inductively identifies four themes that are important for successful collective co-production: (1) the motivation individuals have for engaging in collective co-production, (2) the institutional contextual conditions for co-production, (3) the relational conditions for co-production, and (4) the facilitation of different effects of co-production. No studies have investigated why public sector entities or voluntary sector organisations choose to engage in co-production, and we lack studies that compare sectors with different institutional settings.

**Keywords** collective co-production • welfare services • third sector organisations • co-production facilitators

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## Introduction

Health and care sectors in Western countries are under pressure as populations age and available resources are limited (Caló et al, 2023a; 2023b). As market-based responses to the challenges are not delivering sufficient results, governments are increasingly looking to engage with civil society and mobilise volunteers as an alternative strategy (Vabø et al, 2022). One prominent approach is co-production, which is welcomed by policy makers as a governance strategy for the public sector, a mechanism to mobilise additional resources in society, an instrument to handle austerity, energise democracy



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and produce public value, and a way to make public operations more in tune with the preferences of citizens (Fledderus, 2018).

There is a plethora of definitions of co-production both among practitioners and in the research literature (Bovaird, 2007; Nabatchi et al, 2017; Loeffler and Bovaird, 2021; Steiner et al, 2022), with varying judgements on who the actors involved are, which activities can be co-produced, and when in the policy cycle the activity takes place. At the core of most definitions is that co-production involves the engagement of actors from different organisations (Ostrom, 1996). In this article, we focus on collective co-production where public service organisations and groups of citizens in voluntary organisations meet and engage in integrated task collaboration (Ibsen, 2021). This means that citizens participate in solving tasks in an organised and collective or community fashion and that these efforts are interdependent on the public service organisation.

The need to review the literature on collective co-production stems from a recognition that while there has been an expanding body of literature that attempts to define and develop typologies (Brandsen and Pestoff, 2006; Nabatchi et al, 2017; Brandsen and Honingh, 2018), or to review different aspects of the literature (Voorberg et al, 2015; Sicilia et al, 2019), these studies often use an inclusive definition whereby collective co-production is only a fraction of the synthesis, or they focus solely on individual co-production. This is despite some central contributions that demonstrate the potential of collective co-production (for example Ostrom, 1996; Bovaird, 2007; Alford, 2009). Indeed, in a much-cited work Brudney and England (1983) refer to collective forms of co-production as the most important because this is the form of co-production that has the strongest impact on society.

Recent scholarship has documented how collective co-production varies across policy fields according to institutional determinants such as legal framework, formalisation and ideological legitimacy (Henriksen et al, 2023; Trætteberg and Enjolras, 2023). Likewise, different welfare and civil society regimes may create conditions that, in an uneven and varying fashion, produce an environment for collective co-production, but to our knowledge this is a gap in the research literature.

In this article, we review the research literature on what facilitates collective co-production in health and care services, and the research question is which factors facilitate collective co-production of health and care services? By combining analysis of contributions from within the UK context with contributions from Germany and Norway, we can explore macro conditions that should be included in a new research agenda on collective co-production and the role of such institutional features.

Our review is embedded in the non-profit and voluntary sector literature. Our point of departure is the definition developed in the Johns Hopkins Comparative Non-profit Sector Project, which was later also incorporated in the UN handbook on *Satellite Account on Nonprofit and Related Institutions and Volunteer Work* (UN, 2018; see also Salamon and Sokolowski, 2018). The central institutional components circle on the activities being organised, as non-profit distributing, private, self-governing and non-compulsory. However, as the mobilisation of volunteers is a key interest, our inclusion criteria are somewhat stricter, as we only include articles that study co-production in which volunteer, unpaid staff play a role. This means that while most voluntary organisations also have paid staff, we exclude co-production where the organisation relies solely on the efforts of paid staff, with no volunteers. Furthermore, public sector organisations involving volunteers in services do not constitute co-production, as



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these individuals do not belong to a different organisation that can interact with the public sector at an institutional level.

## Research strategy

Our interest is in collective co-production in the form of engagement by a public sector organisation and a formal voluntary organisation whereby both parties make necessary contributions in designing, implementing or delivering services in the health and care sectors. This implies that the organisation of the welfare state is a major feature of the context. Different welfare states have different approaches to non-public actors. Furthermore, the civil society regime may determine the composition and role of non-profit and voluntary organisations in society (Salamon and Anheier, 1998). To explore these largely unexamined differences, we review the literature from one country for each of the welfare state regimes identified in the seminal work of Esping-Andersen (1990). The reviewed articles stem from Germany, representing the continental model; the United Kingdom, representing the liberal model; and Norway, representing the social democratic model. Likewise, the three countries also represent distinctive civil society models (Salamon et al, 2004). For our purpose, the most interesting delineation between these may be the role of the dominating non-profit welfare organisations, coupled with high levels of welfare spending in Germany; the considerable size of the non-profit sector combined with lower welfare spending in the United Kingdom; and the dominance of the public welfare sector with higher levels of welfare spending in Norway (Salamon et al, 2017).

The ambition of this article is to identify what facilitates collective co-production in welfare through a literature review in line with well-established criteria. In the following, we will demonstrate how we build on a rules-driven, transparent and inclusive approach in which we adhere to the common requirements of a systematic literature review (Moher et al, 2009), also potentially enabling replication by other researchers (Gazley, 2021a: 1–2).

To identify potentially eligible records, electronic databases were searched, including the Web of Science and the ProQuest databases (see Appendix 1 for details). A librarian conducted the final search on 13 September 2023. We used the following terms and combinations of terms in our search: ALL=(Coproduction OR Co-production OR Cocreation OR Co-creation OR Comanagement OR Co-management) AND variously the following country terms: Norway, Germany, United Kingdom, England, Scotland, Wales and Great Britain. The search was performed for full-text articles (including title, abstract and keywords). The keywords were chosen to capture the terminology most used to cover our chosen concept. According to existing reviews (OECD, 2011; Voorberg et al, 2015), co-creation and co-production are often used interchangeably. To also cover studies of co-production that have an emphasis on policy formulation, we added co-management. In addition, we limited the search to the geographical context at the centre of our study.

The search returned 2,847 articles. For the screening and eligibility process, the article corpus was divided between five researchers. In the first step of screening, duplicates were removed. In assessing eligibility, a template for eligibility was developed to include or exclude articles based on a first reading of abstracts and a second reading of full-text articles in cases where eligibility was undecided, based on available abstract information. A total of 25 articles were included in the final analysis.[1]



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Our review aimed to identify research articles that address co-production as a collective phenomenon involving voluntary organisation on the one hand, and the public sector on the other, within public welfare services. We thus excluded articles that speak of co-production as a relationship between one individual and the state/service provider. Furthermore, we developed the following inclusion criteria:

- Type of services: the co-produced service must be a health and care service, including social services for the United Kingdom. We excluded education and labour market services.
- Type of co-production: a purpose, service or value created/produced for individuals/groups other than the collaborative actors.
- Policy phase: policy formulation/initiation and implementation were included.
- Study design: the articles were based on primary data. We excluded review articles and purely theoretical contributions, since our interest is to infer solely from empirical contributions. We included quantitative, qualitative and mixed-methods design in our review.
- Language: only English-language records were included, to reflect publications intended for an international academic audience and for reasons of replicability.
- Publication status: we only included peer-reviewed articles in international journals.
- Countries: the primary data had to be from the three selected countries: Germany, the United Kingdom (including England, Scotland and Wales) and Norway. Comparative studies between one or some of these countries and other countries were included.
- Year of publication: the period for selecting records was 2011–23.

### *Search strategy*

In the process of excluding articles from the review, the main reasons for exclusion were that the article did not focus on voluntary organisations, but on individual co-production or user participation; that the service was not a health and care service; that the article was identified as a research protocol; that it was a review article; or that it was a theoretical article. For some records for which final decisions on inclusion were still pending with the responsible researcher, these records were discussed collectively among the researchers involved, and a final decision was made on their eligibility. An overview of the study selection process is given in Figure 1.

## Results of the review

Eighteen of the 25 studies referred to British countries, three studies covered Germany and four studies covered Norway. Most studies were single-case studies, three were comparative in design and included cross-country surveys, and two studies compared different parts of the United Kingdom.



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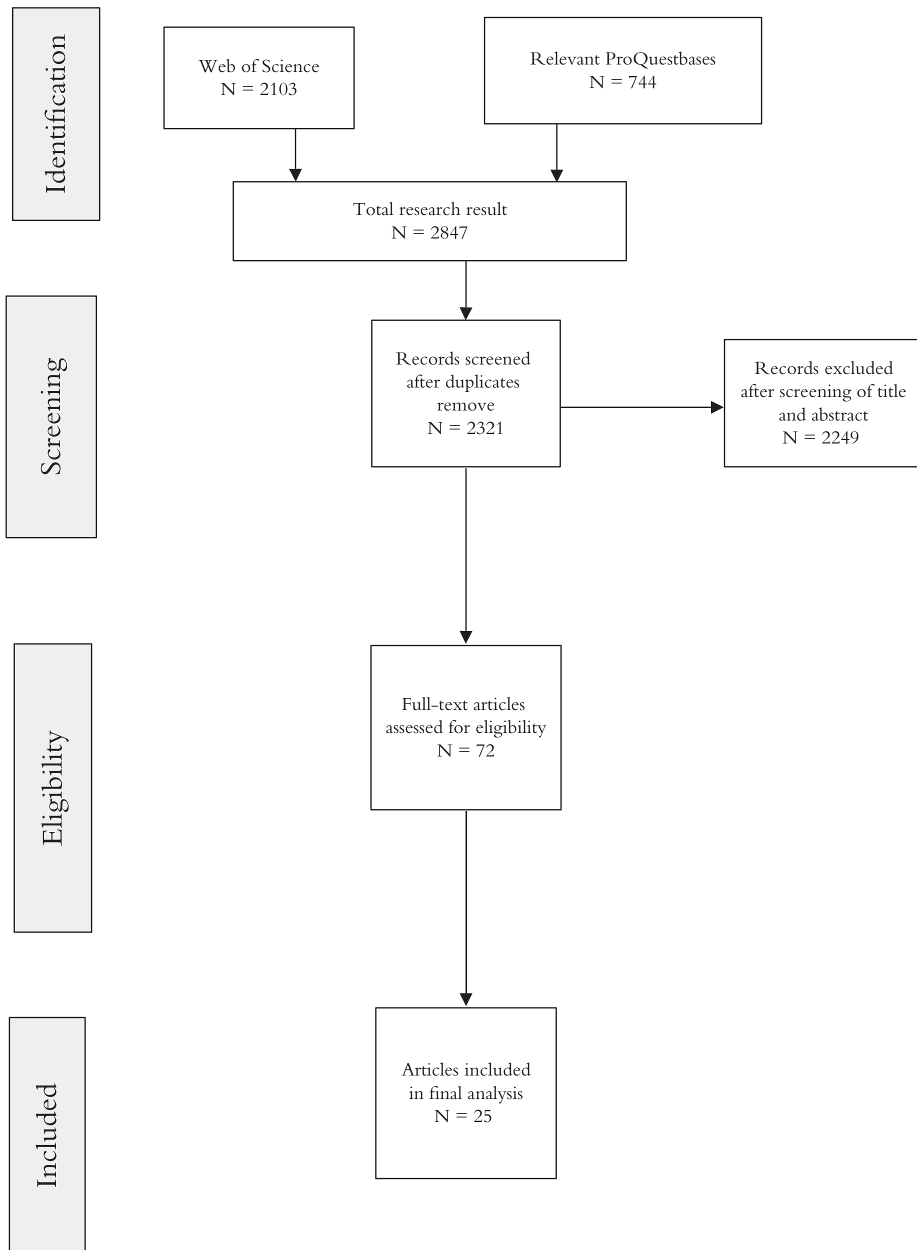
**Figure 1: Flow diagram of study selection**




Most studies were based on qualitative methods. Sixteen studies were purely qualitative and mainly based on interviews, document studies and, in a few cases, focus groups, while seven studies only applied quantitative methods, relying on surveys and panel data. The remaining three studies were based on mixed methods, including surveys, quantitative data sets for charities, focus groups, ethnographic fieldwork, interviews and document analysis. All the records included health and care services, but in some studies, other fields were also covered. The low number



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of articles from Germany is surprising, given the size of the country. This partly reflects the nature of the review, which excludes articles written in the native language of the country. It probably also stems from the concept gaining less traction there, both in terms of a governance strategy and as a topic for research (Loeffler and Timm-Arnold, 2021). This disparity is in itself interesting, and while a comparison between countries is still fruitful, the inferences can mostly be indicative for future research. Furthermore, the heterogenous nature of the co-production studied can limit the generalisability of findings from the German and Norwegian contexts.

Since most of the reviewed studies were based on qualitative data, we do not conduct a formal statistical meta-analysis. Instead, we present a qualitative thematic analysis of the empirical findings regarding what facilitates collective co-production in health and care services (Thomas and Harden, 2008). In our analysis, we first systematised the findings according to descriptive themes and developed a table that included the key information from each article. We subsequently compared the core findings across the articles. We made this comparison across all the articles, but also among the articles stemming from the same empirical context/the same country. In this process, we identified key analytical themes that, according to the body of articles, can explain or facilitate collective co-production. Lastly, we developed an argument about the state of research in this field, the need for new research that can expand our understanding of facilitators of collective co-production in health and care, and the limitations of our current study.

Our review inductively identified four broad themes as instrumental for facilitating collective co-production. Different articles may address one or more of these themes, and in the synthesis, we included the relevant aspects of the articles in each of the four identified themes. The factors are clearly not an exhaustive list of the relevant themes in the articles, but constitute the main analytical achievements in this body of research. Table 1 sums up the four themes, and they are subsequently presented in more detail.

**Table 1: Four main themes examined in research on collective co-production**

| Themes | Description |
|---|---|
| Motivation for engagement | Several studies seek to explain what makes individuals and civil society engage in co-production. The potential of self-efficacy and different conditions for social interaction are core themes. A key challenge is to make volunteers commit over time. Few studies investigate why the public sector engages in such efforts, even if this is assumed to have many benefits for the public sector. |
| Institutional contextual conditions | Tradition for public administration, welfare state models/regimes, roles of civil society and broader societal factors set contextual frameworks within which the co-producing parties operate, and for how the co-production contributes to shaping services. Studies suggest that this may be a powerful explanation for how attempts at co-production fare, but this is an underdeveloped part of this field. |
| Relational conditions | The levels of trust and how these interact with power relations and the hierarchical organisation of relationships have an impact on collective co-production. This is the most central topic in this body of research. |
| The effects of collective co-production | Many studies seek to determine the effects of collective co-production and what facilitates such effects. Especially innovation is regarded as a core issue for co-production, even if the findings are not robust. Making services more responsive to the experiences of minorities is also a possible effect of co-production. |


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### *Motivation for engaging in collective co-production*

Bovaird et al (2015) examine what motivates citizens to engage in co-production, focusing explicitly on the difference between the drivers of engagement in individual and collective co-production. They identify some important distinctions between individuals engaging in collective versus individual co-production. The most central finding is that self-efficacy is an even more important explanatory factor for participation in collective co-production than in individual co-production. A study examining the same issue, but with data from five locations in England and Wales, yielded corroborating results (Bovaird et al, 2016).

In a Norwegian study of senior volunteers' own perceptions, Blix and Hamran (2017) found that individual seniors identified with a narrative that emphasised their role as independent actors and spokespersons for the less empowered. This narrative was not identified in healthcare professionals' perceptions, who instead stressed the instrumental role of volunteers related to capacity issues (the lack of carers and demographic ageing). Thus, an identified barrier is the potential clash and mismatch between senior volunteers' own perceptions and how they are viewed by healthcare professionals, thereby discouraging volunteer participation in co-production efforts.

Mettenberger and Küpper (2019) also relate to the individual level, identifying and considering the diverse motivations of volunteers. Their article critically questions the potential of (younger) senior citizens' additional volunteering as a way of maintaining basic services (for example health services, transport and education) in shrinking regions of Germany, revealing that the capacity for such service provision is limited. Interestingly, also in the UK context Munoz et al (2014) find that there is a very small pool of non-involved older residents willing to participate in co-production of health and care when this requires a high level of commitment.

In contrast to the findings of Bovaird et al (2015), where self-efficacy is key to engagement, Mettenberger and Küpper (2019) see types of volunteers as decisive, reflecting their individual interests independently of efficacy considerations, something that is also a finding of Munoz et al (2014).

### *Institutional contextual conditions for collective co-production*

The overall institutional set-up is rarely studied in the reviewed articles. Bovaird et al (2015) also have an explicit focus on macro explanations for variations between countries in co-production. Scrutinising administrative traditions understood as encompassing the relationship between state and society, they distinguish between different types of relations. One example is between the pluralistic or Anglo-Saxon model (United Kingdom), involving several stakeholders in addition to the state, and the organisational form exemplified by the Prussian and Scandinavian models. A strong decentralisation of power and the embeddedness of civil society groups within public decision-making characterises both models. The difference between the two consists of the greater autonomy of citizens and groups in the Scandinavian model (Denmark). Due to the stronger role of the state in Germany, expectations are that co-production is more restricted there, whereas the administrative traditions found in Anglo-Saxon and Scandinavian models should facilitate collective co-production in general. Their findings only partly support this hypothesis. The highest levels of co-production were



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found in the UK, while they were lowest for Denmark. One possible explanation for this, according to the authors, is that satisfaction with public services discourages co-production and that satisfaction levels were highest in Denmark.

Articles from the United Kingdom context allow for interesting comparisons based on distinct administrative systems in different parts of the UK. For example, Thompson (2020) compares England and Scotland, and Doheny and Milbourne (2013) compare England and Wales. Both find that co-production is more difficult to achieve in England, as the administrative system is based more on New Public Management and market-based governance, while Scotland and Wales have more collaborative approaches.

An important condition for the operation of individual public services is the overall organisation of the welfare state. Some studies refer to welfare state models or regimes as important macro-level factors for co-production, which is tangent to the administrative types presented in Thompson (2020) and Doheny and Milbourne (2013). Andfossen (2020) links to the social democratic welfare state regime, and the strong public sector, and how this implies a long tradition for municipalities to have control of and responsibility for the provision of services, and how this impacts the possibility of sharing the same task in the coordination of services. Blix and Hamran (2017) bring attention to macro-level policy discourses that are important in setting the stage for enhancing the role of volunteers and co-production in welfare services. Thus, overarching discourses on a capacity crisis, as well as discourses on sustainability and prevention, serve to question the capacity of future public welfare provision and to emphasise the need to step up voluntary sector welfare production and volunteering as solutions to this challenge. Guribye (2018) notes that civil society appears to be upholding traditional pillars of the Nordic welfare state model, where voluntary organisations have the role of supplementing public services without replacing them. For Germany, Loeffler and Timm-Arnold (2021) point out how changes in governance paradigms may influence co-production, as evidenced in the promotion of New Public Management and marketisation that is particularly evident in long-term care services for elderly individuals. The expectation is that this process discourages co-production by downplaying values of reciprocity and solidarity.

An institutional factor that appears in various studies is resources and how they influence the role of co-production in shaping services. For example, Stewart (2021) finds that community co-production with hospitals allows for shaping the service, but her qualitative study suggests that the ability of local communities to exploit this opportunity varies according to socio-economic conditions. In a different approach, Martin (2011) demonstrates how the resources possessed by the voluntary sector organisations themselves are important for their ability to contribute to shaping services; and Albert et al (2023) conclude that the public sector must itself be willing to invest resources in co-production as they 'highlight the crucial importance of adequate resources and infrastructure to deliver effective co-production'.

### *Relational conditions for co-production – trust, hierarchy and power*

The relational aspects of co-production receive the most attention in this body of articles, and a number of studies underline the importance of trust and social capital for co-production (Andrews and Wankhade, 2015; Bolton et al, 2016; Guribye, 2018; Lidbetter et al, 2022). When analysing the relationship between emergency service



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performance, co-production and social capital, Andrews and Wankhade (2015) find consistent associations with social capital, but are unable to make causal inferences. Their findings seem to imply that community organisational life exerts a statistically stronger effect on performance than the other dimensions of social capital in emergency service performance. In their study, Best and Myers (2019) also find social capital and local network ties to be instrumental for multi-stakeholder delivery of services in rural Wales, underlining the importance of local contextual factors for successful co-production in innovation.

While trust and social capital are vital for co-production, various studies suggest that power asymmetries and the hierarchical nature of relations can hamper co-production. These studies include Guribye (2018), who finds that power asymmetries in favour of the municipality hinder the development of local trust between actors and thereby impede co-creation. This author also observes that co-production requires additional resources from the municipality to work, thereby questioning the potential for resource saving as an argument for co-production.

Power asymmetries are a core explanation when Baker and Irving (2016) identify barriers that proved to be insurmountable in the efforts to co-produce 'social prescribing' (that is, treatment with non-clinical activities as an alternative or supplement to medical prescription) between public service and voluntary organisations in the care of people suffering from dementia. The role of boundary spanners (individuals who build and ensure networks across different organisations) is at the core of the analysis, which finds that these organisations either did not understand the values and goals of the other organisations, or sought to achieve an unsustainable dominating position in the inter-organisational cooperation.

Hierarchical relationships are at the heart of an analysis by Loeffler and Timm-Arnold (2021), who study the relationship between modes of governance at the local level and the adoption of user and community co-production approaches in community safety and social care services in Germany. They find that governance mixes in which hierarchical forms of governance dominate act as a barrier towards different categories of co-production enabling citizens' voices and actions. A network mix in the governance of social care for older people enables stronger and extended forms of co-production.

Task sharing is fundamental for co-production between voluntary organisations and municipalities, and Andfossen (2020) finds this to be instrumental for co-production efforts within long-term care units in Norwegian municipalities. The core issues are the coordination of volunteer activities, that is, who is responsible for organising the activity at the local level, by scrutinising whether they are sharing tasks, dividing tasks, or both. The idea is that collaboration in terms of sharing tasks between voluntary organisations and municipalities will contribute to realising the potential of co-production by inspiring heterogeneity, new ideas and innovation. The study finds limited task sharing in coordinating activities as a barrier to co-production. Instead of sharing tasks, the division of tasks in coordination between voluntary organisations and the municipality is typical. A lack of trust between the parties may be one key factor in explaining limited task sharing (Andfossen, 2020: 6). In the Scottish context, Anderson et al (2023) find that in a 'cluttered' organisational landscape, the role of leaders as boundary spanners is instrumental, both at the national level and local level.

Furthermore, a lesson from Andrews and Wankhade (2015) is that for successful co-production, the tasks one sets out to solve must be calibrated. In their analysis of emergency response performance, they find co-production to improve services when



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the tasks are fitting. Certain emergencies demand well-trained professionals, while volunteer efforts make an important contribution to other tasks. Building trust and social capital as a condition for co-production requires time to be developed, which is a finding identified by several studies, emphasising the need for patience, continuity and stability of relations between voluntary and public organisations (for example, Best and Myers, 2019; Hafford-Letchfield et al, 2018; Albert et al, 2023).

### *The effects of collective co-production*

Some studies identify factors that facilitate producing benefits from volunteer resources. Paine et al (2019) examine the form, scale and role of community support for community hospitals. They take a multimethod approach and document how voluntary organisations play a vital role for hospitals, in the form of monetary support and in the co-production of services that do not require high-level professional expertise. The historical data reveals a declining number of volunteers, however, combined with a lack of effort by the public sector side to encourage volunteering, and gives cause for concern about the sustainability of this co-production model.

With his emphasis on trust, Guribye (2018) finds that, over time, co-production initiatives may contribute to developing inter-organisational trust between actors representing different societal sectors (that is, voluntary organisations and the municipality) and thereby strengthen the linking social capital in the local community. In effect, this suggests that co-production has a feedback effect because social capital facilitates co-production, which in turn spurs the development of social capital.

Adaptation to user preferences is presumed to be an important benefit of individual co-production (see, for example, Verschuere et al, 2012: 1093). Here, we also find examples of such benefits from collective co-production in the form of social innovation whereby involving voluntary organisations in the governance, as well as the production, of services yields social benefits with more tailored solutions for users. This seems particularly relevant when co-production is applied to developing services for minorities. Hafford-Letchfield et al (2018) demonstrate how co-production with volunteer organisations can enhance the knowledge of staff in care homes related to LGBT issues and consequently contribute to making services more adapted to users from the LGBT community. A related effect is identified by Brown et al (2020), who found that co-production and community engagement can enhance access to health services for minority women in a deprived neighbourhood.

At the same time, the concept of co-production is sometimes used as an instrument for personalisation – adapting services to the individual preferences of the user. This is mostly related to individual co-production, but in the German context, Ewert and Evers (2014) demonstrate how organisations can play an important role in safeguarding the interests of users unable to assume a role in individual co-production and thereby bridge the functioning of individual and collective co-production. Mazzei et al (2020) add to this by scrutinising, within the Scottish context, the role of different types of non-profit and voluntary sector organisations and by emphasising how voluntary sector organisations in particular can directly articulate service user needs, drawing on their lived experience and enhancing the level of engagement in the co-production process. Andfossen (2016) finds that the existence of formal agreements with voluntary organisations concerning the contribution of organised



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volunteers may make it beneficial to work with these organisations in long-term care, as seen from the public sector side. Moreover, being part of voluntary organisations, often with a long tradition, also adds considerable experience to the service. Giving more responsibility to these organisations could enhance the future potential of co-production and innovation from organised volunteers, according to the author.

The ability to adapt services to user needs is also identified by Best and Myers (2019), who investigate attempts to include voluntary organisations in co-production efforts to spur innovation in rural Wales. In this way, the knowledge and resources of the local community are better exploited, something that may be particular to a rural setting. At the same time, the article reports some discontent from the organisations in that they were induced to innovate unnecessarily, since they actually saw the unmet need as something they wanted to solve conventionally, and not necessarily through innovation.

Overall, different forms of innovation are the most studied outcomes of co-production, which seems to reflect high expectations that co-production may lead to innovative solutions to (wicked) problems. The number of articles and the applied research design give limited opportunity for robust inferences regarding this connection.

## Conclusions and future research

In this article, we have aimed to connect research of voluntary organisations and co-production research with outcomes in health and care services in order to explore the extent to which the reviewed articles connect to historical and institutional factors that shape welfare services and relations between the public and voluntary sector, as addressed in both voluntary sector and welfare regime research (see, for example, Kuhnle and Selle, 1992; Salamon and Anheier, 1998; Anheier, 2019). The review makes it clear that institutional factors play an important role in facilitating collective co-production. Various articles refer to administrative tradition or welfare organisation to explain the nature of co-production in the cases examined (Best and Myers, 2019; Andfossen, 2020; Loeffler and Timm-Arnold, 2021). Our review includes few comparative studies and the number of articles from each of the three countries is not comprehensive enough to draw conclusions regarding welfare model and collective co-production. However, we do find studies documenting institutional differences within the UK context, comparing England with Wales and Scotland, respectively (Doheny and Milbourne, 2013; Thompson, 2020), suggesting that the macro-organisation of welfare should also play a role at the national/welfare regime level.

The institutional factors identified as important include how open the public sector organisation is to sharing influence with other actors, the division of responsibilities and the issue of resources – both the resources invested by the public sector and the resources held by the community or voluntary organisation.

The issue of power sharing is central, as power asymmetries tend to frustrate attempts at co-production, while trust and social capital develop such interactions. These mechanisms may be connected, and Luhmann (1979) describes trust and power as functionally equivalent alternative mechanisms in coordinating communication and social interaction. Trust or power is thus needed for the form of coordination required for co-production to take place. Both are also, to varying degrees, present in all relationships. Their distribution is accordingly a strong predictor of the outcome of attempts at co-production. Trust and social capital are both identified as facilitating



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factors that enable co-production, but also as outcomes of the process. A key finding is thus the creation of positive feedback processes in which positive experiences result in trust that in turn helps successful new collaborations to take place.

To zoom in on the practices that are defined by the level of trust and power, the articles examine the role of administrative flexibility and the level of funding, and the mandate that comes with the funding. These aspects help determine the role of boundary spanners and the ability to share tasks across organisations. A major takeaway is that co-production functions better when co-producing efforts are supported by wider organisational structures, especially on the public sector side. Co-producing health and care services cannot be viewed in isolation from the wider activities of the organisations involved, which is something that should be recognised by the funding authorities, as well as the partners themselves.

The literature on co-production in policy formulation has an important affinity with the literature on collaborative governance (Ansell and Gash, 2007), which also holds that trust is a social mechanism that facilitates coordination of sector-crossing interaction (Bryson et al, 2015: 655). Yet, while relational aspects take central stage in our body of articles, the independent role of public sector leadership is less dominant than we find in the collaborative governance literature (Page, 2010; Ansell and Gash, 2012). In both our body of articles and in the collaborative governance literature we find that these approaches are used in the face of complex problems that are difficult to solve for one single organisation. This means that cross-sectoral engagement is vulnerable to changes in the policy contexts, as the threshold for success is high and the collaborative arrangements are normally established outside the normal public organisation, making the joined-up approach more easily the subject of change or dismantling (Gash, 2022: 463). While the collaborative governance literature explicitly examines the involvement of non-public actors in public administration (Emerson, Nabatchi and Balogh, 2012), this literature often focuses on collaboration as a means to primarily build capacity in government organisations (Getha-Taylor, 2019: 3). The co-production studies we review in this article differentiate from this approach by having an explicit focus on the collaboration itself. The part of this literature that involves third-sector organisations is dominated by studies focusing on professional non-profit service providers (Caló et al, 2023b). Yet, we see some corresponding findings. For example, in their study from Scotland, Calò et al (2024) point to the development of trust and new learning dynamics as positive effects of collaborative governance, something we also identify in our review.

A difference between collaboration with non-profit organisations and co-production with volunteer organisations is the role of volunteers as additional resources, and a core theme in the articles is how to mobilise resources as a key facilitator for collective co-production. The studies suggest three factors that are important for the level of volunteering in co-production efforts. Firstly, this is an issue of self-efficacy, as well as political self-efficacy, for example the belief that individual political action will bring about social and political change. Second is the aspect of the volunteers themselves and their understanding of the self as a volunteer. This relates to understanding their own autonomy as a volunteer, but also to openness to change and flexibility in volunteering. Different volunteers may to different degrees prefer self-centred efforts directed towards peers, while others are motivated to direct their efforts to help others. Finally, and related to this, collective co-production requires much work from the professional partner in coordinating and motivating the volunteers. Indeed,



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we find that coordination between the public sector and the voluntary organisations is a criterion for success in virtually all of the contributions included in this review. We do, however, see great diversity in how this is approached. Different articles study various different aspects of this coordination, but we also see different terms used to describe what are practically the same concepts.

Differentiating collective co-production from individual co-production, we see that while individual co-production is often used as a strategy to advance personalisation in health and care services, collective forms of co-production are also oriented towards changes at a systematic and community level (Jo and Nabatchi, 2018). This entails that while individual co-production is often the result of public governance strategies and can be implemented without external participation, collective co-production requires wider participation by societal actors, and a sharing of influence and responsibilities that cut across policy phases. The aggregation of interests through membership and volunteering in voluntary organisations, as well as the mobilisation of knowledge, resources and capacity through collective organisation, are essential in securing the ambition of symmetry between the parties in co-production efforts. In individual co-production, the risk of asymmetries between individual users and the public counterpart is greater, especially for vulnerable users. The goals of the two forms of co-production are different and the institutional requirements for an open public sector in collective co-production are higher.

Turning to the need for research moving forward, we find that many articles describe innovation as a goal of co-production. While this is a plausible outcome that is also present in the wider co-production literature, we find that the innovations described are often portrayed by the innovator themselves. There is thus a need to develop more robust designs to determine the role that collective co-production can play in innovation. This concerns whether it is the co-production process itself that is the key to innovation, or whether this concerns broader changes in terms of administrative freedom at the local level, or temporary funds made available as part of the same innovation programme.

By investigating the empirical studies on collective co-production in three countries, we have identified some interesting patterns regarding what is being studied. Considering the ongoing scholarly debate on co-production, some of the issues we do not find are also of interest. First, across the literature included in the present review, a largely unquestioned premise is that of permanent austerity and a dominating sustainability discourse that sets the stage for welfare state withdrawal, and where there is no alternative to extending co-production to ensure public welfare service provision. This raises the issue of co-production as a strategy to achieve goals other than resource mobilisation and to remedy shortages in the public sector. However, co-production to democratise services and achieve public value is not easily measured and is understudied.

Furthermore, there is important literature on the 'dark side of co-production', but this literature focuses mainly on the individual form of co-production by showcasing the risk of a burden shift in which more responsibility for services is transferred to individuals, while the government retracts its responsibility (Gazley, 2021b: 242). At the same time, advice based on the reviewed articles would be that the public sector, as the professional partner, should invest in including volunteers in the planning and governance of services. However, while facilitating coordination, such a strategy may create new dilemmas. The use of information and consultation to recognise areas of



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unmet needs might lead to an intensification of the instrumental role of volunteers as (co)producers, which might compromise their critical advocacy role. In addition, service areas revealing deficiencies in public services also speak to questions of divisions of responsibility and grey zone boundaries between the public sector, organisations, volunteers, families and markets.

Interestingly, the body of research points conclusively to public sector engagement as a key factor in successful co-production. However, we find next to no studies investigating why public sector entities choose to engage in co-production. What they seek to achieve can be expected to be a strong predictor of how they become involved in co-production. Exploring motivation for public sector participation in co-production is therefore needed.

Furthermore, even though there are some studies based on citizen surveys, we lack an understanding of the motivation of voluntary organisations to engage in co-production. These organisations represent the infrastructure that individuals use. It is thus not sufficient to understand individual motivation to engage through organisations, since also the logic of the organisations must be studied. This involves organisational factors that should be studied with organisations as the unit of analysis.

In terms of methodology, we find that there is a dominance of single case studies and that comparative studies could be conducted in a more systematic way. We find a need for more comparative work between different countries. The review articles did indeed suggest that there are factors at a macro level, such as administrative tradition and levels of generalised trust, that influence co-production. To systematically compare countries from different welfare and civil society regimes is therefore a fruitful avenue for further studies of these macro conditions for collective co-production. A review that included additional countries might have identified more comparative work, but given the central positions of these countries, we believe our review demonstrates untapped potential for comparative work based on welfare and civil society regimes.

Furthermore, we lack studies that compare sectors with different institutional settings. Some welfare areas are dominated by the public sector through financing, regulation and provision, while in other areas, the public sector may fulfil only one or two of these roles. These constitute important institutional frameworks for co-production of which we have limited knowledge.

There are some limitations to this review. We only reviewed English-language articles and not articles written in other languages. In addition, limiting the review to three countries had consequences for the inferences we can make, because we did not collect studies from other regimes, or from other countries that arguably belong to the same regimes as those we reviewed. Comparisons between the countries must therefore be made with caution. Furthermore, both Gazely (2021b) and Brudney (2021) note that collaboration between public and non-profit sectors in public service production has been covered in the literature, but with the application of different terminology, such as collaborative governance. However, the strategic selection of empirical cases from these countries is relevant across different welfare models.

## ORCID iDs

Håkon Solbu Trætteberg https://orcid.org/0000-0002-7250-5150

Rune Ervik https://orcid.org/0000-0002-4937-2724




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## Note

[1] Articles included in this review are marked with an asterisk in the reference list. See also Appendix 2.

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## Conflict of interest

The authors declare that there is no conflict of interest.

## References

*Albert, A., Islam, S., Haklay, M. and McEachan, R.R.C. (2023) Nothing about us without us:A co-production strategy for communities, researchers and stakeholders to identify ways of improving health and reducing inequalities, *Health Expectations*, 26(2): 836–46. doi: 10.1111/hex.13709

*Anderson, J., Connolly, J., Gray, N., Macgillivray, S., Mulherin, T., Munro, A. and Toma, M. (2023) The leadership of co-production in health and social care integration in Scotland: a qualitative study, *Journal of Social Policy*, 52(3): 620–39.

*Andfossen, N.B. (2016) The potential for collaborative innovation between public services and volunteers in the long-term care sector, *The Innovation Journal: The Public Sector Innovation Journal*, 21(3): 1–21.

*Andfossen, N.B. (2020) Co-production between long-term care units and voluntary organisations in Norwegian municipalities: a theoretical discussion and empirical analysis, *Prim Health Care Res Dev*, 21: e33. doi: 10.1017/S1463423620000341

*Andrews, R. and Wankhade, P. (2015) Regional variations in emergency service performance: does social capital matter? *Regional Studies*, 49(12): 2037–52. doi: 10.1080/00343404.2014.891009

*Baker, K. and Irving, A. (2016) Co-producing approaches to the management of dementia through social prescribing, *Social Policy and Administration*, 50(3): 379–97. doi: 10.1111/spol.12127

*Best, S. and Myers, J. (2019) Prudence or speed: health and social care innovation in rural Wales, *Journal of Rural Studies*, 70: 198. doi: 10.1016/j.jrurstud.2017.12.004

*Blix, B. and Hamran, T. (2017) 'When the saints go marching in': constructions of senior volunteering in Norwegian government white papers, and in Norwegian senior volunteers' and health-care professionals' stories, *Ageing and Society*, 1–30. doi: 10.1017/S0144686X17000046

*Bolton, M., Moore, I., Ferreira, A., Day, C. and Bolton, D. (2016) Community organizing and community health: piloting an innovative approach to community engagement applied to an early intervention project in south London, *Journal of Public Health*, 38(1): 115–21. doi: 10.1093/pubmed/fdv017

*Bovaird, T., Stoker, G., Jones, T., Loeffler, E. and Pinilla Roncancio, M. (2016) Activating collective co-production of public services: influencing citizens to participate in complex governance mechanisms in the UK, *International Review of Administrative Sciences*, 82(1): 47–68. doi: 10.1177/0020852314566009

*Bovaird, T., Van Ryzin, G.G., Loeffler, E. and Parrado, S. (2015) Activating citizens to participate in collective co-production of public services, *Journal of Social Policy*, 44(01): 1–23. doi: 10.1017/s0047279414000567



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*Brown, J., Luderowski, A., Namusisi-Riley, J., Moore-Shelley, I., Bolton, M. and Bolton, D. (2020) Can a community-led intervention offering social support and health education improve maternal health? A repeated measures evaluation of the PACT project run in a socially deprived London borough, *International Journal of Environmental Research and Public Health*, 17(8): 2795. doi: 10.3390/ijerph17082795

*Doheny, S. and Milbourne, P. (2013) Modernization and devolution: delivering services for older people in rural areas of England and Wales, *Social Policy & Administration*, 47(5): 501–19. doi: 10.1111/j.1467-9515.2012.00870.x

*Ewert, B. and Evers, A. (2014) An ambiguous concept: on the meanings of co-production for health care users and user organizations?, *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 25(2): 425–42. doi: 10.1007/s11266-012-9345-2

*Guribye, E. (2018) Co-creation of linking social capital in 'Municipality 3.0', *Journal of Civil Society*, 14(1): 77–93.

*Hafford-Letchfield, T., Simpson, P., Willis, P.B. and Almack, K. (2018) Developing inclusive residential care for older lesbian, gay, bisexual and trans (LGBT) people: an evaluation of the Care Home Challenge action research project, *Health & Social Care in the Community*, 26(2): e312–ee20. doi: 10.1111/hsc.12521

*Lidbetter, N., Seccombe, N., Rogers, E.G. and Lee, T. (2022) A reflection on the development and delivery of a community peer support service for clients experiencing anxiety and depression, *Mental Health and Social Inclusion*, 26(4): 389–400. doi: 10.1108/mhsi-05-2022-0030

*Loeffler, E. and Bovaird, T. (2021) User and community co-production of public services and outcomes — a map of the current state of play, in E. Loeffler and T. Bovaird (eds) *The Palgrave Handbook of Co-Production of Public Services and Outcomes*, Cham: Springer International Publishing, pp 3–30.

*Martin, G.P. (2011) The third sector, user involvement and public service reform: a case study in the co-governance of health service provision, *Public Administration*, 89(3): 909–32. doi: 10.1111/j.1467-9299.2011.01910.x

*Mazzei, M., Teasdale, S., Calò, F. and Roy, M.J. (2020) Co-production and the third sector: conceptualising different approaches to service user involvement, *Public Management Review*, 22(9): 1265–83. doi: 10.1080/14719037.2019.1630135

*Mettenberger, T. and Küpper, P. (2019) Potential and impediments to senior citizens' volunteering to maintain basic services in shrinking regions, *Sociologia Ruralis*, 59(4): 739–62. doi: 10.1111/soru.12254

*Munoz, S.A., Farmer, J., Warburton, J. and Hall, J. (2014) Involving rural older people in service co-production: is there an untapped pool of potential participants?, *Journal of Rural Studies*, 34: 212–22. doi: 10.1016/j.jrurstud.2014.02.001

*Paine, A.E., Kamerade, D., Mohan, J. and Davidson, D. (2019) Communities as 'renewable energy' for healthcare services? A multimethods study into the form, scale and role of voluntary support for community hospitals in England, *BMJ Open*, 9(10). doi: 10.1136/bmjopen-2019-030243

*Stewart, E. (2021) Fugitive coproduction: conceptualising informal community practices in Scotland's hospitals, *Social Policy & Administration*, 55(7): 1310–24. doi: 10.1111/spol.12727

*Thompson, A.G.H. (2020) Contextualising co-production and co-governance in the Scottish national health service, *Journal of Chinese Governance*, 5(1): 48–67. doi: 10.1080/23812346.2019.1689035



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Alford, J. (2009) *Engaging Public Sector Clients: From Service-Delivery to Co-Production*, London: Palgrave Macmillan UK.
Anheier, H.K. (2019) The future role of civil society in a welfare state: perspectives from Germany, in S. Kuhnle, P. Selle and S.E.O. Hort (eds) *Globalizing Welfare. An Evolving Asian-European Dialogue*, Cheltenham, UK and Northampton, MA: Edward Elgar, pp 234–49.
Ansell, C. and Gash, A. (2007) Collaborative governance in theory and practice, *Journal of Public Administration Research and Theory*, 18(4): 543–71. doi: 10.1093/jopart/mum032
Ansell, C. and Gash, A. (2012) Stewards, mediators, and catalysts: toward a model of collaborative leadership, *The Innovation Journal*, 17(2).
Bovaird, T. (2007) Beyond engagement and participation: user and community coproduction of public services, *Public Administration Review*, 67(5): 846–60. doi: 10.1111/j.1540-6210.2007.00773.x
Brandsen, T. and Honingh, M. (2018) Definitions of co-production and co-creation, in T. Brandsen, B. Verschuere and T. Steen (eds) *Co-Production and Co-Creation. Engaging Citizens in Public Services*, New York, NY: Routledge.
Brandsen, T. and Pestoff, V. (2006) Co-production, the third sector and the delivery of public services: an introduction, *Public Management Review*, 8(4): 493–501. doi: 10.1080/14719030601022874
Brudney, J.L. (2021) Co-production in political science and public administration, in E. Loeffler and T. Bovaird (eds) *The Palgrave Handbook of Co-Production of Public Services and Outcomes*, Cham: Palgrave Macmillan, pp 61–77.
Brudney, J.L. and England, R.E. (1983) Toward a definition of the coproduction concept, *Public Administration Review*, 59–65. doi: 10.2307/975300
Bryson, J.M., Crosby, B.C. and Stone, M.M. (2015) Designing and implementing cross-sector collaborations: needed and challenging, *Public Administration Review*, 75(5): 647–63. doi: 10.1111/puar.12432
Caló, F., Collins, M., Donaldson, C. and Roy, M. (2023a) The economic contribution of third sector initiatives for older people: a systematic review and development of a framework for evaluation, *Voluntary Sector Review*, early view: 1–19. doi: 10.1332/204080521x16826159230735
Caló, F., Numerato, D., Bontenbal, I., Kourachanis, N. and Scognamiglio, F. (2023b) Negotiating autonomy in the public sector and nonprofits 'collaborations' in politically contested fields, *Governance*, n/a(n/a).
Calò, F., Teasdale, S., Roy, M.J., Bellazzecca, E. and Mazzei, M. (2024) Exploring collaborative governance processes involving nonprofits, *Nonprofit and Voluntary Sector Quarterly*, 53(1): 54–78. doi: 10.1177/08997640231155817
Ellis Paine, A., Kamerāde, D., Mohan, J. and Davidson, D. (2019) Communities as 'renewable energy' for healthcare services? A multimethods study into the form, scale and role of voluntary support for community hospitals in England, *BMJ Open*, 9(10): e030243. doi: 10.1136/bmjopen-2019-030243
Emerson, K., Nabatchi, T. and Balogh, S. (2012) An integrative framework for collaborative governance, *Journal of Public Administration Research and Theory*, 22(1): 1–29. doi: 10.1093/jopart/mur011
Esping-Andersen, G. (1990) *The Three Worlds of Welfare Capitalism*, Cambridge: Polity Press.


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Fledderus, J. (2018) The effects of co-production on trust, in T. Brandsen, T. Steen and B. Verschuere (eds) *Co-Production and Co-Creation. Engaging Citizens in Public Services*, Abingdon: Routledge, pp 258–65.

Gash, A. (2022) Collaborative governance, in C. Ansell and J. Torfing (eds) *Handbook on Theories of Governance*, Cheltenham, UK; Northampton, MA: Edward Elgar Publishing.

Gazley, B. (2021a) The systematic literature review: advantages and applications in nonprofit scholarship, *Voluntas: International Journal of Voluntary and Nonprofit Organizations*. doi: 10.1007/s11266-021-00410-1

Gazley, B. (2021b) Co-production from a third sector perspective, in E. Loeffler and T. Bovaird (eds) *The Palgrave Handbook of Co-Production of Public Services and Outcomes*, Cham: Springer International Publishing.

Getha-Taylor, H. (2019) *Partnerships that Last: Identifying the Keys to Resilient Collaboration*, Cambridge: Cambridge University Press.

Henriksen, L.S., Grubb, A. and Frederiksen, M. (2023) Embedded and exterior practices of cross-sector co-production: the impact of fields, *Journal of Social Policy*, 1–17. doi: 10.1017/s0047279423000624

Ibsen, B. (2021) Introduction, in B. Ibsen (ed) *Voluntary and Public Sector Collaboration in Scandinavia. New Approaches to Co-Production*, London: Palgrave Macmillan, pp 1–20.

Jo, S. and Nabatchi, T. (2018) Co-production, co-creation, and citizen empowerment, in T. Brandsen, T. Steen and B. Verschuere (eds) *Co-production and Co-creation. Engaging Citizens in Public Services*, Abingdon: Routledge, pp. 231–9.

Kuhnle, S. and Selle, P. (1992) *Government and Voluntary Organizations: A Relational Perspective*, Aldershot: Avebury.

Loeffler, E. and Timm-Arnold, P. (2021) Comparing user and community co-production approaches in local 'welfare' and 'law and order' services: does the governance mode matter? *Public Policy and Administration*, 36(1): 115–37. doi: 10.1177/0952076720905006

Luhmann, N. (1979) *Trust and Power*, Chichester: Wiley.

Moher, D., Liberati, A., Tetzlaff, J. and Altman, D.G. (2009) Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement, *International Journal of Surgery*, 8(5): 336–41. doi: 10.1016/j.ijsu.2010.02.007

Nabatchi, T., Sancino, A. and Sicilia, M. (2017) Varieties of participation in public services: the who, when, and what of coproduction, *Public Administration Review*, 77(5): 766–76. doi: 10.1111/puar.12765

OECD (2011) *Together for Better Public Services: Partnering with Citizens and Civil Society*, Paris: OECD Publishing.

Ostrom, E. (1996) Crossing the great divide: coproduction, synergy, and development, *World Development*, 24(6): 1073–87. doi: 10.1016/0305-750x(96)00023-x

Page, S. (2010) Integrative leadership for collaborative governance: civic engagement in Seattle, *The Leadership Quarterly*, 21(2): 246–63. doi: 10.1016/j.leaqua.2010.01.005

Salamon, L.M. and Anheier, H.K. (1998) Social origins of civil society: explaining the nonprofit sector cross-nationally, *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 9(3): 213–48. Retrieved from http://www.jstor.org/stable/27927612. doi: 10.1023/A:1022058200985

Salamon, L.M. and Sokolowski, W. (2018) Beyond nonprofits: in search of the third sector, in B. Enjolras, L.M. Salamon, K.H. Sivesind and A. Zimmer (eds) *The Third Sector as a Renewable Resource for Europe*, Cham: Palgrave Macmillan, pp 1–42.



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Salamon, L.M., Sokolowski, S.W. and Associates (2004) *Global Civil Society: Dimensions of the Nonprofit Sector*, Vol. 2, Bloomfield, CT: Kumarian Press.

Salamon, L.M., Sokolowski, S.W. and Haddock, M.A. (2017) *Explaining Civil Society Development: A Social Origins Approach*, Baltimore, MD: JHU Press.

Sicilia, M., Sancino, A., Nabatchi, T. and Guarini, E. (2019) Facilitating co-production in public services: management implications from a systematic literature review, *Public Money & Management*, 39(4): 233–40. doi: 10.1080/09540962.2019.1592904

Steiner, A., Farmer, J., Yates, S., Moran, M. and Carlisle, K. (2022) How to systematically analyze co-production to inform future policies? Introducing 5Ws of co-production, *Public Administration Review*, 83(3): 503–21. doi: 10.1111/puar.13571

Thomas, J. and Harden, A. (2008) Methods for the thematic synthesis of qualitative research in systematic reviews, *BMC Med Res Methodol*, 8: 45. doi: 10.1186/1471-2288-8-45

Trætteberg, H.S. and Enjolras, B. (2023) Institutional determinants of co-production: Norway as an illustrative case, *Nonprofit and Voluntary Sector Quarterly*, 53(2): 536–59. doi: 10.1177/08997640231176801

United Nations (2018) *Satellite Account on Nonprofit and Related Institutions and Volunteer Work*, New York, NY: UN, Department of Economic and Social Affairs, Statistics Division.

Vabø, M., Zechner, M., Stranz, A., Graff, L. and Sigurðardóttir, S.H. (2022) Is Nordic elder care facing a (new) collaborative turn?, *Social Policy & Administration*, 56(4): 549–62. doi: 10.1111/spol.12805

Verschuere, B., Brandsen, T. and Pestoff, V. (2012) Co-production: the state of the art in research and the future agenda, *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 23(4): 1083–101. doi: 10.1007/s11266-012-9307-8

Voorberg, W.H., Bekkers, V.J.J.M. and Tummers, L.G. (2015) A Systematic review of co-creation and co-production: embarking on the social innovation journey, *Public Management Review*, 17(9): 1333–57. doi: 10.1080/14719037.2014.930505



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## Appendix 1: Research protocol

### *Searches*

Our point of departure is the definition of co-production developed by Bovaird (2007: 847) who understands 'user and community coproduction as the provision of services through regular, long-term relationships between professionalised service providers (in any sector) and service users or other members of the community, where all parties make substantial resource contributions'.

However, we are only interested in community co-production and not in user co-production. Furthermore, our interest in community co-production is limited to activities involving formal third sector organisations as non-professional actors, which we signal by using the term collective co-production (Nabatchi et al, 2017). We thus follow Ibsen (2021) who defines collective co-production as situations in which public service organisations and groups of citizens organised in voluntary organisations come together and work together in integrated task collaboration (Ibsen, 2021). This means that citizens participate in an organised and collective or collaborative way in solving tasks and that these efforts are dependent on the public service organisation.

Additionally, for our research purposes the involved articles must meet the following criteria:

1. Articles that speak of co-production as a relationship between one individual and the state/service provider shall be excluded. We are interested in co-production that involves the collective level of the civil society delimited to voluntary organisations, or non-profits with a voluntary branch within its organisation
2. The co-produced service must be a health- or care service, including social services in the UK context covering, for example, services for the elderly. We thus exclude services such as education, labour market services, technical services, prison operations, and flood preventions.
3. We are not interested in co-production of knowledge or co-produced research. Studies that gather user opinions or user surveys are outside of the scope of our review.
4. There must be some sort of social benefit, not only individual benefits for the involved parties. A purpose, service or value created/produced for individuals/groups other than the collaborative actors.
5. The articles must be based on primary data. That means that we exclude review articles and purely theoretical contributions.
6. The primary data must be from the three selected countries: Germany, Great Britain (including the United Kingdom, England, Scotland, Wales) and Norway. Comparative studies comparing one or some of these countries to other countries shall be included.
7. There must be some voluntary aspect. Involvement of purely professional non-profit providers does not constitute co-production in our context.

To identify relevant articles, searches were made in the relevant bases in Web of science and ProQuest on 13 September 2023.



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### *Web of science*

(Coproduction OR Co-production OR Cocreation OR Co-creation OR comanagement OR co-management) (All Fields) and (Norway OR Germany OR "United Kingdom" OR England OR Scotland OR Wales OR "Great Britain") (All Fields) and Article (Document Types) and Psychology Applied or Geriatrics Gerontology or Ethics or Anthropology or Criminology Penology or Psychology Multidisciplinary or Gerontology or Nursing or Social Sciences Biomedical or Political Science or Social Work or Urban Studies or Sociology or Economics or Health Policy Services or Regional Urban Planning or Health Care Sciences Services or Public Administration or Geography or Public Environmental Occupational Health or Management or Business or Education Special or Family Studies or Psychology or Psychology Educational or Psychology Social or Demography (Web of Science Categories) and 2021 or 2020 or 2018 or 2019 or 2017 or 2016 or 2015 or 2014 or 2013 or 2012 or 2011 or 2022 or 2023 (Publication Years)

The search rendered 2103 articles

### *ProQuest*

(ALL(Coproduction OR Co-production OR Cocreation OR Co-creation OR Comanagement OR Co-management)) AND (ALL(Norway OR Germany OR "United Kingdom" OR England OR Scotland OR Wales OR "Great Britain"))

- Scholarly Journals
- 2011-01-01 - 2023-09-13
- APA PsycInfo® OR Sociological Abstracts OR Sociological Abstracts OR Social Services Abstracts OR EconLit

The search rendered 744 articles

All the materials were saved in endnote and duplicates were deleted. All the materials identified in the research were evaluated in a two-stage screening process, with titles and abstracts screened against the inclusion criteria in the first stage. For the articles that were not deemed clearly irrelevant in this first stage, the full articles were screened. When one author did not find it clear if an article met the inclusion criteria, both authors convened to assess the article. The process is illustrated in Figure A1.1.

## *Data extraction*

From each article, we detailed the following information

- Country of the study/empirical context:
- What is the design?
- What sort of methodology is used?
- Which service area is studied?
- The phase in the policy cycle
- Is the service co-produced a core service for the public provider or a complementary service?



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- Does it identify barriers for successful co-production?
- Does the contribution identify criteria for successful co-production?
- Who are the actors in the co-production, on the public side?
- Who are the actors in the co-production, on the non-public side:
- How the institutional framework influence co-production? This includes the role of:
- National laws and regulation
- Local regulation
- 'Market' situation in the field, for example, role of for-profit actors
- Civil society structure
- Power asymmetries stakeholders
- Historic development and path dependency used as explanatory for co-production
- Are any measures of outcomes/quality of co-production provided/discussed?

### *Qualitative thematic analysis of the empirical findings*

Most of the reviewed studies were based on qualitative data. Consequently, we do not conduct a formal statistical meta-analysis. Instead, we present a qualitative thematic analysis of the empirical evidence regarding what facilitates collective co-production in health and care services (Thomas and Harden, 2008).

In our analysis, we first systematised the results according to descriptive themes and created a table containing the most important information from each article. We then compared the most important results of the articles with each other. We made this comparison across all articles, but also between articles from the same empirical context/country. In this way, we identified the main analytical themes that, according to the articles, can explain or facilitate collective co-production. Finally, we develop an argument about the state of research in this area, the need for new research that can expand our understanding of the facilitators of collective co-production in health and care, and the limitations of our current study.


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# Appendix 2: Table A2.1: Papers included in findings from systematic literature review, grouped by country

*United Kingdom, 18 articles*

| Study | Methodology | Service area | Key question/ topic | Identification of barriers and facilitators, main findings |
|---|---|---|---|---|
| Albert, A., Islam, S., Haklay, M. and McEachan, R. R. C. (2023) Nothing about us without us: A co-production strategy for communities, researchers and stakeholders to identify ways of improving health and reducing inequalities, *Health Expect*, 26(2): 836–46 | Qualitative/ Co-produced with stakeholder | Health | How to establish co-production processes in policy formulation | Emphasises the crucial importance of adequate resources and infrastructure for effective co-production + nine further recommendations. It is important to adapt co-production to the context. |
| Anderson, J., Connolly, J., Gray, N., Macgillivray, S., Mulherin, T., Munro, A. and Toma, M. (2023) The leadership of co-production in health and social care integration in Scotland: a qualitative study, *Journal of Social Policy*, 52(3): 620–39 | Qualitative, interviews with senior planning officers and key actors in national agencies | Health and social care | How do leaders of health and social care integration understand seek to operationalise co-production? | Leadership and relationship work are important factors for shaping co-production results. Leaders need to be boundary spanners. Importance of working with the third sector at a local level. Key barriers: Lack of resources for co-production, power struggles between levels of government and sectors, conflicting policy signals, for example, localisation vs regionalisation. |
| Andrews, R. and Wankhade, P. (2015) Regional variations in emergency service performance: does social capital matter?', *Regional Studies*, 49(12): 2037–52 | Quantitative, panel data | Ambulance service/ health | Examines whether social capital is associated with improved regional emergency service performance | Social capital is advantageous for the co-production of emergency measures in non-life-threatening situations. Successful co-production requires that the tasks to solve must be calibrated. Co-production improves services when the tasks are fitting. |

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| Study | Methodology | Service area | Key question/ topic | Identification of barriers and facilitators, main findings |
|---|---|---|---|---|
| Baker, K. and Irving, A. (2016) Co-producing approaches to the management of dementia through social prescribing, *Social Policy & Administration*, 50(3): 379–97 | Qualitative case study | Elderly care/ dementia | Social prescribing where people with dementia are offered social activities provided by a voluntary organisation | Investigates a failed attempt at co-production. Differences between professions/sectors were the main obstacle. Doctors were unwilling to prescribe even when patents were satisfactory. Differing perceptions of what is valuable and what documentation is required, as well as difficulties in overcoming institutional logic, are cited as an unresolvable obstacle. |
| Best, S. and Myers, J. (2019) Prudence or speed: Health and social care innovation in rural Wales, *Journal of Rural Studies*, 70: 198–206 | Qualitative | Social care | The role of voluntary organisations in social care innovation | Obstacles include institutional and professional protectionism, local bureaucracy, lack of time and resources. The risk of professionals patronising voluntary organisations. Time is crucial factor – one needs much time. It is important to adapt to local culture and practise. |
| Bolton, M., Moore, I., Ferreira, A., Day, C. and Bolton, D. (2016) Community organizing and community health: piloting an innovative approach to community engagement applied to an early intervention project in south London, *Journal of Public Health*, 38(1): 115–21 | Mixed Qualitative and minor quantitative part, action research | Health policies | Analyse feasibility, acceptability, consistency and beneficial effects of devising and implementing a community-led, community-level intervention providing social support for mothers who are pregnant or with young children consistency refer to NICE-guidance on community engagement involving co-production and community control | Finds that a community intervention is largely successful. Little analysis of the drivers for the success, but includes the evaluation of the effort from the stakeholder. Social capital is singled out as one beneficial factor. |

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| Study | Methodology | Service area | Key question/ topic | Identification of barriers and facilitators, main findings |
|---|---|---|---|---|
| Bovaird, T., Stoker, G., Jones, T., Loeffler, E. and Pinilla Roncancio, M. (2016) Activating collective co-production of public services: influencing citizens to participate in complex governance mechanisms in the UK, *International Review of Administrative Sciences*, 82(1): 47–68 | Comparative survey study | Across areas, but includes health and social well-being | Which people are most likely to engage in individual and collective co-production? How can people be influenced to extend their co-production efforts by participating in more collective activities | Collective co-production is likely to be high in relation to a particular issue when citizens have a strong sense that they can make a difference ('political self-efficacy'). Other factors positively associated with collective co-production are satisfaction with government consultation and, to a lesser extent, satisfaction with public information. |
| Bovaird, T., Van Ryzin, G. G., Loeffler, E. and Parrado, S. (2015) Activating citizens to participate in collective co-production of public services, *Journal of Social Policy*, 44(1): 1–23 | Comparative survey study | Across areas, but includes health | What motivates people to engage in co-production? Compares individual and collective co-production | Drivers for collective co-production: (1) efficacy is by far the most important, (2) low age (in the United Kingdom, but not in all five countries), (3) less educated, not active in the labour market. Many of these factors differ from individual co-production. |
| Brown, J., Luderowski, A., Namusisi-Riley, J., Moore-Shelley, I., Bolton, M. and Bolton, D. (2020) Can a community-led intervention offering social support and health education improve maternal health? A repeated measures evaluation of the PACT project run in a socially deprived London borough, *Int J Environ Res Public Health*, 17(8) | Qualitative | Health | Can a community-led intervention offering social support and health education improve maternal health? | Co-production with community groups can help minority women overcome barriers to accessing health services, such as cultural norms and referral barriers, as well as factors related to the service itself. |

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| Study | Methodology | Service area | Key question/ topic | Identification of barriers and facilitators, main findings |
|---|---|---|---|---|
| Doheny, S. and Milbourne, P. (2013) Modernization and devolution: delivering services for older people in rural areas of England and Wales, *Social Policy & Administration*, 47(5): 501–19 | Qualitative data, interviews | Health and care services (other services for older people, for example transport) | Explore how modernisation effects the way services are provided to older people in rural areas | The modernisation of public services, including the emphasis on co-production and devolution processes with associated discourses in rural areas of England and Wales in relation to services for older people, is proceeding differently: the emphasis on the customer-centred citizen in England has led to a local focus on reablement, community development and personal responsibility. Modernisation in Wales, on the other hand, has been shaped by the key concepts of collaboration and citizenship, emphasising service users and working with the voluntary sector. |
| Ellis Paine, A., Kamerāde, D., Mohan, J .and Davidson, D. (2019) Communities as 'renewable energy' for healthcare services? a multimethods study into the form, scale and role of voluntary support for community hospitals in England, *BMJ Open*, 9(10): e030243 | Multi-method | Health | Examine forms, scale and role of community and voluntary support for community hospitals in England | Focus on the impact of volunteer input, identifies the lack of volunteers as a potential barrier. Voluntary organisations play an important role for hospitals, both in terms of financial support and in the co-production of services that do not require highly skilled expertise. |
| Hafford-Letchfield, T., Simpson, P., Willis, P. B. and Almack, K. (2018) Developing inclusive residential care for older lesbian, gay, bisexual and trans (LGBT) people: an evaluation of the Care Home Challenge action research project, *Health Soc Care Community*, 26(2): e312–e20 | Qualitative, action research | Elderly care | Describes an action research initiative. Six care homes belonging to a national care provider, collaborated to assess and develop their services with the support of local LGBT volunteer 'community advisors' and academic partners | Organised volunteers from the local community contributed with their knowledge, innovation and motivation for change to ensure that services for older LGBT people were better adapted to their sexual orientation. The challenges were lack of knowledge and unwillingness of institutions to engage. |

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| Study | Methodology | Service area | Key question/ topic | Identification of barriers and facilitators, main findings |
|---|---|---|---|---|
| Lidbetter, N., Seccombe, N., Rogers, E. G. and Lee, T. (2022) A reflection on the development and delivery of a community peer support service for clients experiencing anxiety and depression, *Mental Health and Social Inclusion*, 26(4): 389–400 | Case study, quantitative | Health care and education/ training | Describe the development, implementation, delivery and evolution of a community-led, comprehensive, peer support service, including co-production approaches, peer support worker role development, outcomes, acceptability and lessons learnt over a five-year timeframe | Achieving a greater balance/ representation of clients, volunteers, staff, and other stakeholders improved the legitimacy of the co-production process. Training and other methods contributed equally. 'Objective, skilled facilitation of the co-production process, helped improve the effectiveness of the group and helped to innovate new developments in the service was enhanced as all involved grew more experienced and confident with co-production methods' (p 398). |
| Martin, G. P. (2011) The third sector, user involvement and public service reform: a case study in the co-governance of health service provision, *Public Adm*, 89(3): 909–32 | Qualitative case study | Health services | To analyse the challenges of voluntary organisations in facilitating user influence, besides other roles (design, management, delivery) in tension with this advocacy role in the welfare field | The author notes that, as a governance actor independent of the state, the NHS and clinical and managerial interests, voluntary organisations were able to facilitate user voice without dominating it, and were therefore a positive factor in collective co-production. The close and prolonged collaboration between voluntary organisations and the NHS, and the competing governance logics in terms of performance management and competition for funding, have hindered the advocacy role of voluntary organisations. |
| Mazzei, M., Teasdale, S., Calò, F. and Roy, M. J. (2020) Co-production and the third sector: conceptualising different approaches to service user involvement, *Public Management Review*, 22(9): 1265–83 | Qualitative, interviews with wide range of stakeholders | Health and social care (and other services) | Analyse the third sector role in co-production of public services and questions the assumption that TSO can act as an effective proxy for service users | The third sector encompasses a wide range of organisational forms, interests and governance arrangements, which affects the nature and character of the relationships between the sector and its members. Member organisations directly articulate the needs of service users, drawing on their own experiences. The level of engagement in the co-production process depends on the type of TSO. |

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| Study | Methodology | Service area | Key question/ topic | Identification of barriers and facilitators, main findings |
|---|---|---|---|---|
| Munoz, S.-A., Farmer, J., Warburton, J. and Hall, J. (2014) 'Involving rural older people in service co-production: Is there an untapped pool of potential participants?, *Journal of Rural Studies*, 34: 212–22 | Quantitative survey analysis covering six rural settlements 2009–10 | Community, health and care services (although specific services are not specified in survey) | To assess the potential for service co-production by rural older people in the settlements | There is a very small potential of uninvolved older residents who are willing to engage at a high level (co-production of services). Older people in rural areas are already active in the community to a large extent, but much less likely to volunteer and participate in co-production, which requires a higher level of engagement. The importance of resource contributions required for co-production, for example, volunteering for community collectivities and services, becomes clear. |
| Stewart, E. (2021) Fugitive coproduction: conceptualising informal community practices in Scotland's hospitals, *Social Policy & Administration*, 55(7): 1310–24 | Interpretative qualitative study | Health services | Focus on informal community practices on Scottish hospitals, presenting a model of fugitive co-production | Fugitive co-production are important example of informal community practises where informal groups collaborate with local staff to shape care practises. These local groups can be characterised as actors and doers rather than 'talkers'. Importance of context: The local context in terms of available resources is important for the type of engagement of groups that are in different ranges of socio-economic status. |
| Thompson, A. G. H. (2020) Contextualising co-production and co-governance in the Scottish National Health Service, *Journal of Chinese Governance*, 5(1): 48–67 | Qualitative | Social care | To provide a set of complementary insights and possible explanations for current emergent forms towards co-production and deliberative forms of governance in Scottish social care | Scotland differs from England in favouring cooperative arrangements over market-based management. Poor health outcomes and opposition to Westminster rule (particularly following the 2016 EU referendum) are the main reasons why Scotland is taking a different political path to England. And with it, a move away from the previous path dependency in welfare development. |



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*Germany, 3 articles*

| Study | Methodology | Service area | Key question/ topic | Identification of barriers and facilitators, main findings |
|---|---|---|---|---|
| Ewert, B. and Evers, A. (2014) An ambiguous concept: on the meanings of co-production for health care users and user organizations?, *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 25(2): 425–42 | Qualitative interviews with experts from voluntary organisations (user org in health) | Healthcare | Analyse the changing meaning of co-production for service users and user organisations following from modernisation processes (knowledge-based services, economisation, marketisation) | As individual users are given more choice and responsibility in health services, with both risks and opportunities, user organisations provide a supportive collective infrastructure that protects and empowers individual users to share the burden rather than bear sole responsibility for successful co-production. The challenge for voluntary/ user organisations is to meet the needs of different user groups: Users who take up the challenge and make the best possible informed choices, and users who need special support and protection as they are the large group that has little chance of becoming co-producers with perfect expertise and being smart consumers. |
| Loeffler, E. and Timm-Arnold, P. (2021) Comparing user and community co-production approaches in local 'welfare' and 'law and order' services: Does the governance mode matter?, *Public Policy and Administration*, 36(1): 115–37 | Qualitative, focus groups | Social care elderly and young people and community safety services | How co-production is related to modes of governance (that is, hierarchy, markets and networks) | Governance mixes characterised by networks enable co-production, while governance mixes with more hierarchical forms are an obstacle to co-production. |
| Mettenberger, T. and Küpper, P. (2019) Potential and impediments to senior citizens' volunteering to maintain basic services in shrinking regions', *Sociologia Ruralis*, 59(4): 739–62 | Qualitative, comparing regional areas (rural communities), interviews | Engagement of elderly citizens in a variety of services, including health | Critically questioning the potential of younger senior citizens' volunteering as a way of maintaining basic services in shrinking regions by means of co-production | Identifies both the number and type of volunteers (passive contact seekers vs diversely engaged key players) as barriers to the co-production of basic services. The first group does not make much time available for volunteering, the other group is already busy. Motivational structures also important as an obstacle or driver. |

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*Norway, 4 articles*

| Study | Methodology | Service area | Key question/ topic | Identification of barriers and facilitators, main findings |
|---|---|---|---|---|
| Andfossen, N. B. (2016) The potential for collaborative innovation between public services and volunteers in the long-term care sector, *The Innovation Journal: The Public Sector Innovation Journal*, 21(3): 1–21. | Quantitative, survey | Long-term care | Discusses the potential contribution and the possibilities for voluntary actors in the interstices between the professionals and the care receivers in public long-term care services, explores innovative possibilities in a collaborative innovation perspective and reveals the amount of voluntary work already occurring in Norway | Identifies and measures the unpaid voluntary efforts of three groups: organised volunteers, unmanaged volunteers and informal carers. The contributions of the three different actors are substantial, have been stable over time and even show increasing efforts in some areas. The three groups have different requirements for cooperation with public services. The future potential for innovation depends on municipalities becoming more aware of the differences between the three groups of voluntary actors and supporting them all in planning future activities without conflicts of interest. |
| Andfossen, N. B. (2020) Co-production between long-term care units and voluntary organisations in Norwegian municipalities: a theoretical discussion and empirical analysis, *Prim Health Care Res Dev*, 21: e33. | Survey analysis | Elderly care | To identify the extent to which long-term care units (LTC units) in Norwegian municipalities and voluntary organisations collaborate in the coordination of volunteer activities at the local level | The LTC units often coordinate voluntary activities that correspond to the statutory public care services. In addition, LTC units also make a significant contribution to the coordination of other voluntary activities, either alone or to a lesser extent in collaboration with voluntary organisations. This limited division of tasks in the coordination of voluntary activities in municipal care services can be seen as a sub-optimal use of resources, limiting the potential for co-production. |

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| Study | Methodology | Service area | Key question/ topic | Identification of barriers and facilitators, main findings |
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| Blix, B. and Hamran, T. (2017) 'When the saints go marching in': Constructions of senior volunteering in Norwegian government white papers, and in Norwegian senior volunteers' and health-care professionals' stories, *Ageing and Society*, 10.1017/S0144686X17000046: 1–30 | Qualitative, policy documents and focus groups | Care service for the elderly | Perceptions of senior volunteers in care services | Contrasts policy papers with qualitative interviews with staff and volunteers and finds that senior volunteers in particular see themselves as independent and active facilitators and spokespeople for the less able. It is crucial for senior volunteers to find a balance between commitment and independence that respects the skills of senior volunteers. The authors argue that the influence of volunteer organisations should not be underestimated, even if seniors have chosen to fight their battles directly at the local level. |
| Guribye, E. (2018) Co-creation of linking social capital in 'Municipality 3.0', *Journal of civil society*, 14(1): 77–93. | Mixed qualitative and quantitative. Ethnographic fieldwork, interviews, document analysis and survey | Welfare production: elderly care, refuge integration, drug related care and combatting child poverty | The role of linking social capital as prerequisite for co-creation to work | Even in a high-trust country like Norway, building linking social capital in the form of inter-organisational networks is a complex process fraught with potential barriers. Lack of local trust between actors in the municipal and voluntary sectors, power asymmetries, as the main barriers to co-production. |


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