
Citation:

Passey, A. (2020) The Impacts of Co-production on Public Professionalism: A Bourdieu-inspired Analysis of Mental Health Services for Children and Young People [Online]. Leeds Beckett University. Available from: <https://figshare.leedsbeckett.ac.uk/articles/thesis/The_impacts_of_co-production_on_public_professionalism_a_Bourdieu-inspired_analysis_of_mental_health_services_for_children_and_young_people/25062323/1> [Accessed 26 January 2024]. - [Link](#)

Link to Leeds Beckett University Research Data and Thesis Repository record:

[10.25448/lbu.25062323.v1](https://figshare.leedsbeckett.ac.uk/articles/thesis/The_impacts_of_co-production_on_public_professionalism_a_Bourdieu-inspired_analysis_of_mental_health_services_for_children_and_young_people/25062323/1)

Item Type:

Thesis

Licence:

CC BY 4.0

The aim of the Leeds Beckett University Research Data and Thesis Repository is to provide open access to the outputs and data from our research, as required by funder policies and permitted by publishers and copyright law.

The Leeds Beckett University Research Data and Thesis Repository holds a wide range of outputs and data, each of which has been checked for copyright, licenses and any relevant embargo periods have been applied by the Research Services team.

We operate on a standard take-down policy. If you are the author or publisher of an output and you would like it removed from the repository or believe there to be any issues with copyright please [contact us](#) and we will investigate on a case-by-case basis.

**THE IMPACTS OF CO-PRODUCTION ON PUBLIC PROFESSIONALISM: A
BOURDIEU-INSPIRED ANALYSIS OF MENTAL HEALTH SERVICES FOR
CHILDREN AND YOUNG PEOPLE**

ANDREW CHRISTOPHER PASSEY

A thesis submitted in partial fulfilment of the requirements of Leeds Beckett University
for the degree of Doctor of Philosophy

January, 2020

Abstract

This study critically examines the impact of public service co-production on professional practice. It addresses a gap in the literature, in which little attention has been paid to how co-production shapes ideas of professionalism and the professional practice of staff working in public services. The study comprises a novel synthesis of theory from public management, the sociology of professions, and Bourdieu's theory of practice. It involves a qualitative case study of the implementation of a policy oriented towards co-production. Following Bourdieu, the case study is conceptualised as a "game", in which players possess forms of capital that they use to maintain or gain power and influence. The study critically engages with Bourdieu's theory, by asking what happens in a game defined by a logic of co-production, not competition.

Research was undertaken at two interconnected levels. Macro-level critical discourse analysis of policy texts revealed the colonisation of the policy space by neoliberal discourses. These set limits to what local actors deemed possible. Micro-level research comprised 31 interviews and observation of 21 meetings of professionals involved in policy implementation. Data were explored in a thematic analysis. Local actors typically understood co-production in organisational terms, rather than in front-line work with service users. Other themes pointed to a layered experience. Actors with pre-existing positions in the field were able to extend their professional jurisdictions in one part of the game. In another, new actors were able to legitimate an alternative mode of professional practice closer to conceptualisations of service user co-production in the academic literature.

Along with theoretical insights, the study's empirical findings have implications for a number of professional communities and for the design and delivery of public policy. Findings elucidate gaps between high-level policy discourse on co-production and front-line implementation, and between the academic debate and how co-production is understood in the practice of staff working in public services.

Candidate's declaration

I hereby confirm that this thesis is my own work. The thesis, or any part thereof, has not been previously submitted for any degree or comparable award.

Acknowledgements

First, I would like to thank Professor Nick Frost, Dr Pamela Fisher, Dr Erika Laredo and Dr Glenn Williams, who were members of my supervisory team during the three years I was working on this study. They provided a balance of support and challenge, and different perspectives, all of which helped me to shape and undertake this research. In addition, members of the School of Health and Community Studies, especially Dr James Woodall, Dr Ruth Cross and Dr Louise Warwick-Booth, provided support, guidance and encouragement at different times.

I am especially indebted to the professionals who gave up their time to participate in this study, and who allowed me to observe them as they worked together to implement the policy programme. Their generosity, in giving up their time and in sharing their views and experiences, is much appreciated. Local commissioners provided support and helped me access other professionals working in the programme, which greatly assisted in the fieldwork.

I would like as well to thank the School of Health and Community Studies at Leeds Beckett University for funding this work and providing me with a scholarship to undertake it. My thanks as well to members of the university's Graduate School, for devising the training programme that helped me sharpen my research skills.

Finally, I would like to thank my partner Sally, who has patiently listened, absorbed, and commented as I have tried to articulate and develop my thinking over the course of this study. Her confidence in me has helped me throughout, but most especially when I was trying to develop my own voice. Without her, this PhD would not have been possible, so I am ever grateful for her support.

Contents

Abstract	2
Candidate's declaration	3
Acknowledgements	4
List of tables and figures	10
Glossary of abbreviations.....	11
Chapter 1: Introduction: political, economic and fiscal context	12
The political, economic and fiscal context of the study	13
Public service reform	13
The debate about neoliberalism: definition and impacts.....	14
The "problem" of mental health	18
Increasing prevalence of mental health issues.....	18
Historical underfunding of mental health services.....	20
Mental health: the response	21
Funding of services	21
Implementing <i>Future in Mind</i>	22
Chapter 2: Literature Review	24
Introduction.....	24
Co-production of public services.....	24
How co-production is defined in the public management literature.....	25
The key themes in research on public service co-production	28
Co-production has consequences	29
Co-production requires citizen resources and inputs	31
Co-production involves different views of service users	32
Co-production and structural change in public services.....	36
Co-production: limits and critiques	39
Co-production: contingent and context-specific.....	41
The role of service professionals	42
Introduction.....	42
Contours of an occupation-based professionalism	43
New public management, "top-down" and "bottom-up" pressure, hybrid professionalism.....	45
Professionalism at "street-level"	47
Discretion and autonomy	48
Engagement with clients and citizens	50

Synthesis: contemporary relating professionalism.....	51
Defining “public professionals”	57
Chapter 3: Methodology	60
Introduction.....	60
Ontological, Epistemological and Methodological Approach.....	60
Research Strategy	64
Introduction: a Bourdieusian methodological framework	64
Macro-level analysis: scoping and situating the local game in the wider political, social and economic context	66
Meso-level: assessing positions and relations within the game	68
Different modes of capital that might be in play in the game.....	69
Mapping player positions as they entered the game	71
Micro-level: case study of the local game	72
Research design: case study approach, case selection and participant sampling	72
Determining what is at stake in the local game	75
Methods: collection and analysis	77
Data collection	77
Interviews.....	78
Documentary data.....	80
Observation.....	80
Data analysis.....	81
Analytic strategy	81
Analytic method	82
Reflexivity and research ethics	83
My reflexivity	83
Research ethics.....	85
Chapter 4: Macro-Level Policy Analysis	87
Policy analysis: situating the local game in the wider political, social and economic context.....	87
The critical discourse analysis method	88
Contextualising the texts	90
Analysis.....	91
Discursive Practice.....	91
Medicalisation	92
Marketisation.....	93
Individualisation	97

Co-production of children and young people's mental health services.....	99
Economism.....	102
Textual analysis: constructing "common sense"	105
Conclusion.....	108
Chapter 5: Co-production as the preferred way of working (logic of practice) ..	111
Introduction.....	111
A co-productive logic of practice	113
The four dimensions of co-production in the programme	115
Co-design of local services: the centrality of citizens	117
Co-governance: a new scope of joint decision-making	120
Co-management of service delivery: a shift to a non-clinical model of practice...	121
User co-production of front-line services: meaningfulness limited and constrained by quantitative perspectives	124
The voluntary and community sector: from partner to co-producer	129
Fostering and constraining co-production in the local game	132
Mechanisms to foster co-production	133
Constraints on co-production.....	134
Summary and implications.....	138
Chapter 6: The game's local <i>doxa</i> - "mental health is everybody's business" ..	144
Introduction.....	144
Mental health is everybody's business	147
<i>Doxa</i> as narrative	148
Realising <i>doxa</i> through <i>illusio</i> : cementing a view about inappropriate referrals ..	152
Material mechanisms and processes to embed and align with the game's logic of practice.....	155
Implications	158
Summary	161
Chapter 7: How players comprehended the game: the layered, generative and challenged professional <i>habitus</i>	162
Exploring the <i>habitus</i> of players in the game.....	162
Revisiting the theory of the <i>habitus</i> : multi-layered and reflexive.....	162
A universalising "public service" element in the professional <i>habitus</i>	166
A public service ethos not <i>habitus</i>	166
Maintaining a public service ethos in the game.....	167
Eroding the universalising tendency of the public service ethos: sectors, professions and institutions	172
Conclusion.....	178

Chapter 8: Upskilling: the role of cultural capital in shaping the field and reproducing hierarchy	180
Introduction.....	180
The workforce problem.....	181
National issues and dimensions	182
Study-borough's local approach to workforce transformation in <i>Future in Mind</i> ..	183
"Upskilling": the key to workforce transformation in Study-borough.....	184
How the purpose of upskilling was articulated.....	185
The parameters of upskilling staff in <i>Future in Mind</i>	187
Constraints on upskilling in <i>Future in Mind</i>	189
Legitimizing and valuing skills and knowledge in <i>Future in Mind</i>	191
The two faces of upskilling.....	191
Playing cultural capital in the game.....	196
Conclusion: an emerging epistemic shift in non-specialist practitioners	199
Chapter 9: Reproduction and change: social capital, symbolic capital and modes of professionalism	202
Introduction.....	202
Limited evidence of a shift to a relating mode of professionalism in the game	204
Professionalism as doing: competition within a co-productive logic of practice	209
Reproducing the existing hierarchy: self-recognition and omission	209
Legitimizing social capital: challenging "dominant" interests	214
Overcoming the "misconceptions" of other players.....	217
Emphasising relational strengths.....	219
A social model of practice	222
Exercising front-line discretion	224
Authenticity	225
Conclusion: shifting perceptions and challenging the rules of the game.....	227
Chapter 10: Conclusions and implications	231
Research question 1: How do professionals from different organisations and sectors understand public service co-production in the case study?.....	231
Research question 2: How are these understandings of public service co-production impacting on professional practice in the case study?	235
Research Question 3: What does this reveal about theoretical understandings of public service co-production and public professionalism?.....	240
A gap between local meanings of co-production and "elite narratives"	240
Reflecting on the use of Bourdieu's thinking tools in a co-productive logic of practice.....	242

Exploring co-productive features of a relating mode professionalism.....	244
Ideas for future research	249
Summary	250
References	251
Appendix 1: Participant information sheet (example)	280
Appendix 2: Interview topic guide (example)	282
Appendix 3: Consent form	284
Appendix 4: Basic participant information	285
Appendix 5: Local ethics approval	286

List of tables and figures

Table 1	Citizen and government roles in different public policy regimes (UK)	Page 36
Table 2	Synthesising within public service regimes	Page 53
Table 3	Participants in the study (interviewees)	Page 75
Table 4	CDA - summary of sources	Page 90
Table 5	The four dimensions of co-production in Study-borough	Page 116
Table 6	Features of the continuum of co-production in Study-borough	Page 139
Table 7	Manifestations of different modes of professionalism in the local game	Page 206
Table 8	Conceptualising a co-productive mode of relating professionalism in <i>Future in Mind</i>	Page 245
Figure 1	Mental health is everybody's business	Page 158

Glossary of abbreviations

CAMHS	Children and adolescent mental health services
FiM	Future in Mind
LA	Local authority
LTP	Local transformation plan
NHS	National Health Service
NPG	New public governance
NPM	New public management
PA	Public administration
PSO	Public service organisation
SR	Spending Review
VCO	Voluntary and community organisation
VCS	Voluntary and community sector

Chapter 1: Introduction: political, economic and fiscal context

The overarching objective of this study was to develop new theoretical and empirical insights into the relationship between co-production and professional practice in public services. This is an under-researched area (Steen & Tuurnas, 2018; Forde, 2019), and this thesis part fills a gap in the literature. The research involved an in-depth case study of the implementation of a policy that was, on the face of it, oriented towards co-production. This approach generated rich material on the connections between professional practice and co-production, enabling synthesis and critical development of existing theory. It also pointed to gaps between understandings of co-production in policy circles and the academic field and the meanings of co-production of public professionals implementing policy on the ground. As this thesis sets out, those gaps might have material consequences.

The specific policy explored in this study was known as *Future in Mind* (Department of Health, 2015). It was launched by a Conservative government in late 2015, although its roots lay in the previous Coalition government. The aim of the policy was to improve access to mental health services for children and young people, particularly at “low levels” of need. As the discussion below sets out, *Future in Mind* was part of government’s response to a series of policy and service delivery “problems”. The policy was broadly designed at a national level, where particular features, such as a fixed period of funding, were built into it. There was however, a degree of latitude locally for how the policy would be taken forward. Local parameters included who was involved, how they were involved and why they were involved. All of those factors impacted not only service delivery, but also how professional practice developed as the policy unfolded.

My interest in doing research in this policy area stemmed from my time working in the Department of Health, during a period when “parity of esteem” between mental and physical health was being framed as a government commitment. As part of a departmental programme to better link policy makers with front-line practitioners, I had spent time shadowing staff in statutory mental health services and mental health charities, as they worked with service users. Speaking to these staff, it became evident that many of the issues that the users of their services faced stemmed from early life experiences. The *Future in Mind* policy was specifically seeking to address that issue, through prevention and early intervention. The policy was also of research interest

because it included a commitment to foster co-production with service users, which provided an opportunity to explore what that commitment meant to those working to implement the policy locally.

Three research questions were developed in order to pursue the study's research objective:

1. How do professionals from different organisations and sectors understand public service co-production in the case study?
2. How are these understandings of public service co-production impacting on professional practice in the case study?
3. What does this reveal about theoretical understandings of public service co-production and public professionalism?

This thesis is structured by the key themes that emerged in the case study fieldwork, rather than by research question. The concluding chapter however, explores this study's implications by referring back to each of the research questions.

The remainder of this introductory chapter critically explores the broader context of the study. It begins with a discussion about the nature and impacts of a series of "neoliberal" reforms to public services generally and the health field specifically. It then focusses on mental health, both in respect of how it has been framed as a "problem" and how government has sought to respond, including through *Future in Mind* itself. This discussion provides a picture of the environment in which work to implement the policy was taking place. Subsequent chapters more specifically locate *Future in Mind* in wider neoliberal discourses, before the micro-level case study is set out in a number of analytical themes. A final chapter explores the implications of this study.

The political, economic and fiscal context of the study

Public service reform

This section involves a summary of recent reforms to public management and public services, which influenced the dynamic context in which this case study is embedded. Chapter four provides a detailed account of how public service co-production fits within this reform landscape. The remit in this chapter is wider, involving critical engagement with the debate about "neoliberalism", both as an underpin of policy making and public service delivery, and as a driver of reform to public management and public services. The discussion draws on a broad definition of public management reform as "[d]eliberate

attempts to change the structures, processes, and/or cultures of public sector organisations with the objective of getting them (in some sense) to work better” (Pollitt & Bouckaert, 2017, p. 2). In relation to the UK public sector, many commentators have bracketed these broadly neoliberal reforms as the new public management or NPM (Hood, 1991; Ferlie & Geraghty, 2005; Osborne, 2010). This is not a widely contested notion, however there has been ongoing debate about what neoliberalism actually comprises, and how far it might be viewed as a coherent programme, especially in relation to UK public management and public services. That debate is briefly outlined, concentrating on different views of what neoliberalism comprises, and its effects on public policy design, implementation, and public service delivery. The emphasis is particularly on health service reform, including a narrower focus on mental health services. Interest here is specifically on how, at a high level, the problem of mental health has been framed, and how government has used fiscal and policy mechanisms to respond to it.

The debate about neoliberalism: definition and impacts

The literature includes an argument that neoliberalism is premised on a particular way of knowing and engaging with the world, which “proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private property rights, free markets and free trade” (Harvey, 2005, p. 2). Neoliberalism has been located in an economic logic of competition and efficiency, which involves the decoupling of the economic from the social in respect of objective structures and people’s predispositions (Bourdieu, 1998a). Geographically, neoliberalism has an international scope, with different models and variants observed and critiqued in the UK, the US, South America and continental Europe (Jessop, 2013; Pollitt & Bouckaert, 2017). A critical review of the range of perspectives in the social science literature defined neoliberalism as “a political project that is justified on philosophical grounds and seeks to extend competitive market forces, consolidate a market-friendly constitution and promote individual freedom” (Jessop, 2013, p. 69). The mechanisms and tools of neoliberalism have included policies, which have front-line effects on public services, and institutions that have an economic focus extending beyond the “state”, and which work to develop a “natural truth” that belies issues of negotiation, contest or protest (Hilgers, 2013).

A range of definitions and usages suggests that neoliberalism has been seen in the literature as a “chaotic concept” that is much used by critics and outsiders, but less so by those supposedly doing it and/or expounding it (Jessop, 2013; Rowlands & Rawolle,

2013). Jessop (2013) focusses on what he terms “actually existing neoliberalism”, which he argued emerged in the 1970s and peaked in the 1990s. As he goes on to say however, it is still dominant because of the path-dependent nature of those things that were put in place in its highpoint in the 1990s (Jessop, 2013, p. 42). Others have distilled two key ways that neoliberalism is defined and deployed in the literature (Rowlands & Rawolle, 2013; Wacquant, 2012), which point to it being a contested and at times contradictory concept (Harvey, 2005). The first is a narrow economic definition and usage in which state and “market” are locked into a zero-sum relationship. The State is hollowed out, it withdraws, and in effect gets out of the way of the market (Wacquant, 2012). The second usage is a wider politically imposed view, which goes beyond the state to structure the actions both of the governed and those who govern (Wacquant, 2012, p. 70). The latter suggests that neoliberalism extends outwards from economics to other areas, a view that is supported here. Jessop (2013) also noted these different usages of neoliberalism as a political project, and as an economic project to increase market power and competition and to extend it to many areas.

These views of a wider neoliberalism, like Harvey’s definition above, point to its deployment as an “epistemic project” (Jessop, 2013, p. 68). Conceptually, at its core neoliberalism can be seen as a conscious shifting of relationships between different actors, in what has been described as a distinct “articulation of state, market, and citizenship that harnesses the first to impose the stamp of the second onto the third” (Wacquant, 2012, p. 71). Harnessing the market involves foregrounding competitive connections between different actors, an orientation that “extends far beyond the economy of the free market to a complex and antagonistic relationship between the individual, the community and the state” (Rowlands & Rawolle, 2013, p. 261). Neoliberalism is seen here to have had significant relational consequences, structuring dispositions that individuals internalise and which in turn shape their perceptions of what is possible (Hilgers, 2013).

Bourdieu (1998a) argued that neoliberalism had become “self-evident”, given that the use of terms such as flexibility and deregulation “tends to imply that the neoliberal message is a universalist message of liberation” (Bourdieu, 1998a, p. 31). The state is itself key in this, “as the core agency that actively fabricates the subjectivities, social relations and collective representations suited to making the fiction of markets real and consequential” (Wacquant, 2012, p. 68). However, Bourdieu did not view the state as a uniform, unified or disinterested entity, but instead he saw it having an economic right hand that sought to control and constrain public spending, and a left hand that undertook

more socially-oriented work in order to “compensate for the most flagrant inadequacies of the logic of the market” (Bourdieu, 1998a, p. 3). Bourdieu’s theory of the state has been read as a political intervention and form of resistance, with the aim of increasing the influence of the left hand of the state, which he argued had diminished in neoliberalism (Loyal & Quilley, 2017).

The health field has long been subject to top-down reforms that have conformed to the traits of neoliberalism discussed above. For example, the 1990s saw the creation of a split between the purchasers or commissioners of health services and the organisations that provide services, as well as tariff payments for some (but not all) medical interventions provided by health care organisations (Dopson, 2009). There has been a focus on “choice” for health service users, which critics have viewed as a form of responsibilising individuals both for their presenting issues and for responses to them (Dent & Pahor, 2015; Callaghan, et al., 2017). The 2012 Health and Social Care Act was the most recent attempt to reform the health service along broadly neoliberal lines (Speed & Gabe, 2013). It would seem to sit firmly within the broader reform of public services, which has sought to extend competition between providers, open up services to consumer choice, and to marketise whole public service systems. The Act was far-reaching in its attempts to extend competition between service providers, and to devolve decision making away from national and regional bodies (Ham, et al., 2015).

The 2012 Act combined four broad institutional elements:

- The *abolition* of Primary Care Trusts and Strategic Health Authorities.
- The *creation* of new organisations. The most significant were: (i) an “independent” national NHS Board to lead on the allocation of resources to the system; (ii) local Clinical Commissioning Groups (CCGs) with power to commission local services; and (iii) Health and Wellbeing Boards in each local authority, which were tasked with bringing together health and other public services, user groups, and the voluntary sector to identify local health and care needs.
- A set of *regulatory changes* designed to improve quality and foster economic competition between health providers. These included the development of the Care Quality Commission (CQC) responsible for service quality, and Monitor to act as the system’s economic regulator. The latter has since merged with the Trust Development Authority to form NHS Improvement.
- The *moving of many public health functions* from the NHS to local authorities. Unlike other parts of the health system, these functions were not protected and their budgets were cut in the 2015 Spending Review (SR).

In addition to these institutional changes, through the Act the then Government sought to open up delivery of services to “any qualified provider”, as part of its approach to commissioning. This potentially enabled new, for-profit providers to bid for contracts to deliver health services. It has been described as a further deregulation of the health service (Speed & Gabe, 2013), which built on the reforms of previous Labour administrations (Ham, et al., 2015). The legislation generated controversy both as it made its way through Parliament and after gaining Royal Assent (Timmins, 2012; Glover-Thomas, 2013; Speed & Gabe, 2013; Ham, et al., 2015). Some critics claimed that it “undermined the funding of the National Health Service, and challenged the founding principle of free universal provision” (Speed & Gabe, 2013, p. 564), while others noted that it “generated concern amongst service users, clinicians and service providers alike” (Glover-Thomas, 2013, p. 283).

The 2012 Act also formalised government commitment to the “parity of esteem” of mental and physical health services. While cautious about the prospects of full implementation, Glover-Thomas (2013) argued that this commitment presented “a very real opportunity to enable mental health to be mainstreamed into core public health priorities” (Glover-Thomas, 2013, p. 297). Others were less sanguine and more critical of this aspiration (Callaghan, et al., 2017). They suggested it was based on a medicalised model wherein mental health is viewed like other medical problems in ways that de-emphasise the social, economic and family contexts of mental health service users. Parity was also seen as being unhelpful for attempts to tackle inequalities, since it would lead to a focus on services rather than what were the underlying drivers of psychological distress in the first place (Callaghan, et al., 2017, p. 122). Notwithstanding these different viewpoints, the NHS itself confirmed its commitment to parity of esteem by 2020, but with the caveat that doing so was subject to the outcome of the 2015 SR (NHS England, 2014, p. 26)¹. It seems that the commitment to parity became one of the bargaining chips in the process of negotiating and setting public spending from 2015 to 2020.

¹ Although published by NHS England, the *NHS Five Year Forward View* (NHS England, 2014) sets out a collective view of NHS England, Public Health England, Health Education England, the Care Quality Commission, Monitor and the NHS Trust Development Authority (now NHS Improvement).

The “problem” of mental health

Increasing prevalence of mental health issues

The policy literature and health surveys have painted a problem of mental health and illness, through reference to the increased prevalence of common mental health conditions, differential rates of presentation to health services by demographic group, and inconsistent and at times poor availability of services. Rates of mental health conditions have reportedly increased in the last two decades, in England at least. According to the 2014 Adult Psychiatric Survey (McManus, et al., 2016), one in six adults (aged 16 and over) in England reported that they had a common mental disorder (CMD)². That rate was up from 2000, driven by an increase to one in five women in 2014. Across all age ranges, reported rates of self-harm had risen since 2007, although the authors cautioned that this might in part have been due to greater willingness among respondents to report. There was variation by socio-economic factors, with people who lived alone, were in poor physical health, or were not employed, all reporting higher rates of CMD compared with other groups. Treatment rates and the use of mental health services had increased to one in three sufferers of a CMD by 2014, compared with one in four in 2000 and 2007. This change was driven in part by a reported increase in the use of psychotropic medication. After controlling for differences in the reported level of need, those people in the Black ethnic group were least likely to be receiving treatment, whereas the highest treatment rates were those who were White British, female, or aged 35 to 54.

Rates among children and young people have reportedly increased in the last two decades. The latest survey, undertaken in 2017, stated that one in eight 5 to 19 years olds had “at least one mental disorder”, and that the prevalence of mental disorder among 5 to 15 year olds had grown from 9.7% in 1999 to 11.2% in 2017 (NHS Digital, 2018). The growth was predominantly due to an increase in what were defined as “emotional disorders”, such as anxiety, depression, mania and bipolar affective disorders. Other types of disorder (defined as “behavioural”, “hyperactivity”, or “other common disorders”) had reportedly remained stable between 1999 and 2017 (NHS

² “These are characterised by a variety of symptoms such as fatigue and sleep problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness, and obsessions and compulsions, which present to such a degree that they cause problems with daily activities and distress” (McManus, et al., 2016, p. 390).

Digital, 2018). The policy literature suggests that approximately half of all mental health problems in the English population are established before people reached the age of 14 (Mental Health Taskforce, 2016). This, it is argued, has consequences later in life. For example, children and young people diagnosed with “conduct disorder” reportedly had worse outcomes in adulthood, including markedly higher rates of drug dependency and of imprisonment. Other research points to evidence of variation among children and young people, with those who were part of “low income” families reportedly three times more at risk of mental health issues than children and young people in the highest income families (Mental Health Taskforce, 2016). Further, the 2014 Adult Psychiatric Survey (McManus, et al., 2016) reported that young women were increasingly a high-risk group for CMDs, and that the gap in relation to young men was widening. The language of “problems” in some of this literature reflects what some have seen as an increase in the medicalisation of childhood mental health issues (see for example Callaghan, et al., 2017).

The literature also refers, in a number of ways, to the so-called “burden” of mental health problems. Mental health reportedly accounted for 28% of England’s “national disease burden” in 2011/12 although, as outlined below, health spending does not reflect that. Burden is also expressed in an annual national “cost” of providing mental health support. This is said to comprise a direct cost to the taxpayer of an estimated £19bn in government spending in 2013/14, plus a more indirect cost of around £14bn met by unpaid carers (Mental Health Taskforce, 2016). These figures are dwarfed however, by the estimated £105bn annual economic and social cost of mental health in England (Mental Health Taskforce, 2016).

Support for young people is reportedly inconsistent, with long waiting times for treatment (Mental Health Taskforce, 2016). A 2018 “independent” review by the Care Quality Commission (CQC) of children and young people’s mental health services reported it had found “a complex and disjointed system that produces disjointed support” (Care Quality Commission, 2018, p. 4). The report claimed this was a consequence of a lack of joint work in commissioning, service planning, service delivery, and because of a complicated regulatory system (the latter might in part reflect the interests of the CQC as one of the regulators in this field). The CQC report claimed as well that the service system, in which they included the voluntary sector and schools as well as NHS organisations, was “under pressure”. It starkly summarised the implications for children and young people: “[l]ong waiting lists, inappropriately high eligibility criteria, and gaps in service provision all make it harder for children and young people to access the right

support at the right time” (Care Quality Commission, 2018, p. 4). An earlier academic review found evidence of similar barriers to accessing services encountered by children and young people, but also reported two more. First, were children and young people’s expectations of how they would be perceived by providers (concern that they would not be taken seriously, and that there would be poor communication and feedback with only limited sharing of decision making). Second, providers themselves also identified structural barriers, such as a concern over their ability to diagnose and prescribe, and a lack of clarity on when to refer (Anderson, et al., 2017). Another finding in the CQC report is of specific interest for this study. This was a view that working across teams and services was the standard to which the system should aspire. Getting there, the CQC concluded, would require staff “putting their [children and young people’s] interests above the competing cultures, systems and processes of the organisations involved in their care” (Care Quality Commission, 2018, p. 5). While those appear to be among the ingredients required for a co-productive approach in public services, organisational constraints, and the ongoing strength of a “professional culture” among staff, have been shown to drain this potential (Tuurnas, 2015). In summary, this evidence suggested that those responsible for implementing *Future in Mind* would need to navigate a difficult context.

Historical underfunding of mental health services

Analysis has pointed to the common drivers of health and care spending in developed nations (OECD, 2015). These are: demographic, such as increased life expectancy and people living longer with one or more long-term condition; and non-demographic, including technological change, price inflation, and increased public expectations (Appleby, 2013). The same author claimed that evidence points to all these issues becoming more acute over coming decades. In England, public spending on adult social care services fell by around 3% in real terms between 2009/10 and 2017/18, while health spending increased in real terms by an annual average of 0.9% between 2010 and 2015. Health spending is projected to grow at around 2.7% per year between 2015 and 2023/24³ (Nuffield Trust, 2015; Gershlick, 2018; Institute for Government, 2018). These rates need to be set against the estimated annual real-terms pressures on health and care services of 3% to 4% (NHS England, 2016a). There appears to be a disjuncture in spending within the overall NHS fiscal envelope. Although mental health reportedly accounted for 28% of England’s “national disease burden” in 2011/12, mental health services only made up 13% of total spending in the NHS that same year (McManus, et

³ This is based on government funding announcements up to June 2018

al., 2016, p. 27). Assuming that this ratio had remained stable, a rough calculation⁴ based on the NHS budget in 2017/18 suggests a gap of around £17bn between the burden of mental health and the amount spent in the NHS budget to tackle or relieve it. This would seem to suggest either that mental health services are markedly more efficient than other parts of the NHS, that they are underfunded, or some combination of the two. The policy literature makes a strong claim of underfunding, arguing (in a more economic language) that there has been “chronic underinvestment in mental health care across the NHS in recent years” (Mental Health Taskforce, 2016, p. 10).

Mental health: the response

Funding of services

At the 2015 Spending Review (SR), the then Government claimed that overall NHS funding would increase in real terms each year to 2020. It also announced average annual real-terms reductions of 3.9% in public health funding over the same period, which it claimed “finishes the job of reforming the public health system” (HM Treasury, 2015a). In relation to the *Future in Mind* policy, this cut to public health spending needs to be considered in combination with the almost halving of central government funding of local authorities from 2010 to 2018, which has led to cuts in discretionary spending on youth services (down by almost two thirds in real terms), and a close to 50% cut in funding of Sure Start (National Audit Office, 2018a, p. 27). This effectively meant that a range of community-based, preventative, health and wellbeing services faced significant funding cuts, and potentially some could have disappeared altogether. While NHS funding has been “protected”, in that it has kept pace with inflation, demand for services has reportedly continued to rise much more quickly (NHS England, 2016a). Observers questioned whether the overall package for health and social care funding in the 2015 Spending Review was sufficient (Nuffield Trust, 2015; Local Government Association, 2015). Even so, the pledge of an additional £600 million specifically for mental health services by 2020 was cautiously welcomed by the key mental health charities in the Mental Health Policy Group⁵.

⁴ Based on NHS budget of ~£115bn; 28% = ~£32.2bn; 13% = ~£15bn; difference = ~£17bn

⁵ The Mental Health Policy Group consists of Mind, Rethink Mental Illness, Centre for Mental Health, Royal College of Psychiatrists, Mental Health Foundation and the Mental Health Network

More recently, in the 2018 Budget the then Government confirmed an additional £20.5 billion a year to the NHS in real terms by 2023-24⁶, and that the budgets for mental health services would rise as a proportion of overall spending (HM Treasury, 2018). Given historically low spending on mental health services, their growth would need to be significant to make up for previous lost ground. The Government claimed this extra funding would ensure that more people who were off or out of work due to mental health issues would return to employment. The Government portrayed this additional spending as evidence of its commitment to parity of esteem between mental health and physical health services, but it seems clear that it expects a return on its “investment”. The 2018 Budget announcement also claimed that the NHS would prioritise mental health services for children and young people, including more services in schools and improved crisis care.

Implementing *Future in Mind*

While the *Future in Mind* report set out a high-level strategy to transform services, the Mental Health Taskforce quantified an ambition of “helping at least 70,000 more children and young people each year to access high-quality mental health care when they need it by 2020/21” (Mental Health Taskforce, 2016, p. 70). Among the “must dos” for the NHS in 2017 to 2019 was the full delivery of “the implementation plan for the Mental Health Five Year Forward View for all ages” (NHS England et al., 2016a, p. 9), which would require additional funding of mental health services. Specifically, there was a requirement in guidance to NHS commissioners for them to grow spending in mental health services at least as quickly as growth in overall health spending. While this effectively meant that these services would not lose ground in funding terms in relation to other services, given that mental health services had been historically underfunded then simply keeping pace with overall funding growth would seem more like damage limitation rather than a significant step change in spending. The NHS itself reported that the three years to 2017 had seen a “[d]ecisive investment upturn, with overall mental health funding up £1.4 billion in real terms compared to 3 years ago” (NHS England, 2018). The same report claimed that, by 2017, 20,000 more children and young people would be getting “specialist mental health treatment”, again compared with three years previously. Other voices were less sanguine. For example, the National Audit Office was sceptical that the 49 recommendations made in the *Future in Mind* report would be

⁶ This is the budget for NHS England, which accounts for around 90% of public spending on health in England. It does not include the budget for the relevant department of state, nor other parts of the health system, such as public health services funded through local authority budgets since the 2012 Health and Social Care Act.

implemented, especially those relating to “vulnerable groups” of children and young people (National Audit Office, 2018b).

This overview has outlined the wider context of reforms to health services, historic underfunding of mental health services compared with spending on physical health, and cuts to funding for public health services provided by local authorities since the 2012 Health and Social Care Act. That shortfall in funding was exacerbated by reported increases in the prevalence of mental health issues among all age ranges, including children and young people, which have led to long waits for services. Government responses have included a commitment to the parity of esteem of mental and physical health, announcements of additional funding for mental health services, and new policy such as *Future in Mind* to try to relieve the pressure on the mental health services system. It is in this broad context that this case study of local implementation was situated.

Chapter 2: Literature Review

Introduction

This review of the literature draws on two main bodies of theory. It begins with the public management literature on public service co-production, given that the case study is one of policy implementation within a supposed logic of co-production. This body of literature reveals the influence of policy makers both in the increased academic focus on co-production, and to an extent in how definitions of the concept are normative in nature. It is suggested that this is because the term has been linked with wider attempts at the reform of public services, which to differing degrees are rooted in critiques of existing policy implementation and public service delivery. It is argued that co-production is best conceptualised as a contingent and context-specific phenomenon. This study is focussed on professional staff working in public services, and so the second body of literature that is focussed upon here is the sociology of professionalism (but which has an interest too in professions and professional staff themselves). An important element of this literature is work on street-level professionalism in public services. Like co-production itself, work on professionalism has been influenced by public service reform, and there are parallel impacts on constructions of the people who use services and those who are charged with delivering them. The most recent strands in these literatures suggest that theories of co-production and professionalism are beginning to draw closer to one another. The review draws on those emerging theoretical links, plus recent work on street-level professionalism, in a synthesis of the literature and an operationalisation of a definition of “public professional” in the case study.

Co-production of public services

This section involves a critical review of the definitions of co-production, and alternative approaches that have sought to develop typologies of the concept. Most especially, it includes critical review of how co-production has been positioned as a means to other ends in public policy and services, how co-production requires inputs and resources (including motivations) from citizen co-producers, and different conceptualisations of service users (citizen co-producers). While the plethora of definitions and typologies hints at conceptual confusion, this section distils the core attributes of co-production that are most important for the study. Some of the critiques of the concept are then outlined, especially arguments that have framed co-production as part of wider neoliberal reforms and as a cover for austerity. This part of the review concludes with the contingent and

context-specific approach to co-production in this study, without seeking to create any new definition.

How co-production is defined in the public management literature

The concept of co-production of public services has become widespread over the past two decades. Contemporary contributions in the public management literature reveal its empirical application in different nations, and across different service contexts, *inter alia*: public health (Chaebo & Medeiros, 2017; Hawkins, et al., 2017); health and social care services (Gill, et al., 2011; Roberts, et al., 2013; Morton & Paice, 2016; Lwembe, et al., 2017; Turakhia & Combs, 2017); service innovation (Crosby, et al., 2017); and neighbourhood regeneration (Tuurnas, 2016a; Kleinhans, 2017). In the UK, co-production is now a focus of attention for policymakers, think tanks and academics alike, (see for example, Horne & Shirley, 2009; Penny, et al., 2012; Durose & Richardson, 2015; Loeffler & Bovaird, 2016; Osborne, et al., 2016). The increase in its usage has most recently coincided with an “age of austerity” in UK public services (Pollitt & Bouckaert, 2017). Here, co-production has been a tool in “top-down” efforts by politicians and policy makers to reform public policy and the delivery of public services. In that connection, it is suggested the increased popularity of co-production stems in part from its malleability, a lack of conceptual clarity with ongoing debate over its definition and scope, and its ability to serve different objectives that nevertheless contribute to a wider neoliberal project. For these reasons, following others (Alford, 2016; Tuurnas, 2016), the proposal here is to view and deploy co-production as a contingent and context-specific concept, rather than using a single existing definition or developing another one.

Along with growing interest in what co-production might be able to “do” for public services has come a plethora of definitions as to what it actually is. These attempts at definitional clarity have come from policy makers and think tanks, as well as from academics. The discussion here relates to recent UK definitions of co-production, in an effort to draw out some of the key attributes of the concept. Policy makers in the 1997-2010 UK Labour Government defined co-production as “a partnership between citizens and public services to achieve a valued outcome” (Horne & Shirley, 2009, p. 3), while for two UK think tanks “[co]-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours” (Boyle & Harris, 2009 p. 11). In referencing partnerships, equality and reciprocity, both of these definitions emphasise the importance of relationships in public services. This suggests that the value of public services is derived from the service delivery process as much as from the outcomes that the service delivers, or is perceived

to deliver by the user (Osborne, et al., 2015). Process and relationships are fundamental components of co-production (Loeffler & Bovaird, 2016). Embedded in a relational focus is an implication that co-production has the potential to be a beneficial end in itself, by bringing actors together to enhance relationships. The emphasis in these definitions is on the “co” in co-production, given that it involves the joint activities of more than one actor. If taken at face value, the Boyle & Harris definition seems extremely optimistic. The significance of their definition however, is that it implies existing hierarchies and power asymmetries in relationships between professionals and service users and citizens, which need to be addressed in efforts to foster co-production. Horne & Shirley (2009) also point to the potential of co-production as a route to achieving “valued outcomes”. This exposes the normative nature of some of the definitions and uses of co-production, implying that partnership between users and producers will result in outcomes that are valued. The question of to whom the outcomes will be valuable and how they will be valued is moot, and to an extent is a political issue. It seems to reveal another feature of co-production, i.e. it can be a means to one or more ends.

Definitions used in academic work also point to the relational and outcome potential of co-production, but in addition highlight the inputs provided by different actors. For example, in co-production “all parties make substantial resource contributions” (Osborne & Strokosch, 2013 p. s32), and co-production is about “[p]ublic services, service users and communities making better use of each other’s assets and resources” (Loeffler & Bovaird, 2016, p. 1006). Both these definitions imply that there is some kind of cost as well as potential benefit to co-producers. Of interest here, are questions about why people might be motivated to co-produce, their control in doing so, and the skills and capabilities they might need to co-produce. The degree of agency and voluntarism that users have over co-production is a significant strand in the literature.

As well as potential costs, at the core of the definitions proposed by Osborne & Strokosch (2013) and Loeffler & Bovaird (2016) is a view that citizens themselves possess resources that might contribute to public services. The policy challenge this raises is how to best “activate” citizens to become more involved in public services, both in policy design and service delivery, in order to fulfil their co-productive potential. One strand in the literature focusses on work by policy makers to foster “active citizenship” (Nederhand & Meerkerk, 2018). It constructs citizens as active, not passive, and emphasises their responsibilities as well as their rights (Torfing & Triantafillou, 2013). In the UK, top-down policy discourses such as the “Big Society” claimed to be seeking to “empower” citizens to voluntarily play bigger and more active roles in their communities. Critics have argued

that, by “making individual citizens and organisations responsible for their own well-being” (Eriksson & Vogt, 2013 p. 158) a discourse of active citizenship was in part a cover for cuts to public services on which citizens should rely less than previously (Soares Da Silva, et al., 2018). Research has shown how professional staff working in public services have sought to recognise the resources that citizens possess, in order to identify what those people who use services, and their carers, can do for themselves (Nederhand & van Meerkerk 2018). Some critics have viewed recent policy maker interest in “asset-based” approaches like co-production alongside active citizenship as indicative of the same individualising and responsabilising strand (MacLeod & Emejulu, 2014). The line between active citizenship and service co-production is at times blurred in the literature. This study however, accepts a conceptual distinction between citizen participation that is geared towards improving democracy and shifting power relationships, and co-production which, while necessarily involving the participation of individual citizens or group of citizens, is about making services more effective and of higher quality (Tuurnas, 2016b).

Definitions attest as well to the broad reach of the concept of co-production, classifying it for example as “voluntary and involuntary involvement of public service users in the design, management, delivery and/or evaluation of public services” (Osborne, et al., 2016 p. 640). One significance of this definition is to point out the range of possible moments or opportunities for co-production in public services. Work in the public management field has included the evolution of co-production into a range of what might be described as sub-types including *co-management*, *co-governance*, *co-design*, *co-construction*, and *co-innovation* (Brandsen & Pestoff, 2006; Osborne, et al., 2016). With increased academic attention and attempts at conceptual clarity has come a plethora of new terms, which raises an underlying risk of co-production coming to mean everything and nothing at the same time. It is being asked to do a lot, and for some, the concept of co-production has been “stretched ... to cover a broad variety of phenomena” (Torfing, et al., 2019 p. 802). The main interest here is in how this tendency to stretch, or more optimistically disaggregate, has manifested in different approaches to conceptualising the “user” as a co-producer of public services. This issue is hinted at by the running together by Boyle & Harris (2009) of “people using services, their families and their neighbours” in their definition of co-production.

The plethora of definitions and new sub-types might read like conceptual confusion in the literature. That might perhaps be explained, at least in part, by the relatively short time span of efforts at theorising co-production. An alternative attempt at clarity has

involved development of typologies of co-production to work alongside, or in place of, efforts to arrive at a single definition. For example, Loeffler & Bovaird (2016) distinguished between “private” and “philanthropic” co-production that might generate benefits at the individual or collective level, in what in effect was a development of earlier work by Brudney & England (1983). Brandsen & Honingh (2016) developed the definitions of Ostrom and Parks to distinguish between co-production that is “non-complementary” or “complementary” (in addition to) the work of professional staff either at the implementation stage only or at both the design and implementation phases of public policy. Attention on the level at which co-production might take place is reflected in a three-part typology that moves from individual “consumer co-production” in front-line services that is aimed at user empowerment, through “participative co-production” at the planning and design phase, to a mode of “enhanced co-production” that combines the two previous levels with the aim of user-led innovation of new forms of public service (Osborne & Strokosch, 2013). Osborne, et al. (2016) have attempted further conceptual unpacking of co-production, by separating an emphasis on co-production as a voluntary activity for users from a view on co-production as involuntary. These they then cross-related with activity at the individual service and the service system levels. The result is four “ideal-types”, all of which they argue have potential to generate value in public services (Osborne, et al., 2016). A first type involves involuntary co-production at the level of a single service, while a second involves individuals voluntarily working with professionals to co-design higher quality services. Both these modes provide bases for a third type that emphasises the value that can be created by service users resolving an issue that had previously impacted their lives, or a fourth type that generates wider social capital from new capacity to resolve future issues (Osborne, et al., 2016, p. 645). Taken together, the range of definitions and typologies provides only limited conceptual clarity. In order to further interrogate the concept of co-production, some key themes are distilled from the literature that are the most compelling for this study.

The key themes in research on public service co-production

The roots of public service co-production in the public administration literature go back to research in metropolitan areas of the United States in the 1970s (Ostrom, 1996). This work provided a foundation stone for subsequent development of co-production in public management research. The authors of these studies distinguished between the “regular producers” of public services (professional staff) and the “consumer producers” who used the services, and who between them potentially co-produced the services (Parks, et al., 1981). Subsequently, Ostrom deployed the notion of “citizen” to describe potential co-producers, in order to distinguish them from what she viewed as the passive and

“acted upon” clients of public services. In doing so, she argued that “[c]o-production implies that *citizens* can play an active role in producing public goods and services of consequence to them” (Ostrom, 1996, p. 1073, emphasis added). The use of a form of conditional (can) is also instructive, since as Ostrom saw it, co-production was not a given, however she acknowledged that “the production of a service, as contrasted to a good, was difficult without the active participation of those supposedly receiving the service” (Ostrom, 1996, p. 1079). The work of Parks and Ostrom foregrounded a number of key traits, briefly alluded to above, and which have subsequently been deepened and expanded in the literature. First, their work distinguished between goods and services in arguing that services were more easily produced with the active participation of citizen (co)-producers. That distinction is further developed in recent work that has drawn on service management literature in arguing for a focus on how users might be the (co)-creators of value in public services (Osborne, et al., 2016). It also opened up the need to consider the consequences of co-production, including if and how it might lead to improved quality in public services. Second, it distinguished conceptually between regular and citizen (co)-producers of public services, or more generally between service providers and service users. While in practice co-production has the potential to blur that distinction (Penny, et al., 2012), by for example impacting pre-existing hierarchies between professional and service user, a conceptual distinction was useful in navigating the literature. It also helped with the focus on professional staff in this study. Third, this early work argued for a richer, active notion of service users as citizen (co)-producers, rather than viewing users as simply the passive clients of public service organisations. The discussion now turns to an exploration of how these key themes have been developed in the public management literature since the seminal work of Ostrom, Parks and their colleagues.

Co-production has consequences

The literature points to a range of beneficial ends that co-production can achieve. It might for example lead to improved service quality through easier access and greater availability of services, or help build the resilience of users of mental health services (Slay & Stephens, 2013). Co-production may also improve service efficiency (Loeffler & Bovaird, 2016; Askheim, et al., 2017), by enabling the delivery of more services for the same level of input, or the same for fewer inputs. Both of these kinds of end suggest that co-production might provide better value for money in public services. It should be noted however, that the inputs in these calculations will typically be those funded by the public purse, which through co-production are potentially boosted by new inputs from citizens and service users. It seems clear that “substituting paid personnel with voluntary efforts

means that some of the costs are transferred to the co-producers themselves” (Pestoff, 2006, p. 507). There is then the issue of whether co-producer effort is replacing core activities, or is adding to them. Durose & Richardson (2015) argued that Ostrom’s use of “additive” was not a simple efficiency case in which public service organisations might be able to do more for the same inputs. Instead, they claimed, it suggested that community assets were necessary but not sufficient to effect change and that they still required support and resources from other actors, including government. Their argument suggested that co-production required an ongoing state role, rather than the withdrawal of core services.

Another potential impact is for the process of co-production to make public services more innovative. This requires a more challenging mechanism, which may mean a discontinuity from previous or existing models of service delivery (Osborne & Strokosch, 2013). One perspective on innovation argues against economistic and efficiency-based attempts to “scale-up” from local, innovative co-productive approaches. Instead, it argues for the potential to “scale out” at a more local level by diffusing ideas and local innovation among wider sets of actors (Durose, et al., 2014, p. 16). The consequence would be “economies of scope” in and from co-production, in which forms of knowledge and expertise are brought together and added to, rather than substituted for each other (Durose & Richardson, 2015, p. 34). A recent systematic review was however equivocal about the relationship between co-production and social innovation, both in respect of the overall effect of co-production or of the different degrees of citizen involvement that are possible within it (Voorberg, et al., 2015).

The literature also points to what might be described as the wider benefits of co-production, such as more sustainable public services themselves (Osborne, et al., 2015), increased social capital among service users and citizens (Cummins & Miller, 2007), and effects on democracy (Pestoff, 2006; Voorberg, et al., 2015). Co-production suggests that service users have a right to influence services in a “bottom-up” way, including what outcomes services should aim to deliver - defined by Horne & Shirley (2009) as “valued outcomes”. This view of outcomes is potentially highly significant, because in co-production “the focus is on (mutually shared) outcomes rather than merely ‘services’ ... [indicating] ... a shift away from defining public services solely in terms of professional state administration, which can, from an optimistic perspective, bring forth broader civic struggles for self-determination and democratic choice” (Eriksson & Vogt, 2013, p. 164). This still leaves open the potential risks of a model of democracy that sits outside of formal democratic processes (Loeffler & Bovaird, 2016), in which those best connected

and already advantaged are able to exert disproportionate influence. Here, co-production might actually further entrench existing social and economic inequalities (Torfing, et al., 2019). These disparities are often underpinned by different perceptions among policy makers and public professionals of what resources or assets individuals, groups or communities might bring to co-produced policy or services (Loeffler & Bovaird, 2016). That caution serves to highlight the significance placed on citizen resources, and characteristics, in efforts to foster public service co-production.

Co-production requires citizen resources and inputs

Co-production is based on the notion of an active rather than passive citizen, or often service user, rather than a user as someone who simply consumes services that are designed and delivered by professional staff (Ryan, 2012). Conceptualising the users of public services in this way moves them away from simply being the clients of public service organisations (Crosby, et al., 2017). These active service users possess assets that can help to improve and reform public services (Penny, et al., 2012). In co-production, particular qualities (assets, resources, capabilities) are attributed to individuals (Ryan, 2012). It has already been argued that this process might further solidify inequalities between service users and communities. Other authors have pointed to the potential for it to mask power differences between professional staff and service users. An optimistic view would be for public managers to “work with and through a broad range of relevant and affected actors that hold important innovation assets such as experience, ideas, creativity, courage, authority, and legitimacy” (Crosby, et al., 2017, p. 659). In contrast, a more sceptical perspective cautions that “uncritical application of the principle of seeing patients and carers as assets and equal contributors (as opposed to passive recipients of care and services) may miss out on substantive imbalances between them and paid professionals” (Filipe, et al., 2017, p. 4). Further, there is a view that a focus on user competences is indicative of a consumerist perspective on service users (Askheim, et al., 2017), which individualises them.

Another way of thinking about resources is to consider user motivations for co-producing at all. User motivations have been described as intrinsic, social, normative, as well as material, in nature (Verschuere, et al., 2012). Non-material motivations have been seen as potentially important in the literature, and they are of interest in this study because they emphasise a social and relational orientation to co-production. Intrinsic motivation reflects values and norms, while the motivation to be working alongside others as part of a collective endeavour highlights the importance of social capital (Verschuere, et al., 2012; Voorberg, et al., 2015). So-called “normative” motivations (participation, influence

and democracy) have also been identified as important in co-production (Verschuere, et al., 2012), as have the socio-economic and demographic characteristics of individuals (Voorberg, et al., 2015). Evidence about the strength of the effects of these motivations and characteristics on co-production is however limited in scope, and mixed in its conclusions (Loeffler & Bovaird, 2016). By implication, organisations themselves should not take for granted user motivations to co-produce.

The discussion so far has focussed on the citizen side, but has been silent on the organisational and professional factors that might encourage or preclude co-production. At a macro-level, from a service professional's perspective, users might help frame the "problem", they might help to solve it, or they may be seen to bring particular assets or resources (Vershuere, et al., 2012). A systematic review of the public management literature identified four organisational factors in co-production, which were not dependent on a particular policy or service area (Voorberg, et al., 2015). These are important considerations in this study. Two were broadly structural (organisational capability for co-production and incentives for staff to co-produce), both of which will impact the capacity of professional staff to co-produce with service users. The other two were more subjective, relating to the attitude of professional staff towards the legitimacy of service users to be active co-producers, and their willingness to take risks. Both of the latter two points raise the issue of professional culture as a potential enabler, or drag on co-production, an issue that is returned to in the synthesis section of this review.

Co-production involves different views of service users

In an early and influential typology of co-production, Brudney & England (1983) distinguished between individual, group, and collective levels. Individual co-production might be voluntary and agentic, or citizens might only enjoy limited agency as co-producers in services that had been "captured" by producers, such as education services for example. The benefits of individual co-production are largely personal to the specific users, which means they generate forms of private value (Loeffler & Bovaird, 2016). Group co-production was viewed by Brudney & England (1983) as voluntary, and often requiring of some form of co-ordination through the involvement of neighbourhood associations or voluntary organisations for example. These organisations have been shown to build trust and "can act as an effective facilitator of participation by individual citizens" in public services (Howlett, et al., 2017, p. 488). Organisations of that kind played a significant role in the case study, as later discussion will outline. Like the individual variant, the benefits of group co-production accrue only to those citizens actively involved as co-producers. Brudney & England (1983) argued that a third mode,

what they called collective co-production, was one response by the public sector to constraints in public funding. Here, the aim was to generate a more public type of value from public services, with the benefits accruing across the citizenry and not just to those actively involved as co-producers. In practice, these modes are often found to be mixed, especially in what have been called “enduring social services” with which users engage over a more prolonged period (Pestoff, 2014).

These group and collective modes have been refined in organisation-based types of co-production, in which third sector or voluntary and community organisations (VCOs) play a key role (Brandsen & Pestoff, 2006). VCOs are positioned as vehicles for increased involvement of groups of individual service users in public services, and these organisations are often now situated within cross-sector, hybrid service systems (Tuurnas, et al., 2015). For example, the co-management by VCOs of public services involves them in jointly managing service delivery, working alongside organisations from the public sector, and at times with private sector organisations. This role is deeper than VCOs simply being one of a number of different service providers contracted to provide services within pre-determined parameters, although such activity has become increasingly common in the UK (Brandsen & Pestoff, 2006; Verschuere, et al., 2012). The role of VCOs in co-governance is a more strategic one, in which they are involved in planning services, or even in the formulation of policy itself (Brandsen & Pestoff, 2006). As chapter five reveals, these modes of co-production were important in the case study. There does seem however to be an underlying hierarchy in this typology (and in other parts of the literature) that privileges public service organisations as the primary engines of value creation in public services, a view that is increasingly challenged (Osborne, 2018) and which is outlined below.

A different set of arguments relates more tightly to how the service user, or would-be co-producer, is constructed in the literature. These arguments are, to a greater or lesser degree, embedded in a wider context of reforms to public services and public policy. In theory the notion of user as “consumer” emphasises the possibility of exiting from services altogether, or users exercising their freedom of choice by moving from one provider to another (Callaghan & Wistow, 2006; Le Grand, 2010). User choice in public services has been viewed as a benefit in and of itself, which might additionally have the function of keeping service providers motivated, although the competition it allegedly fosters has also been viewed as predominantly theoretical (Le Grand, 2010). The notion of consumer has been seen as a personal and individual one (Callaghan & Wistow, 2006; Fotaki, 2011), deployed as part of a system of externally-driven incentives and sanctions,

hierarchy, and command and control through targets and performance management (Le Grand, 2010). It is closely linked with the notion of a user as a “customer” of public services, an orientation that has been seen as a core component of the new public management or NPM (Pollitt & Bouckaert, 2017) and which suggests limited voice for the users of public services (Pestoff, 2018).

The construction of service user as “citizen” is a more collective one, suggestive of individuals with wider interests than those of a consumer (Callaghan & Wistow, 2006). In engaging with public services, citizens “are the stakeholders partaking in the creation of a public good. Unlike the consumer, citizen is also defined by her belonging to a community” (Fotaki, 2011, p. 937). This broadening out from a narrower construction of consumer has been reflected in the literature on co-production. According to one systematic review, citizens have been positioned as co-implementers in front-line public services, and as co-creators of public services through their involvement in processes of service design and even in initiating change in public services (Voorberg, et al., 2015). Critical distance is needed however, since co-production is not dependent on collective action or processes, and as such it potentially constructs users as individual consumers as much as collective citizens (Fotaki, 2011). As a consequence, critics have raised concerns that service co-production potentially puts responsibility onto service users as much as it might give them a greater stake in what services are provided and how they are implemented (Dent & Pahor, 2015; Fotaki, 2015; Meijer, 2016).

A recent turn in the literature is towards users as (co)-creators of value in public services (Osborne, et al., 2016; Hodgkinson, et al., 2017; Osborne, 2018; Eriksson, 2019). This orientation is critical of existing conceptualisations of co-production, which remain embedded it is argued, in a linear, goods-producing model that does not fully account for the role of the user in public services. While much of the literature explicitly or implicitly views co-production as voluntary for service users, this more recent work has drawn on theory from services management to argue that co-production is involuntary. It claims that the nature of public services means that production and consumption are contemporaneous (Osborne & Strokosch, 2013). In this view, co-production is “an essential and inalienable core component of service delivery: you cannot have (public) service delivery without co-production” (Osborne, et al., 2016, p. 641). As such, the service user is a co-producer of the service, whose engagement fundamentally affects its quality and nature.

Taken on its own, this risks making the concept of co-production merely “descriptive” (Needham & Carr, 2009), unless the interaction between service provider and user is meaningful. That meaning is manifested in the status of service user as the (co)-creator of value in public services as part of a “public service logic” in which “customers and service users are co-creators and co-producers of the services they consume” (Hodgkinson, et al., 2017, p. 1004). According to this view, it is not public service organisations that create value, all they do is make service offerings or value propositions as a facilitator of potential value (Osborne, 2018). It is the interaction of users with these propositions that can create or destroy value. This potentially marks a shift from customers as consumers to customers as the co-creators of value (Fotaki, 2015). Co-production is still inherent, but only in the form of “user participation in the development of a value proposition and in the design of a more effective and efficient service provision” (Tommasetti, et al., 2017, p. 940). This perspective, which positions service users as the creators of value in public services, has potential to challenge the hierarchy between public service providers and the people who use their services. By extension it might also challenge existing notions of professional culture that have been seen to inhibit more co-productive services (Tuurnas, 2015). There remain however, a number of conceptual issues that need to be worked through (Osborne, 2018). These include the balance between value created by and for individual users and wider public value that might accrue to citizens (Alford, 2014). There is also the risk of underplaying the structural conditions in which service users are embedded, including rules, traditions and norms as well as institutional structures (Eriksson, 2019). Further, this approach potentially still views service users as “customers” (Fotaki, 2015), in a form of “modified” consumerism that sits within a wider neoliberalism that has shifted from a crude provider/consumer model, a change that was necessary “for the inherent reason that public services are not directly generating a product” (Pilgrim, 2018, p. 274). While a focus on user co-creation of value would seem to have potential in raising important questions for professionals and organisations, it might still underplay the relational underpinnings of co-production.

The public management literature on co-production shows the ongoing influence of the NPM, especially when services users are constructed as individualised customers or consumers of public services. Co-production is not just conceptually complex, and to an extent a messy phenomenon, it is also an inherently political one given the claims that have been made for it by UK governments of different ideological persuasions. This points to the need to situate the development of the concept within wider changes to public policy and public service delivery.

Co-production and structural change in public services

The growing popularity of co-production as an approach to public services has coincided with evidence of a shift towards a new “regime” or “wave” in public service planning and delivery. This has been termed the new public governance (NPG) in the literature. The NPG emphasises inter-organisational linkages, wider service systems, and a much richer understanding of public services as services (Osborne & Strokosch, 2013). The NPG has been seen in the literature as the third policy and service regime in northern and western nations since the middle of the twentieth century (see table one). It followed the public administration regime (PA), which relied on inputs such as citizens voting and paying taxes for its legitimacy (Meijer, 2016) and which reached its peak from 1945 to the mid-1970s after when it came under increasing strain. Second was the new public management (NPM), which has roots in public choice theory (Osborne, 2010) and which emphasised outputs such as service quality and choice of provider as its basis for legitimacy (Meijer, 2016). Third and emerging most recently, is the NPG, which is seen by its proponents to best fit the complex open systems that now constitute public services (Osborne, 2010).

Table 1: Citizen and government roles in different public policy regimes (UK)

Type of policy 'logic'	Citizen role	Citizens provide	Government provides
Public administration (PA)	Subject	Elections and tax resources	Protection of the rights of citizens
New public management (NPM)	Client or customer	Feedback, exercise voice and choice Some payments for (collective) services	Value for money
New public governance (NPG)	Co-producer	Collaborative engagement	Collaborative action

Adapted by Passey, 2020 from Meijer (2016, p. 599)

The NPM had a particularly strong intra-organisational focus on efficiency and performance management, and as such study of it tended to focus on the organisation as its unit of analysis (Osborne, 2010). It emerged in the 1970s and 1980s, in part as a reaction to perceived limitations in PA, and in part as an explicit critique of the state (Pollitt & Bouckaert, 2017). While the NPM was prevalent in the UK until the early 2000s, it was subject to significant criticism before then, and given that it is still evident in public

services, criticisms persist. The NPM emphasised organisational efficiency, cost savings, performance frameworks and indicators, competition between providers, disaggregated organisational forms, contracts, marketisation, and choice for service users who were constructed as customers (Hood, 1991; Pollitt & Bouckaert, 2017). At one extreme, the marketisation of public services involved privatisation, but more common was the introduction of business-type “incentive structures” like outsourcing contracts and the encouragement of “consumer choice” (Bevir, 2008, pp. 9-10). Further, as outlined below, management itself came to be seen as a key capability in the NPM, given that a perceived lack of accountability, and lowered public trust in professions, were strands in the critique of the PA (Ferlie & Geraghty, 2005). The NPM can thereby be seen as deeply consequential both for: (i) how service users and citizens were, and it is argued here still are, constructed in public services and; for (ii) how professional staff working in public services increasingly faced bottom-up pressures from customers and clients, and top down pressures from a new cadre of public service managers (Sehested, 2002). In consequence, the NPM is said to have reduced professional control in public services (Ferlie & Geraghty, 2005).

The model of the NPM described here is an archetype. While it has been very influential in a range of national contexts, it was by no means universally applied in every setting in which it emerged, and nor did its characteristics or scope remain fixed over time (Pollitt & Bouckaert, 2017). Instead, the NPM was itself seen to shift from an emphasis on efficiency, cost savings and value for money as part of an “accounting logic” (Ferlie & Geraghty, 2005, p. 431) to a focus on cross-organisation and cross-sector partnership, governance, trust, and greater accountability (Pollitt & Bouckaert, 2017, p. 7). The latter features seem at least to be precursors of the NPG, although this does not imply that the former emphases disappeared. Instead, they were just given a lower profile. As this suggests, these public service regimes should not be seen as sequential and replacing of one another, there are likely to be elements of each of them, and much hybridity, within contemporary public services (Osborne, 2010). The conclusion here is that while an archetype NPM is recognised in the literature, its “real-world” application has been complex, dynamic and contested. This study attempts to attend to this complexity, which is exacerbated in multi-level research of public policy design and public service delivery (Howlett, et al., 2017).

The NPG is highly critical of NPM’s internal focus. Its basis is in institutional and network theory, i.e. the nature, scope and influence of the environment in which contemporary

public services operate (Osborne, 2010)⁷. Services are no longer delivered only by public sector organisations, and policy is no longer made to a universal template. These changes are symptomatic of “a plural state where multiple interdependent actors contribute to the delivery of public services and a pluralist state, where multiple processes inform the public policy making system” (Osborne, 2006, p. 384). The NPG thereby looks beyond a simple state-market divide, instead arguing that cross-sectoral networks were necessary to effectively govern complex societies. This found form in partnerships and in a mode of negotiated agreement between partners, rather than competition between marketised providers that was a feature of the NPM (Pollitt & Bouckaert, 2017). Underpinning these changes was recognition of the importance of governance in public services. Governance refers to processes that take place in more horizontally-oriented networks, which involve “public policy making and implementation through a web of relationships between government, business and civil society actors” (Klijn, 2008, p. 511). Governance networks in public services thereby include government, rather than governance being promoted and instituted as an alternative to government (Pollitt & Bouckaert, 2017). The emergence of governance in public services implied greater openness to citizen co-production, and goes much further than “the passive and restrictive notions of voice and exit employed in new public management” (Ryan, 2012, p. 321). Concerns have been raised that governance might be used in a normative fashion to ignore or smooth over contradictions within and between actors, especially given an inherent tension between emerging models of horizontal governance and pre-existing vertical representative government (Klijn, 2008; Pollitt & Bouckaert, 2017). As one author put it, individuals are potentially engaged in governance networks that go well beyond formal politics and political parties in a kind of “life politics”, that is they are shaping publicly-funded services through co-production (Ryan, 2012, p. 321).

There are two important critiques of the NPM from within the public management literature that serve to distinguish it from the NPG, and which were significant for this study. Firstly, are questions about how a set of methods borrowed from the private sector might be applicable in the public sector (Osborne, 2006), in part because such methods underplay the complex and multi-sectoral contemporary context that imposes limits to “rational reforming” of public services (Haveri, 2006). While at a time of relative resource scarcity striving for internal organisational efficiency in public service organisations will

⁷ A variant is the New Public Service (NPS). It stresses wider values to public sector work, is rooted in the US, and is, it has been claimed, “a movement built on work in democratic citizenship, community and civil society, and organizational humanism and discourse theory” (Denhardt & Denhardt, 2000, p. 549)

remain a key goal for policy makers and public managers alike, recognition that a simple and somewhat mechanistic emphasis on internal efficiency is “necessary but not sufficient” (Osborne, et al., 2015) opens up the need to focus instead on inter-organisational dynamics and processes. Secondly, critics have argued that the rational model that the NPM drew from the private sector was misguided in emphasising a productive rather than a service perspective (Osborne & Strokosch, 2013). At the root of such a critique is a much richer understanding of public services as services, in order to examine how value might be created in them. As outlined above, this has spawned a new strand of work that draws on the commercial services management field in a “public-service logic” (Osborne, 2018). At the core of this is the notion of service user as the (co)-creator of value in public services, rather than public service organisations being the creators of value.

Co-production: limits and critiques

According to one author, “[c]o-production provides a missing piece of the puzzle for developing and renewing democracy and the welfare state” (Pestoff, 2006, p. 517). That sounds very optimistic, but it reflects the dominant tone of the literature, which has tended to highlight the so-called benefits and positive potential of the co-production of public services. There are however some more critical perspectives, which have flagged challenges and potential downsides of public service co-production (Bovaird, et al., 2019). Some of the costs faced by co-producers have already been pointed out, as have some of the social and economic inequalities that co-production has been seen at risk of reproducing rather than challenging. Further, there is the potential for a form of co-option in co-production, wherein services that are planned by professionals are left for individuals and/or communities to deliver (Penny, et al., 2012, p. 8), what has been described as “user/community delivery of professionally planned services” (Boyle & Harris, 2009, p. 16). For example, research in health services settings across parts of the European Union reported a form of “proto-professionalism” in co-productive or participative contexts. Patients became inculcated with medical vocabulary and to an extent socialised, in what the authors claimed was “a soft system of control aimed at ensuring patient compliance” (Dent & Pahor, 2015, p. 551). In effect, the patients were doing the work of professional medical staff, and were at the same time activated in the service and acquiescent to the wishes of professional staff (Durose & Richardson, 2015).

One particular critique is that co-production, like active citizenship, provides cover for state services to retreat by pushing responsibility onto individuals and communities (MacLeod & Emejulu, 2014; Kleinhans, 2017; Crompton, 2019). Put simply, co-

production is attractive to governments since it might lower spending and/or get more out of existing spending (Howlett, et al., 2017), and fits within a consumerist construction of service users (Pestoff, 2018). In these critiques, co-production is another manifestation of neoliberalism that is firmly oriented towards a strategy among policy makers to contain costs and increase efficiency in public services (Pilgrim, 2018, p. 277). As this review has already discussed, contemporary public policy and public services are seen to be shifting from vertical to horizontal relations, and an orientation towards co-production (Osborne, 2010). That shift has meant service users and citizens becoming more active partners in public services, with co-production potentially delimiting new roles (Meijer, 2016). Some of these roles may be additional, but others might relate specifically to more core services, and in this there is a risk that citizens and service users are increasingly constructed as “self-regulating subjects ... responsible, and responsibilised for their own conditions” (King, 2017, p. 254). Here there is a different conceptualisation of the user as co-producer, who is cast to play the role of “responsibilised agent” in an individualised, market-based system that imposes co-production to fill the gap left by the withdrawal or rationing of essential services (Fotaki, 2011). As the same author powerfully argues, “the defendants of co-production fail to argue convincingly why users should be at all relied on or obliged to provide services except in cases of under-provision or no provision of essential services” (Fotaki, 2011, p. 938). Although there is good evidence of a move towards the NPG, the implications for service users as co-producers remain the subject of debate, especially given concerns that co-production itself is, or might be used as, a neoliberal-oriented reform tool. The overlay of different “waves” of reforms in the day-to-day reality of public service implementation of public policy implies that, despite theoretical views that co-production is emblematic of a shift within contemporary public service systems, co-production might be claimed for a number of ends, and potentially involve a range of constructions of service users.

Relatedly, co-production raises a number of organisational challenges. For example, the degree of commitment to co-production appears a key issue. Empirical research has claimed that insufficiently robust organisational foundations of co-production leave open the risk of co-option (Lino, et al., 2019), and that users involved in co-design may actually become more distant from organisations and services if their initial hopes are not then manifested (Whicher & Crick, 2019). Work on the implications of co-production in mental health services has reported professionals boosting their own positions by drawing on the legitimacy provided by user engagement and involvement (Carr, 2016). These examples point to what has been called the “dark side” of co-production (Bovaird, et al.,

2019). Another issue is how organisations might account for the impacts of co-production. Evaluation of co-production has been recognised as a particular issue for voluntary and community organisations that might be co-producing services alongside typically larger and better-funded public bodies (Verschuere, et al., 2012; Loeffler & Bovaird, 2016). This seems a critical point, especially since these organisations have been seen as core agents in some perspectives on co-production (Brandsen & Pestoff, 2006), and because they are among the actors in the micro-level case study explored later in this thesis. Some creative responses have highlighted the potential of a range of “good enough” evaluation methodologies, such as appreciative enquiry, peer review, and the sharing of data, which these organisations might deploy to evidence the contribution of co-production (Durose, et al., 2017). This still raises a concern however, that a headlong rush into co-production based only on its perceived virtues, risks a lack of attention to the potential costs faced by co-producers.

Co-production: contingent and context-specific

This review has argued that there is a normative tendency in much of the literature on co-production, perhaps shaped by the interest of policy makers and think tanks in its potential as part of wider public service reform. Despite this, the evidence about its impacts is mixed. In light of this, there is an argument for more caution towards, and scepticism about, its applicability across the range of contexts in which it has been promoted or applied. This suggests a contingent view of co-production, such as that advocated by Alford (2016) and Tuurnas (2016). Co-production should be studied in context-specific ways.

There is no agreed core definition of co-production in the academic literature, nor in the policy domains in which it has been deployed as a way of implementing policy. There are surely cases to be made for that lack of conceptual clarity being a strength, given that it enables flexibility and potentially innovation, but likewise the lack of clarity might lead to front-line confusion and a mismatch between national policy intent and local implementation. Perspectives on those arguments will have deeply political tones, as well as practical and technical elements. One consequence of limited conceptual clarity is that co-production will be defined differently in different policy areas, and locally as well as nationally. It will thereby be defined, and undertaken, in context-bound ways. While a particular national policy might hint at what co-production might mean to policy makers, the lack of an agreed definition will lead to variation in approach and application. Local definitions might need to draw on a number of traits that are evident in the literature,

in order to shed some light into the conceptual black box of co-production, and to try to ascertain what it might mean for their geographical and service areas.

Co-production is thereby seen here as a highly contingent, context-sensitive concept, whose meanings are best derived through inductive research. That is not to say that locally-coined meanings should not be critically engaged with and potentially challenged. At all stages, this study aims to problematise, and not accept at face value, any construction of co-production. Instead, the intent is to “take seriously the work of *aggregation* and symbolic imposition that was necessary to produce it” (Bourdieu & Wacquant, 1992, p. 243 emphasis in original). Nor is the phenomenon of co-production approached as substantial (i.e. fixed and unchanging) but instead it is seen as relational and context-specific. By questioning its face value and its place in the social context of a micro-level case study, the aim in this study is to situate each locally-held, individual meaning of co-production against other “possible socially-positioned definitions and in relation to other definitions in use” (Grenfell, 2008b, p. 221). In consequence, a specific definition of co-production is not proposed here. Instead, this study critically engages with policy-specific and locally-constructed meanings, and deploys theory to assess how co-production is understood and influential in shaping professional practice. In so doing, the common features to public service co-production, and recent conceptual developments of the concept outlined in this literature, are drawn upon in empirical research. This review now turns to the role of service professionals in co-production.

The role of service professionals

Introduction

Maximising the potential of co-production reportedly “requires a genuine partnership between public service professionals and service users” (Osborne & Strokosch, 2013, p. s40). To achieve this, public professionals would need to “have the openness to subject professional practice and values to ongoing scrutiny informed by their encounters with service users” (Fisher, 2016, p. 346). This would require professional staff, including public service managers, accepting they do not have all the means to solve difficult problems by themselves. Instead, they will need to build partnerships and seek out and energise the assets of external actors to bring new knowledge and resources to undertake negotiated problem-solving (Head, 2010; Torfing, et al., 2019). This will require the overcoming of a reluctance by professionals “to lose status” and a reluctance among top management to “lose control” (Loeffler & Bovaird, 2016, p. 1015), which is not a trivial ask. Responding to it directly concerns the capacity and capability of service

professionals to re-orient practice to enable service co-production (Tuurnas, 2015). Existing service delivery is often geared towards targets and fulfilling organisational processes and resources are scarce (Loeffler & Bovaird, 2016), which suggests structural constraints on public professionals looking to co-produce services. The NPM clearly continues to extend into the daily lives of public service professionals.

These arguments are developed in this section through critical engagement with the literature on professionalism, focussing especially on public service organisations (PSOs). It begins with the archetype of occupation-based professionalism, manifested in Weber's notion of social closure, and more recently a "third logic" professionalism (Freidson, 2001). This ideal type is then complicated by top-down pressures, which have manifested in professionalism becoming more organisationally orientated (Evetts, 2009) and hybrid (Ferlie & Geraghty, 2005; Noordegraaf, 2007). In the public sector, many of these changes have been positioned as part of the NPM. Other, bottom-up pressures identified as part of the NPM, positioned service users as clients, and sought to provide them greater choice, and to an extent voice, in the services that they used (Sehested, 2002). It seems doubtful how bottom-up these pressures on public service professionals actually were. Consequently, in order to get closer to the interaction between professionals and people who use services, attention then switches to street-level professionalism in front-line service delivery. Across many of these different strands in the literature, citizens, clients or service users are portrayed in passive modes, and often as adjuncts to debates on the meaning and status of professionalism. Conversely, a richer set of bottom-up pressures has recently taken root in the development of a *relating* mode of professionalism (Anteby, et al., 2016). This orientation includes ever greater linkages across professions as public services are reconfigured (Noordegraaf, 2016). Professionalism as relating has been defined as the "ways in which occupational members build collaborative relations with others, including intra-, inter-, and extra occupational relations" (Anteby, et al., 2016, p. 223). Most important for this study, relating professionalism includes co-production with service users and citizens. Here, the literatures on professionalism and public service co-production begin to come together, in theoretical terms at least (Brandsen & Honingh, 2013; Tuurnas, 2015). That potential for synthesis is critically developed in the final section of this chapter.

Contours of an occupation-based professionalism

The work of Freidson (2001) serves as a foundation for considering the characteristics of occupation-based professionalism. In the tradition of Weber, and drawing on longstanding sociologies of Anglo-American professionalism, Freidson posited an ideal-

type “third logic” of professionalism that he claimed was under severe challenge from the “competition” of markets and “efficiency” of organisations. While his model is an archetype that might never have fully manifested, third logic professionalism had a number of elements that other writers have viewed as the defining characteristics of occupation-based professionalism (Noordegraaf, 2007; Evetts, 2009; Saks, 2012). This provided a rich starting point for considering contemporary professionalism:

- *Structural forms of occupational-control*: of the division of labour; of the labour market through a form of credentialism; and of the training that underpins entry to the professions. Certain occupations have gained a form of social closure, which effectively “involves drawing a boundary around their knowledge” (Allsop & Saks, 2002, p. 4) and how they gain it, with a strong purpose in potentially enabling a monopoly (Freidson, 2001). This is control of professionals by professionals, in which they have “jurisdictional autonomy ... which they use for standardising knowledge and skills, training and selecting members, and establishing and enforcing codes of conduct” (Noordegraaf, 2007, p. 767). While this has been seen as exclusionary and based on power and on building domination (Fournier, 1999), it has also been argued that a system of credentialism played a key role in creating the autonomous space for professionalism (Freidson, 2001).
- *An ideology emphasising a wider value of doing good work* rather than working for individual economic benefit. Professionalism thus becomes a socio-political issue, in which ideology is deployed to help achieve, and maintain, shelter in the macro marketplace for professional occupations (Saks, 2012). The trust placed in professionals is based in their public service motivation, leading them to be described as “knights” (Le Grand, 2010). One example is the “social trustee” model of professionalism that emphasised a wider “social responsibility” (Dzur, 2008, p. 46). Like third-logic professionalism, the social trustee was apolitical, disinterested, self-regulated, and possessed a “collectivity-orientation” rather than being self-serving (Dzur, 2008).
- *Possession and deployment of a set of knowledge and skills*, which is “based on abstract concepts and theories and requiring the exercise of considerable discretion” (Freidson, 2001, p. 180). Autonomy and discretion in applying professional knowledge and expertise is a fundamental trait in occupation-based professionalism. The “cognitive exclusiveness” of professionals (Dzur, 2008, p. 69) is the result of their expertise being based in specialised, technical knowledge, and formal training. Specialised knowledge helps to establish the “social, symbolic, and economic value” of jobs (Freidson, 2001 p. 18) and underpins how (much) trust and privilege different

jobs are accorded by wider society. Specialised knowledge thereby takes on a kind of authorising status, what Freidson called the “moral authority” of professional work. Some professionals require confidential information in order to do their job, such as in health services. Here, professional access to the body (which might be taken to include the “mind”) is seen to require a trusting relationship with the patient or client. Some authors have suggested that form of trust partly stems from an expert-lay distinction and formal professional and ethical codes of practice (Allsop & Saks, 2002), in what has been termed an “economy of trust” (Dzur, 2008, p. 98). Here the trust placed by the public to allow professional autonomy and self-regulation is set alongside the trust earned by professionals due to their competence and wider social responsibility. One potential consequence however, is the exclusion of participation by lay people in definitional and ethical matters relating to professionals working in public services (Dzur, 2008).

In many ways, third-logic professionalism seems overly optimistic, although that might be in part because it is an archetype. Critiques of it have focused on the ideology of professionalism (Fournier, 1999), and on competition between professions in the form of disputes over jurisdictional boundaries (Abbott, 1988). The literature points as well to stress in occupational third logic professionalism in the public sector as a result of the NPM (Hood, 1991; Sehested, 2002; Evetts, 2009). One reported consequence of the NPM has been the proletarianisation of professionals working in (public service) organisations as they became increasingly subservient to the logics of hierarchy and the market (Adler, et al., 2008). While the NPM included pressures from “clients” of public services, the view here is that these challenges were predominantly driven from above rather than from below. The next sub-section develops this idea more fully.

New public management, “top-down” and “bottom-up” pressure, hybrid professionalism
Freidson (2001) himself noted that structural changes have had significant impacts on professionalism. In the public sector, these shifts have been driven by the NPM. Under it, work in publicly-funded services has increasingly been subject to standardisation, audit, cost control, performance management and measurement, competition between providers, and external regulation (Evetts, 2009). Staff have become more team-based, with more collective forms of management and leadership (Ferlie & Geraghty, 2005). Management has emerged in public services as a profession in its own right (Hood, 1991, Osborne, 2010). The managerialist strand in NPM was reflected in the emergence of human resources management, competence frameworks, and internal performance management of staff (Osborne, 2010). In practice, the NPM has been shown to have

different intensities in relation to its impacts on public services staff (Ferlie & Geraghty, 2005). A “hard” type, within an “accounting logic”, included rigorous tracking by management as the basis for reward or punishment. This is suggestive of a view of public service professionals as “knaves” who were motivated by self-interest (Le Grand, 2010). A “soft” variant NPM was seen to have included some degree of user orientation, but it too saw a reduction in professional control (Ferlie & Geraghty, 2005). The NPM has itself been seen as a particular version of organisational professionalism (Evetts, 2011; Brandsen & Honingh, 2013), which included both a “private sector style ... [and] ... [h]ands-on and entrepreneurial management” (Evetts, 2009, p. 250). Others have argued that the effects of managerialism have been felt less in the public than in the private sector (Ferlie & Geraghty, 2005).

However far the NPM might or not have come with an organisational logic of professionalism, it brought with it change in the status and use of apparently competing discourses, such as “quality and quantity”, “transactional and transformational”, “public services and public enterprise” (Evetts, 2009, p. 250). These, it has been argued, have been deployed by public managers and public service organisations to constrain occupational professionalism (Fournier, 1999), and instead to root professionalism in an organisational logic. Managers simultaneously promoted professionalism and highlighted competition and individualisation in the workplace (Evetts, 2011). The consequence was a hybridised professionalism (Noordegraaf, 2007), in which the focus was not just on practice, but also on how professionals make meaning in their work through reflection, interpretation and judgement. Within hybridised professionalism occupational and organisational control are mixed, and the key is “controlling the meaning of control, organising, and professionalism” (Noordegraaf, 2007, p. 775). The rhetoric of professionalism is deployed to support managers and management, and professionals themselves colonise managerial roles and work to balance organisational and professional interests (Ferlie & Geraghty, 2005). The badge of “professional” is used to describe managers and front-line workers alike, and a symbolic dimension is evident given that this is less about “*being* a professional” than about “becoming professional” (Noordegraaf, 2007, p. 775, emphasis in original). This debate is not narrowly focussed on how individuals or groups of individuals are socialised into traditional, liberal professions. Instead, it relates to a range of occupations that might not have previously fallen into the definition of professions. The significance of this is to open-up the potential of a definition of “professional” staff working in complex and hybrid public service systems to include people who are not part of the liberal professions.

The literature also points to bottom-up pressures on public service professionals from lay-people as a defining trait of the NPM (Sehested, 2002). These pressures have been seen to run alongside the complex of top-down pressures including those from organisations and managers. While such traits are visible, it is unclear that they are to any great extent “bottom-up”. Instead, they are viewed here as constructions of policy makers and managers, and the pressure that might be exerted by lay people on professionals is actually a tool created by and for managers and organisations. Such a tool complements more obviously managerial techniques such as performance oversight, audit, and annual appraisal. In general, within the NPM relations with “clients” became customer relations, mediated by forms of customer feedback such as satisfaction ratings (a contemporary example in health services would be the friends and family test). This form of customer input has become an influential source of external feedback on service workers and hence a tool for management control of staff, which suggests that organisations are using “customer sovereignty” to provide cover for greater management surveillance of professional staff (Grint & Nixon, 2015). The locus of this kind of pressure seems far distant from a service user who is able to exert strong influence in co-produced public services.

In summary, as part of the NPM professionalism has increasingly become an organisational tool. While the ideology of professionalism remains an occupational value, it is deployed by managers and organisations in attempts to rationalise, standardise, and to an extent constrain professional work. Much of this change has taken place in large organisations, which have increasingly shaped notions of professionalism (Freidson, 2001; Noordegraaf, 2007; Adler, et al., 2008; Evetts, 2009; Allsop & Saks, 2012). Some have seen in these changes a shift from professionalism as an “occupational value” to one that is more of an “organisational logic” (Evetts, 2011, p. 406). These changes appear more complex in nature, and opaque in consequence, than such an apparently clear-cut shift suggests. It was possible that the “real world” examples of professionalism that would be encountered in the case study would instead potentially contain traces of both occupation- and organisation-based models in some of the ways that Noordegraaf (2007) described. Significantly, none of this literature is especially strong on user or citizen perspectives. To get closer to them, the focus turns to front-line work in public services in a consideration of the notion of street-level professionalism.

Professionalism at “street-level”

The seminal work of Michael Lipsky (1980/2010) provides a crucial link between debates over the nature of contemporary public professionalism and front-line implementation of

public policy. The street-level literature provides a nuanced view of professionalism, and important ways to think about contemporary professionalism in hybrid, multi-agency public service delivery systems like that of this case study. The most relevant strands of this literature for this study are critically reviewed below.

Street-level bureaucrats are those front-line workers (such as teachers, social workers and health workers) who engage directly with citizens, and who in so doing exercise a substantial degree of discretion (Lipsky, 1980). There are two particularly significant aspects of work on street-level bureaucrats for this study. First is the discretion and autonomy afforded at street-level. This characteristic has parallels with the discussion above on the nature of professionalism. As Lipsky put it, “[t]o the extent that street-level bureaucrats are professionals, the assertion that they exercise considerable discretion is fairly obvious. Professionals are expected to exercise discretionary judgement in their field” (Lipsky, 1980, p. 14). Managerialist efforts to condition street-level work are also discussed here. Second is the engagement of clients or citizens, although the literature is somewhat mixed in respect of the influence and control they are seen to exert at street-level. The discussion then concludes by developing the notion of “street-level professionalism”, which provides significant input to the accountability-based definition deployed in this micro-level case study.

Discretion and autonomy

For Lipsky, street-level bureaucrats have a direct impact on peoples’ lives, given that they could determine who benefitted from services, who did not, and who was sanctioned (Lipsky, 1980). As such, street-level bureaucrats make significant contributions not just to service delivery but also policy implementation. In doing their work, they exercise discretion and have a degree of autonomy from organisational control. Their discretion can take different forms. Given that their work centres on human interaction, they exercise discretion in balancing the needs of individual clients against wider issues. In this combination of complexity, judgement, and human interaction “street-level work implies situations that are too complicated to reduce to programmatic formats” (Hupe & Buffat, 2014, p. 551). The complexity of their work means that they need to exercise task discretion (Taylor & Kelly, 2006). Further, street-level bureaucrats have been seen to exercise discretion because policy is typically neither fully developed nor straightforward to implement. Instead, policy is often ambiguous at street-level, with multiple objectives that are not always aligned (Brodin, 2012; Scourfield, 2015). In such cases, policy needs interpretation within specific contexts, resources, and funding. To an extent, discretion is therefore not really a choice, instead “street-level bureaucrats necessarily

have discretion and are forced to use it” (Hupe & Hill, 2007, p. 280). One effect is that discretionary street-level actions become policy (Evans, 2011; Brodtkin, 2012) since “policy is made reality at the micro level, through the encounters between citizen and front line worker” (Scourfield, 2015, p. 916). This feature of street-level bureaucrats provided an important link between the macro-level design of *Future in Mind* and how professionals at street-level might play the local game of implementing, and to some extent re-designing, it.

Street-level discretion can be seen as “evolving according to the vagaries of public policy, changes in the organisations implementing policy and the expectations of service-users” (Taylor & Kelly, 2006, p. 640). One marked shift has seen increased managerial efforts to reshape and narrow street-level roles and change incentives and sanctions to limit discretion in policy implementation (Lipsky, 2010). In the NPM, street-level bureaucrats might be viewed in a rational mode as resources that policy makers and organisations can deploy to implement policy. The evidence suggests that deploying street-level staff in such a linear way is not straightforward (Tummers, et al., 2012; Tummers & Bekkers, 2014; Tuurnas, et al., 2016). Lipsky himself saw mixed impacts from managerialism, arguing that some street-level bureaucrats seemed to welcome greater role clarity, while others he claimed “were dismayed by what they considered a loss of status and authority” (Lipsky, 2010, p. 223). Other authors have argued that rules-based discretion has diminished as a result of regulation, audit, and inspection (Taylor & Kelly, 2006).

There seems in some of this work on street-level bureaucrats, a risk of misrepresenting relationships in contemporary public services. Lipsky was criticised for paying insufficient attention to “the intersection of professionalism and management in many public organisations” (Evans, 2011, p. 371). According to this critique, by separating away managers as a homogenous category, Lipsky did not sufficiently attend to their potentially active role in policy implementation. Nor did he allow for a complex view of management that distinguished between local managers and those more distant from front-line service delivery and policy implementation. Empirical studies in UK public services have shown that managers in public service systems are themselves internally divided (Evans, 2011; Scourfield, 2015), suggesting that managerialism happens unevenly, rather in any coherent or uniform fashion (Scourfield, 2015). Additionally, a Dutch study of mental health professionals reported that close to half of respondents self-identified as managers (Tummers & Bekkers, 2014). These findings support an argument that a manager-professional dichotomy is a false one in contemporary public services (Evans, 2011; Noordegraaf, 2016).

Engagement with clients and citizens

According to Lipsky (1980), the “clients” of street-level bureaucracies are non-voluntary. They do not have a choice as to whether to engage with street-level bureaucracies (since they might be sick, compelled to attend educational services, in need of social security), and they typically only have a limited choice of service provider despite attempts to marketise public services. Additionally, clients were not for Lipsky among the “primary reference groups” for street-level bureaucrats (Lipsky, 1980, p. 57). Instead, he argued that a client focus was in fact subordinate to the pursuit of the wider “social engineering” goals of these organisations, such as reducing dependency through public health and prevention work.

Lipsky’s contention would seem to put clients (service users and citizens) in a weak position, and much critical street-level research has continued to see citizens as relatively powerless in relation to state bureaucracy (Maynard-Moody & Portillo, 2010, p. 265). Work on street-level bureaucrats has further argued this point, noting that “in their relationships with individual citizens, despite the roles of these individual citizens ... street-level bureaucrats have specific resources available which the individual citizens do not” (Hupe & Hill, 2007, p. 283). Exchanges are therefore asymmetrical, and it would seem they are far from the more equal relations that are the foundation of some definitions of co-production (Loeffler & Bovaird, 2016). This raises a significant question about the distributive impacts of street-level work, such as variations in service provision and access stemming from systematic street-level behaviour, and the shaping and construction of client identities (Brodin, 2012). On patterns of discretion at street-level for example, research has identified and discussed the importance of “practice ideologies ... enduring types of client classifications, such as diagnostic labels and shared perceptions of client worth” (Maynard-Moody & Portillo, 2010, p. 267). This kind of construction of the service user is firmly within the bounds of professional practice and preference. It suggests that cultural norms or bias could be significant at street-level, especially if street-level bureaucrats, within a particular social context, made different judgements depending on the target populations of policy (Maynard-Moody & Portillo, 2010).

In his theory, Lipsky was sceptical about the specific potential of professionalism to counter increased bureaucratisation at street-level. This was because of what he saw as pressures for professionals to conform, which are often based in their socialisation into professions and increasingly into organisations, and because professionalism tended to

be rooted in accountability to peers (Lipsky, 1980). Despite this scepticism, and his construction of a relatively passive “client”, Lipsky viewed client interests as key to enactments of professionalism. Such a lay-professional dynamic is significant for this study. Some studies point to the need for policy makers to align the goals and means of policy with the values and behaviours (including discretion) of those who will implement it. For example, empirical work has pointed to professional values as one important factor in street-level policy implementation, especially when such values are seen to clash with different value systems. The same study concluded that “implementers, who could not align their professional values with the rules of the policy, were far less willing to implement it” (Tummers, et al., 2012 p. 1055). Furthermore, research suggests that when professionals had more discretion in policy implementation, they perceived it as more useful for their clients, and relatedly they were more willing to implement it (Tummers & Bekkers, 2014).

In all of these empirical studies, context will be important. Exploring street-level discretion needs to be situated within specific services in specific organisations (Scourfield, 2015). Arguments have been made both for including managers in street-level studies (Evans, 2011; Evans, 2016) and for going further to explore if and how non-state staff might be exercising front-line discretion within complex multi-agency public services (Scourfield, 2015). One consequence of following these arguments through would be to broaden street-level bureaucracy (professionalism) from a closed system implementation-gap problem (Osborne, 2010) to one that recognises the wider systems and constraints that pertain at street-level in contemporary open public service systems.

Synthesis: contemporary relating professionalism

Previous sections have argued that the co-production of public services puts a spotlight on the capacities, capabilities, motivations, and practices of public service professionals (Torfing, et al., 2019). In engaging with debates about professionalism, particularly in public service systems, the intent has been to extract the key elements relevant to this study. The work on occupational-based professionalism attended to how individuals became professionals in processes of education, development of specialist knowledge, and socialisation. A shift towards greater organisational influence in the NPM then led to a focus on professionalism as doing (Anteby, et al., 2016). Here, interest was in how professionals actually deployed specialist knowledge, and how professional groups sought to maintain or extend their spheres and positions vis-à-vis other professions or managerial staff. The underlying logic here was one of competition. Missing in much of that literature however, was an extended notion of service user or citizen as a co-

producer. Instead, the literature typically positioned lay people as clients or customers, and tended to privilege professional over lay knowledge (Freidson, 2001). This seems a very limited view. More recent work has constructed professionalism as relating (Anteby, et al., 2016), either across professions or with people who used services. In this literature, processes of collaboration and co-production have come to the fore. This mode of professionalism finds parallels in the public management literature's elucidation of a shift from the NPM to the NPG (Osborne, 2010).

Public services are increasingly implemented in complex multi-agency and multi-sector systems (Tuurnas, et al., 2015). Various professional groups from different organisations and sectors have been brought together. Potentially at least there is increasing collaboration across organisational and professional boundaries within these systems, and there is a literature that explores these inter-professional processes (see for example Anteby, et al., 2016). That literature is not engaged with here. Rather, this section involves an attempt to synthesise the literature on professionalism with the public management literature on co-production, in order to further locate this study within this theoretical landscape. It starts with an argument in the public management literature that current theoretical interpretations of professionals/ism are actually relatively close to co-production (Brandsen & Honingh, 2016; Tuurnas, 2015). The evidence presented to support that line is threefold. First, is the increased organisational role in mediating professional work, which in public services and policy took the form of the NPM. Second, are questions over the role of specialised knowledge stemming from increasingly dispersed sources and definitions of knowledge in public services. Third, professionals have been orienting into new networks, which potentially include service users (Brandsen & Honingh, 2016). The aim is to unpack these arguments and explore what purchase they might have in this study.

The inward-facing perspective of the NPM now seems outmoded in the increasingly complex inter-organisational context of NPG (Osborne, 2010). This changing context potentially brings with it new sets of relations with the users of services and with citizens more broadly. The NPG includes an emphasis on processes of citizen engagement as a source of its legitimacy (Meijer, 2016), in which “[c]o-production is a core element” (Osborne, 2010, p. 416). The strong orientation in NPG towards user co-production provides an important break with NPM and raises significant issues for contemporary notions of public professionalism. It requires of public professionals “skills in negotiation, inter-organisational diplomacy and relationship-building” (Head, 2010, p. 573), which seem prerequisites for successful service co-production.

Table two is an initial synthesis, within three public service “regimes”, of the literature on professionalism with the public management literature on co-production. These regimes should not be read as sequential and replacing of one another (Osborne, 2010), given there are likely to be elements of each of them within contemporary public services. They are instead using here as heuristic devices. Brandsen & Honingh (2013) argued that there is a dynamic relationship between what they called governance (public service regimes) and professionalism, partly driven by close links between the state and professions. Professionalism is said to play out somewhat differently in each, as reflected in the three lenses on research about professionalism (Anteby, et al., 2016). There are some important issues for contemporary public professionalism from the emergence of the NPG. Professional autonomy is now much more contested. The value bases of the NPG are themselves increasingly fluid and dispersed, which puts a premium on communication skills and the ability to dynamically negotiate values and relationships (Head, 2010; Osborne, 2010).

Table 2: Synthesising within public service regimes

	Policy and service regime / key elements		
	Public Administration (PA)	New Public Management (NPM)	New Public Governance (NPG)
Modes of professionalism	Mixed becoming and doing	Mixed – but more emphasis on doing	Mixed – but more emphasis on relating
Emphasis	Policy creation and implementation	Management of organisational resources and performance	Negotiation of values, meaning and relationships
Resource allocation mechanisms	Hierarchy	The market and classical or neo-classical contracts	Networks and relational contracts
Value base	Public sector ethos	Efficacy of competition and the marketplace	Dispersed and contested
Managerial focus: policy	Street-level bureaucracy	“Costs of democracy”	Stakeholder management

Managerial focus: organisation	Professional practice	Organisational performance	Boundary spanning and boundary maintenance
Managerial focus: environment	Political management	Competitive market behaviour	Sustainable public policy and services
Drivers of change	Internal: contributor to social stability “Top-down” in form of professional and associational norms	External but limited to economic factors: neoliberalism, managerialism, “audit culture” Mixed – but limited view of “bottom-up” drivers	External and wider-ranging than economic Mixed – but richer view of “bottom-up” drivers
Autonomy and mode of professional regulation	Structured by professional community Professional ethics monitored by institutions and associations	Contested within professional bureaucracy Accountability and externalised forms of regulation, target-setting and performance review	Contested within collaborative network Mixed internal and external. Open to greater citizen initiatives and actions
Expertise and authority	Mystical knowledge Collegial authority. Practitioner trust by both clients and employers	Rationalised knowledge (varying degree of standardisation) Rational-legal forms of authority. Hierarchical structures of authority and decision-making	Dispersed knowledge, with multiple perspectives defining it Mixed and contested. Heterogeneous, mix of horizontal and vertical orientations
Nature/orientation accountability	Rule bound Vertical	Contractual Vertical	Trust Mixed horizontal/vertical
Citizen/user role in professional accountability	Presupposed compliance Access to complaint and appeal procedures	Exit (when feasible) Otherwise provision of evidence on contract compliance	Voice (potential for co-operation beyond consumerism) Users views of risks/benefits accounted for by professional staff

			“Negotiated style of uncertainty management”
--	--	--	--

Sources: Hupe & Hill (2007); Head (2010); Osborne (2010); Brandsen & Honingh (2013); Anteby, et al. (2016). Adapted by Passey, 2020.

One specific focus is professional knowledge, the importance of which co-production potentially reduces by foregrounding user roles and knowledge (Van Eijk, et al., 2019). If that puts professionals on the defensive, then co-production might be curtailed. The changing nature of public services is significant in how knowledge is conceived, with a growing recognition that different types of knowledge are manifested in co-production (Loeffler & Bovaird, 2016). From professionals comes “knowledge of the core (primary) process of the organisation and the production of service”, and from the user comes “situational or local knowledge” (Brandsen & Honingh, 2016, p. 429). The challenge is to go beyond this recognition to the legitimation of different types of knowledge and their sources, in order to enable more co-productive approaches in public services. For example, it has been argued that co-production requires professionals themselves to possess and use relational rather than technical skills and competences (Steen & Tuurnas, 2018). A simple user-professional dichotomy does not seem helpful, although nor would a simple relational-technical skills dichotomy either.

Consideration of knowledge and skills in respect of users and professionals, and type of skills and competences is not straightforward. It is compounded by the overhang of the NPM and its neoliberal underpinnings, which has been described as leading to a structural divide between “so-called ‘expert’ or professional knowledge ... and the lived experience of people as service users, with the latter devalued as biased, unscientific, subjective and unreliable” (Beresford, 2019, p. 8). In this argument, the knowledge of the professional maintains its privileged position. In contrast, legitimation of the lived experience and knowledge of service users provides the potential to shift the skills and knowledge of professionals from the status of commodities to that of socialised “co-creations” of professionals and lay people alike. These co-creations would potentially “gain value precisely because they are shared and not hoarded” (Dzur, 2008, p. 256), and because they are more rooted in experiential knowledge and evaluation of what is of meaningful (Head, 2008). Making these kinds of change would require a shift in mind-set in a public professional from that of an “entrepreneur” to that of a “responsible participant” (Denhardt & Denhardt, 2000, p. 557). Such a shift is complicated not just by the ongoing influence of the NPM, but also as more elements of the expert knowledge that underpinned professionalism in both the PA and NPM regimes become more widely

available and challenged (Brandsen & Honingh, 2013). In a form of “proto-professionalisation”, new information might be used by lay people to make their own diagnoses for example (Brandsen & Honingh, 2013), further demystifying the knowledge and expertise of professionals (Evetts, 2011). A mode of relating professionalism (Anteby, et al., 2016) is evident in this shifting debate, but it is not exclusive given that the lasting strains of a doing mode based in competition and the NPM, remain visible in public services (Hendrikx & Van Gestel, 2017).

Despite these theoretical interlinkages between professionalism and co-production, empirical findings from different contexts attest to the durability of professional identity, culture, and modes of practice, even when faced by external attempts to increase user power and influence (Currie, et al., 2012; Tuurnas, 2015; Walsh, et al., 2018). As such, limits to co-production in professionalised services become evident. This body of empirical research has shown that, in response to attempts to increase user interests in English health services, elite professionals co-opted patients and users, and continued to define services (Currie, et al., 2012). A Scottish study of a pilot community-health care scheme found that clinician professionals successfully maintained boundaries with other services, professions, and citizens (Walsh, et al., 2017). Work in Finland pointed to a complex dynamic between public service co-production and public professionalism. Attempts to shift services towards co-production challenged professionalism by highlighting the need to open up professional work, but efforts to foster co-production were themselves challenged by professionalism through the ongoing influence of “professional culture” (Tuurnas, 2015; Tuurnas, et al., 2016). This work suggested that professional culture needed renewal to enable co-production, a change that would require professionals “accepting and acknowledging experiential knowledge alongside their professional knowledge in the service development” (Tuurnas, 2015, p. 592). Research suggests however, that professionals rarely discuss what they might themselves learn from service users (Stomski & Morrison, 2017). Professionals do not operate in a vacuum, and as already argued, they need the capacity and capability to reorient themselves towards more co-productive services. The gap between national policy intent and front-line interpretation is a constraint here. As one study concluded, in these novel co-productive policy spaces “the professionals do not necessarily know what they are supposed to do differently as they apply their familiar professional framework in the new ways of planning and producing the services” (Tuurnas, 2015, p. 591). Learning, and opportunities to learn, are therefore important.

In summary, co-production and professionalism appear to be in dialectical relationship. Both have the potential to constrain or enable the other, which, as argued above, suggests that co-production should be viewed as contingent and context-specific (Alford, 2016; Tuurnas, 2016). Empirical evidence about the relationship between co-production and professionalism is limited, leaving open a question about the degree to which co-production might involve power transferring to users and citizens (Meijer, 2016). Professionals will play a key role in this, but their perspectives have been under-researched to date (Brandsen & Honingh, 2016). This has been described as “a crucial research oversight given the importance of professionals’ experiences, positions and power in the planning and delivery of public services, and in enabling and managing citizen input” (Forde, 2019, p. 2). Their views towards co-production matter if policy principles are to be converted into change at the front-line. As one exploration of the potential for co-production in mental health services noted, “[s]ignificant in moves to change practice will be how practitioners and managers understand co-production” (Clark, 2015, p. 216). This study is an attempt to begin filling that research gap. The next section outlines how the literature is used here to define the “public professionals” at work in the case study site and who were the focus of this research.

Defining “public professionals”

Attempts in the literature to define professionalism typically draw on three main approaches, which are not mutually exclusive. First are the traits of professionalism, which involves isolating and listing the features of a profession. Second, functionalist definitions of professionalism are derived through examining and codifying the relationship between professionals and wider society. Third, professionalism has been defined through professional control and dominance, for example as a model of state-sanctioned social closure (Saks, 2012; Muzio, et al., 2013). In summary, professions have been defined by their possession of “specialised knowledge, a service ideal, and professional autonomy” (Leemeijer & Trappenburg, 2016, p. 3). In the literature, these are seen as the underpinning traits of professionalism. While the ongoing importance of these characteristics in contemporary professionalism are recognised both theoretically and empirically in this study, a different approach was adopted here. The definition of the “professionals” involved in policy implementation drew inspiration from the ongoing resonance of the notion of the street-level bureaucrat, despite changes in public services since 1980. A recent review pointed to contemporary aspects in work on this issue: a focus on the front-line; direct interaction with citizens; inherent autonomy and discretion that operate within context-set limits; and derived policy-making power (Maynard-Moody & Portillo, 2010).

A crucial addition for this study was how the theory of street-level bureaucracy had been applied in empirical work to enable a wider range of public service occupations to be badged as “professional”, including staff in non-state organisations directly engaged in public service delivery. This broadening out of the street-level bureaucrat has support in the literature (Hupe & Hill, 2007; Evans, 2011, 2016; Hupe & Buffat, 2014; Scourfield, 2015; Tuurnas, et al., 2016). In effect, it recognises the more open nature of contemporary public service systems, which constrains and enables street-level professionalism. The concept of the street-level bureaucrat continues to contribute to debates about the nature of professionalism, and more particularly public professionalism, in a number of significant ways. The work of street-level bureaucrats involves “deploying deep knowledge of the field with commitment and a common sense that cannot be codified” (Lipsky, 2010, p. 230), echoing Freidson’s (2001) discussion of how professionals deploy both specialised and more everyday knowledge in doing their work. So, even while there is likely to be some variation by type of organisation or service, “[s]treet-level bureaucrats expect to be treated as professionals in as much as they claim that they should be trusted by their managers to use discretion to tackle their work tasks in an adaptive way” (Hupe & Hill, 2007, p. 282). While Lipsky did not focus on “classical” liberal professions such as doctors or lawyers, all the workers he studied reportedly made claims of autonomy from organisational control (Hupe & Hill, 2007). That claim of autonomy, and the exercising of discretion, may thereby be made by workers not traditionally seen as professionals (Lipsky, 1980).

The opening up of street-level professionalism had two important implications for this study. First, it enabled extension of the definition of “public professional” to staff in public service organisations who were not working in traditional professions. Their work required them to exercise discretion, and they had a degree of autonomy, and as such they are defined here as public professionals. Evidence suggests however, that the relationship between professional autonomy and co-production is not straightforward (van Eijk, 2019), which is an issue that is explored in later chapters. The second consequence related to the nature of public service delivery systems. Many public services are now delivered by non-state organisations in the voluntary or private sectors. This shift can be seen as not simply the contracting out of services or functions, but also of the “power and autonomy of the state ... [including] ... street-level discretion” (Maynard-Moody & Portillo, 2010, p. 264). In addition, Hupe & Hill (2007) argued that “the position of ‘public official’ is not defined by the employer or their status, but by their public accountability” (Hupe & Hill, 2007, p. 133). In consequence, even if these staff

worked in a non-state organisation, their work involved “public tasks on behalf of the common good” (Hupe & Buffat, 2014, p. 551). That approach to definition was adopted in this study. All of the staff in the case study were accountable within the programme itself, which was publicly-funded and in effect aimed to provide services for the common good. This meant that the definition of public professional used here extended not just to public sector staff, but also voluntary sector staff given that their work was happening within a public accountability domain (Tuurnas, et al., 2016). Likewise, staff delivering services in the programme but located in a private sector provider were defined as public professionals, due to the public work they were doing in the case study. In these ways, it was plausible and practical to define as a “public professional” all of the public work occupations in this case study, due in part to the discretion they exercised, but also their public accountability within the publicly-funded programme in which they were working.

Chapter 3: Methodology

Introduction

In this chapter, I set out my two-stage methodological approach. I begin by briefly outlining my ontology (how I view the world) and epistemology (my view on what can be known about the world), before going on to outline my methodology, including my research strategy and design.

Ontological, Epistemological and Methodological Approach

I have been informed by an argument that my ontological and epistemological position will have impacts on my methodological approach, including the specific methods I might deploy in my study (O'Mahoney & Vincent, 2014). I have adopted a critical realist perspective, founded on a realist ontology that the world exists beyond human experience, theories, and interpretations of it, and an epistemology that what can be empirically observed about the world cannot alone be explained by observations about it. Such an orientation assumes that "our *understanding* of this world is inevitably a construction from our own perspectives and standpoint" (Maxwell & Mittern, 2010, p. 146, emphasis in original), but in which reality and our construction, experience and knowledge of it are separate (Pilgrim, 2000).

Ontologically, critical realism (hereafter CR) includes three layers or domains of reality (Maxwell & Mittern, 2010; O'Mahoney & Vincent, 2014). These are: an *empirical*, transitive level where phenomena can be observed and understood through human construction and interpretation of them; an *actual* level at which events occur outside of human experience of them; and a *real* level, which is intransitive and comprises causal powers or mechanisms whose impacts might be observed at the empirical level (Fletcher, 2016). In addition, critical realists have argued that causation is due to a multiplicity of emergent entities in open systems that cannot be reduced to a single causal mechanism (O'Mahoney & Vincent, 2014). The impacts of these entities or structures are not pre-determined but instead are context specific (Pilgrim, 2000). This emphasis on causation makes CR an attractive philosophical approach for social research on public policy (Fletcher, 2016), such as my case of the implementation of *Future in Mind*.

Epistemologically, in adopting a CR position I acknowledge that the theories that have informed my understanding and interpretation of the case study are fallible and partial. This meant that I adopted a position of “epistemic relativism” in accepting that some theories would seem more full approximations of reality than others. My inductive strategy to coding meant that my use of theory was informed by the accounts of my participants. As I outline below, the initial stage of my analysis positioned my participants as “knowledgeable agents” who understood and could account for their experiences and interpretations of the social world (Gioia, et al., 2013). At a later stage in my analysis, when I was attempting to re-describe these data theoretically (Fletcher, 2016), I too became a knowledgeable agent (Gioia, et al., 2013).

Methodologically, I ultimately conducted my analysis through a Bourdieusian lens, drawing on tools from Bourdieu’s theory of practice (Bourdieu, 1977; Bourdieu, 1990). Bourdieu sought to emphasise practical knowledge and everyday experience and practice (Crimson, 2007), which made his approach attractive to me given my interest in changes to professional practice from the introduction and implementation of a new policy oriented towards more co-productive ways of working. Initially, my interest in his work was therefore predominantly methodological. However, I still needed to consider the ontological and epistemological implications of a Bourdieusian framework in relation to my CR position. This was an important consideration, given an argument that his thinking tools are rooted in “philosophical assumptions ... the neglect or disregard of which reduces them to a meaningless descriptive vocabulary” (Atkinson, 2012, p. 169). Bourdieu described his theory as “constructivist structuralism or structuralist constructivism” (Bourdieu, 1989, p. 14). He argued that “the real is relational” (Bourdieu, 1998b, p. 3), and his ontology has been described as relational (Wacquant & Akçaoğlu, 2017). In *State Nobility* Bourdieu described his epistemology as “inseparably constructivist and realist” (Bourdieu, 1996, p. 131). For Bourdieu therefore, phenomena are socially constructed and need to be considered in their specific contexts, but these structures themselves structure the social world.

The structuring structures that Bourdieu highlighted included “objective” factors such as social class relations, as well as dominant discourses of what he termed the field of power (see chapter four). The field of power comprises actors possessing political and economic resources, which gives it power and regulatory dominance over the rules of the game in other fields (Bourdieu & Wacquant, 1992, p. 100), which would include more locally specific *doxa* relating to the history of agents, services and organisations within my case study (see chapter six). For Bourdieu, these structures had a “double life”. At

first order, how things are, and ways of acquiring things, are materially distributed. At second order, classification systems work as “symbolic templates” for the practice of social actors. As a consequence, “[s]ocial facts are objects which are also the object of knowledge within reality itself because human beings make meaningful the world which makes them” (Bourdieu & Wacquant, 1992, p. 7). In essence, Bourdieu’s theory, like CR, seeks to “acknowledge the reality of mental phenomena and the value of an interpretive perspective for studying these” (Maxwell & Mittapalli, 2010, p. 146). We need theories and concepts to “know reality”, but these themselves do not fully make reality. Instead, they are transitive and epistemic interpretations of the intransitive realm of “real entities, mechanisms, structures, and relations that make up the natural and the social world” (Vandenberghe, 1999, p. 36). This reinforces a need to exercise epistemic relativism in a space of “adjudication between models ... and concepts ... on the basis of *explanatory purchase* and *coherence*” (Atkinson, 2013, p. 186-187, emphasis in original).

My use of a Bourdieusian methodological framework within a CR perspective does however expose me to criticism from some advocates of CR, who argued that Bourdieu’s theory was overly deterministic (see for example Archer, 2010). This critique strongly challenged the supposed pre-reflexivity of the agent in Bourdieu’s theory, arguing that Bourdieu’s concept of *habitus* did not allow for the reflexive subject and for the rapid pace of social change in late modernity (Farrugia & Woodman, 2015). Instead, in his framework Bourdieu emphasised the importance of the early development and durable nature of the *habitus*, meaning that while there might be allowance for agency it is “qualified by the caveat of accumulated history, both personal and collective” (Adams, 2006, p. 515). Reproduction and homogeneity, rather than the potential for change, are seemingly emphasised by the pre-reflexive *habitus*. Such a criticism has serious implications for my study. It suggests that far from being knowledgeable agents able to reflect and account for their experiences, my study’s participants were severely constrained actors with limited capacity to reflect, learn and change. Bourdieu did argue that the *habitus* is an open system of dispositions that is affected by experiences, and as a result is either reproduced or modified (Bourdieu & Wacquant, 1992). For him however, the main driver of change in the *habitus* would be a “moment of crisis” in which the prevailing *doxa* is undermined and “routine adjustment of subjective and operative structures is brutally disrupted” (Bourdieu & Wacquant, 1992, p. 131). In this orientation, it is a radical change to field conditions that impacts the structure of the *habitus*, which emphasises its structured structure.

The *habitus* is also a structuring structure (Bourdieu, 1984; Crossley, 2003), which is generative and capable of change (Vandenberghe, 2005; Adams, 2006; Farrugia & Woodman, 2015). For Bourdieu, social practices were “regulated improvisations” in the engagement of dispositions, embodied in subjects, with existing social conditions (Farrugia & Woodman, 2015, p. 632). Bourdieu talked about the chronological sedimentation of structures in the *habitus* (Bourdieu & Wacquant, 1992). The primary *habitus* is accumulated slowly in childhood, and on to it is layered a secondary *habitus* of more swiftly accumulated experiences, such as “learning a new skill or entering a new profession” (Decoteau, 2016, p. 315). These embodied dispositions were layered from the surface to deep structural principles (Maton, 2008). This has led some researchers to argue that more everyday situations impact and drive changes in the *habitus*, including changes stemming from disruption within the *habitus* of individuals (Decoteau, 2016; Mendoza, 2019). Such change stems from individual agents often occupying more than one field or social space at a time. These fields might be similar or diverse, they might have different logics of practice, and they may value and legitimate different species of capital that are themselves relational, with context-specific elements to their currency (Burke, 2015). Individual actors might have several different social positions and worldviews across the fields in which they are located, and consequently they need to reflect, appraise, and negotiate these different fields (Decoteau, 2016). In consequence, reflexive awareness has become the norm, fields have become blurred, movement between them has increased, and reflexivity is thereby incorporated into the *habitus* (Adams, 2006). Actors are able to do this because the *habitus* is multi-layered. This provides a significant reconciliation between the *habitus* and a critical realist ontological position. The deep-seated and hard to contest structures of the primary *habitus* operate at the real level. Different experiences and events at the actual and empirical levels might reinforce or alter the structure of the *habitus*, making each *habitus* unique (Decoteau, 2016). Reflexivity is both socially embedded and capable of changing the *habitus* through practical action, including reflexive action (Farrugia, 2013). Consequently, “any given event or situation, within which the *habitus* is embedded may result in different actions because there are multiple mechanisms, at various levels of depth, in play” (Decoteau, 2016, p. 316). The *habitus* is here a structuring structure.

Finally, one other link between a Bourdieusian framework and CR is permissiveness about choice of method. One former collaborator of Bourdieu argued that Bourdieu’s books should be read as how-to manuals that help researchers “formulate smart scientific questions and to do the difficult handywork needed to resolve them empirically” (Wacquant and Akçaoğlu, 2017, p. 58). Such work should include questioning methods

and being proactive in data production. While this may seem daunting, it allowed me a good deal of flexibility and pragmatism in selecting the methods most suited to my issue of interest (Ackroyd & Karlsson, 2014), and crucially my study's research questions. In summary, for these ontological, epistemological and methodological reasons, I concluded that Bourdieu's theory of practice provided a useful methodological framework for the study.

Research Strategy

The policy programme that forms my case study explicitly claims to be attempting to foster service co-production. I focused on the experiences of staff working in the programme and on changes to their perspectives on professionalism and practice, issues that have only had limited attention in the literature to date. Further, I was not attempting an evaluation of the impacts of the programme on service users, which would have required their participation. For these reasons my approach, which I outline below, did not involve co-creating or co-producing the study with children and young people.

Introduction: a Bourdieusian methodological framework

Bourdieu used an equation to illustrate his theory of practice “[*(habitus)* (capital)] + field = practice]” (Bourdieu, 1984, p. 101). While not in any way a mathematical model, this schema strongly establishes the relational nature of the theory's thinking tools, given that “habitus, capital, and field are necessarily interlinked, both conceptually and empirically” (Maton, 2008, p. 61). In addition, I drew upon the concepts of *doxa* and *illusio*. These concepts might appear complex at first, however I suggest they are inherently practical. Bourdieu defined *habitus* as “systems of durable, transposable dispositions” (Bourdieu, 1990, p. 53), which are embodied by actors. The *habitus* has a structured structure of past and present circumstances and a structuring structure in that it shapes current and future practices (Maton, 2008), but not, as I have argued, in a fixed or pre-determined way. Bourdieu saw the field as a space of forces between players, with each field having its own defining stakes and interests (Bourdieu & Wacquant, 1992; Bourdieu, 1993). This social space was for Bourdieu a heuristic device, although he stressed the importance for the researcher to be aware that “agents have points of view on this objective space which depend on their position within it and in which their will to transform or conserve it is often expressed” (Bourdieu, 1984, p. 169). Actors will have an interest in the field, “defined by their circumstances”, which enables them to act in particular context-specific ways “in order to define and improve their position” (Grenfell, 2008a, p. 154). Bourdieu conceptualised field in French as *le champ*, which can mean “a battle field, and a field of

knowledge” (Thomson, 2008, p. 68). The relative forces in the field depend on the types and amounts of capital each player has, and how they play them (Bourdieu & Wacquant, 1992). Capital can take different forms, economic (e.g. control over funds), social (e.g. networks), cultural (e.g. qualifications), and symbolic (e.g. prestige). An actor with a *habitus* that is well-adjusted to the field is in a strong position to gain capital and achieve higher status within it (Schinkel, 2007). Bourdieu also used the idea of a “game” as an analogy of the field, which is played by actors in it (Bourdieu & Wacquant, 1992; Bourdieu, 1993), and “Bourdieu portrays agents as players in a game who take advantage of its possibilities to pursue their own ends” (McDonough, 2006, p. 633). I directly applied this analogy to my case study of local implementation of *Future in Mind*. The stakes or investments players make in the game (*illusio*) are “for the most part the product of *competition* between players” (Bourdieu & Wacquant, 1992, p. 98, emphasis added). These stakes are fuelled by players’ belief in the game or *doxa*, which is shown by the fact they play it (Bourdieu & Wacquant, 1992). This belief, or “perception of the social world ... [is] ... adjusted to the divisions of the established order ... and common to all minds structured in accordance with the structures, present every appearance of objective necessity” (Bourdieu, 1984, p. 471). In summary, these are taken for granted beliefs, and so the *doxa* shapes player perceptions of what is possible in the game and that it is worth playing. My research strategy incorporates advice from other scholars to use these thinking tools in a relational way, rather than focussing solely on one of them (Thatcher, et al., 2015). The novelty in my approach is to apply a Bourdieusian approach to a game that is, in theory at least, defined by a logic of co-production. The national policy design and local policy implementation both stress service co-production, and collaboration between those involved in the policy. Such emphases appear, at face value, to shape the social space that comprises my game of implementation in a profoundly different way from competition between players. I outline below how I drew upon Bourdieu’s thinking tools in a way that gave me analytical and ultimately theoretical purchase in my case study.

Bourdieu did not outline a single recipe for undertaking a field analysis, or the analysis of a game being played within it. Instead, he argued that “analysis in terms of field involves three necessary and internally connected moments” (Bourdieu & Wacquant, 1992, p. 104). These moments were a consideration of the position of the field in relation to the political field or field of power, mapping the “objective” relations of competing actors in the field including both institutions and agents, and analysis of the *habitus* of the agents and their interactions with the field (Bourdieu & Wacquant, 1992; Thomson, 2008). My study has some characteristics of a full-blown field analysis, but is less

ambitious. To embark on such an analysis in totality would be a significant undertaking, as Bourdieu's own work reveals (see for example Bourdieu, 1984). Consequently, while being informed by Bourdieu's three-step framework, the strategy here is to focus most intensively at the micro-level in order to assess the use of specific forms of capital by actors as they played the game within its own logic of practice (see chapters five to nine). In my analysis, the game is the implementation of policy, which forms the micro-level case study discussed below. This is supplemented by a brief mapping of the relative positions of different players, and of the key forms of capital that were likely to be available to them, as they played the game. As chapters eight and nine in particular explore and amplify, these pre-existing positions were significant in how players consequently navigated the game. Further, and so as to properly situate the case study in its political, economic and social context, my research strategy included a macro-level analysis that considered the autonomy of my game from the field of power and other fields. My approach might thereby be related to three levels of a research map (Danermark, et al., 2005, p. 169). Assessing the links with other fields focussed on "macro social organisation", including power relations at the macro-level. The brief mapping below of positions and relations in the field attended to "intermediate social organisation" or the meso-level, given that my interest was in a single game (field) itself. Finally, the detailed, critical analysis within the game was focussed on situated "social activity" at the micro-level. That said, it was also important for me that my approach attended to the dynamic and relational linkages between the different levels of analysis.

Macro-level analysis: scoping and situating the local game in the wider political, social and economic context

Bourdieu was somewhat sceptical about *a priori* construction or scoping of a field. His "theory of research practice" (Grenfell, 2008, p. 219) was dynamic, relational, and iterative, and he argued that constructing a field was actually "a protracted and exacting task that is accomplished little by little" (Bourdieu & Wacquant, 1992, p. 246). Such a view however, opened up a methodological dilemma for me of how to define the boundaries of a field (Thomson, 2008). Bourdieu's concept of a game as an analogy of field, which I adopted in my study, provided me with a straightforward starting point. My game is local implementation of *Future in Mind*, a national policy designed to improve early intervention services for children suffering emotional distress, and to shift services towards prevention. Actors in my case study site established a specific local programme in order to implement the policy, and were involved in designing, governing, managing and delivering it. That local programme is the game, which is the micro-level focus of this study.

Other authors have tackled the methodological problem of defining the limits of a field by identifying a core group of actors in it (Dubois, 2014). For example, in outlining how a field sociology of the healthcare system might proceed, Collyer (2018) identified hospitals, medical schools, professional associations, industries, and corporations as key actors. This seemed to me an inherently practical way to scope my game further. It did not suggest the game was substantial in the sense of it being fixed and unchanging, but instead it allowed me to treat my game as relational and context-specific (Grenfell, 2008b). My game's core actors were based in service organisations charged in the local programme with supporting and enhancing the emotional health and wellbeing of children and young people. These organisations were not confined to the NHS, such as children and adolescent mental health services (CAMHS), but also included particular local authority children and family services, schools, and community-based services. The commissioners of these services were included here too, given the purchaser-provider split in public services. As a whole, these actors accounted for the core players in the game, who were involved in service provision and planning, and the management and governance of the programme. As part of my interest in a wider perspective on the local game, I also included a regional-level programme manager as a participant in my micro-level case study.

The game, and the actors in it, were also linked with other actors whose field positions potentially gave them an influence on the nature of the local game. These included primary care services like general practitioners (GPs), and the acute mental health services to which GPs can refer children and young people. I viewed these actors as more peripheral, since they were not directly involved in the programme. As such, they were not the focus of additional enquiry. A third set of actors included individuals, groups of individuals, and their families who were in receipt of services in the game and/or who played a role in shaping services. The latter included service user groups and "experts-by-experience". Given that my focus was on professional staff working in the local case study, this third group of actors were not included as participants. They were however influential, as the micro-level analysis below outlines. Other, more distant, institutional actors might also have exerted influence on the local game. Examples included professional bodies, staff institutions, and national lead bodies, which, while not providing services, would potentially impact working practices. While I agree with other authors that pharmaceutical companies play an important influencing role in health service practice, including mental health (Timmermans & Oh, 2010; Pilgrim, 2012) they were not included in the game but were instead viewed as being important actors in the field of

power. Likewise, political actors who, while no doubt influential, were located in the field of power. What these external actors have in common is that they were likely to exert at times significant, but indirect, influence in the game. This highlighted the porous nature of the game's boundaries, as the policy discourse analysis in chapter four explores.

For Bourdieu the field (game) was not a closed system, but instead “has permeable borders that are produced through the social and political struggle that occurs both within the field and in interaction with other powerful, and less powerful, fields” (Collyer, 2018, p. 123). This raised an important empirical question of how much autonomy my game had, both in relation to other fields, but critically, to the field of power. The field of power is a “meta-field” (Bourdieu & Wacquant, 1992 p. 18), which shapes the structure and hierarchy of other fields (Peillon, 1998). The field of power influences the species and value of capital in other fields, such as my game. Unlike other fields, agents in the field of power possess sufficient stocks of capital to dominate a corresponding field (Bourdieu, 1998b). In Bourdieusian terms, the question here was about the *doxa* of my game, or “its unique set of rules or unquestioned ‘truths’” (Collyer, 2018, p. 121). Once again, I could find no detailed “rules” for this part of the analysis, nor about which sources of evidence I should draw upon in undertaking it. The approach I used was to follow the advice of other Bourdieu-inspired researchers to identify “prevailing orthodoxies” that were impacting my game (Grenfell, 2008b; Thomson, 2008; Collyer, 2018). These would potentially include economic or political rationales and more specific orthodoxies deemed as applicable in the game, and which were likely to be at work in it.

I explored this issue by undertaking a critical discourse analysis (CDA) of relevant recent policy texts (see chapter four). My aim was to assess how, through the embedding of particular discourses in the policy texts, the field of power appeared to impact my local game. A key issue was that these discourses created and served “dominant” interests, in part by underpinning definitions and values of capital. My approach was to examine the “executive summary” chapters of the longer texts. I read each sampled section of the text, and then coded extracts where particular discourses and/or grammatical devices were used. This policy analysis provided an indication of how autonomous my local game appeared to be.

Meso-level: assessing positions and relations within the game

The second stage of a full field analysis would involve meso-level mapping of the “objective” relations between actors in the field, and their capital stocks and types (economic, social, cultural, symbolic) within the defined logic of practice in the field

(Grenfell, 2008b; Thomson, 2008). For the purposes of analysis, Bourdieu defined the internal structure of the field as “a network, or a configuration, of objective relations between positions”. Such positions, he continued, were themselves objectively defined by the present and potential situations of the actors “in the structure of the distribution of species of power (or capital)” (Bourdieu & Wacquant, 1992, p. 97). The field is thereby dynamic, and actors possess trajectories, as well as their current positions, within it (Hilgers & Mangez, 2014). The focus at this level is on internal power relations within the field in order to begin identifying the field’s unique nature (Collyer, 2018), although such an approach should, I would argue, be explicitly situated in relation to the wider field of power. In this way, this second “internally connected moment” would be pursued relational to the macro-level analysis. Given my focus is at the micro-level in order to attend to my study’s research questions, and limited resources, this section is the sum of explicit mapping of the relative positions of players at they entered into the game.

Different modes of capital that might be in play in the game

One of the key attractions for me of Bourdieu’s theory of practice was his development of a number of species of non-economic capital. These are what he termed cultural, social, and symbolic capital. While they are non-economic, I agree with the view that they are “transubstantiated forms of economic capital” (Moore, 2008, p. 102) that might reproduce relations seen for example in the economic field, thereby reinforcing wider inequalities. This imbues capital with a dynamism or “energy” that motors the development of the field or game (Moore, 2008; Collyer, 2018). The different species of dynamic capital provided me a rich set of analytical tools for my study. Examples of cultural capital might include qualifications (objectified cultural capital), and forms of accreditation and membership of particular professions (institutionalised cultural capital). It can also be embodied, for example by individuals who have been socialised, over time, into a particular profession (Moore, 2008). Social capital refers to the links actors in the game had with others, which Bourdieu termed “connections” (Bourdieu, 1993, p. 32). If these connections were with “dominant” actors⁸, then such relationships would

⁸ The use of the terms “dominant” actor, “dominant” interests, and “non-dominant” actor is not intended to convey any value judgement. Instead, it is recognition of the internal structure of the field, in which actors have different social positions on account of their possession (or not) of stocks of valued capital. In the game this typically related to whether or not players had pre-existing positions in the health field in which it was being played. In short, “[t]hose who dominate in a given field are in a position to make it function to their advantage” (Bourdieu & Wacquant, 1992, p. 102). In contrast, “non-dominant” actors can be seen as “those with a relatively marginal social position, in terms of limited access to expertise, inter-personal connections or reputational standing” (Waring & Crompton, 2019, p. 4). In the case study these were most especially the characteristics of actors from outside the health field as they entered into it by playing the game of *Future in Mind*. For these reasons the terms are used here, but dominant

potentially be of higher value, giving individuals a better feel for the game due to a well-fitted *habitus*. For Bourdieu, “[s]ocial capital is the aggregate of the actual and potential resources that are linked to possession of a durable network of more or less institutionalised relationships” (Bourdieu, 1986, p. 248). Or, put more directly, social capital can be viewed as “resources based upon connection, networks and group membership – who you know – and can you use them in pursuit of favour and advancement” (McKenzie, 2012, p. 471). This conceptualisation appears to foreground “use-value” (McKenzie, 2012), i.e. with whom or what an individual is connected, with less attention on the nature of the relationships an individual might have with other actors. A similar, but distinct, conceptualisation of social capital emphasises the importance of relational values such as trust and reciprocity in networks (Putnam, 2000). My articulation of social capital encapsulated both meanings in order to capture the consequences of intersubjective relations. I do however, distinguish between them in my analysis and in the discussion in subsequent chapters.

Symbolic capital is prestige or renown that is underpinned by the legitimacy of an actor in the field (Schinkel, 2007). Bourdieu argued that it was convertible to economic capital, and was in a sense a “disguised” form of economic capital that has economic impacts or effects (Bourdieu, 1977). An agent’s interest in defending their symbolic capital would be linked to the wider economic order in which they were positioned, “which constitutes a determinate type of symbolic capital as worthy of being pursued and preserved” (Bourdieu, 1977, p. 182). I had a specific analytical interest in the professionalism of actors, given my focus on professional staff in my case study. As I developed my analysis, I became increasingly interested in the deployment by actors of particular skills and knowledge, which I understood as a form of cultural capital with symbolic power, since it provided them with legitimacy in the game. Professional expertise is an attribute vested in professionals by others (such as through training, qualifications, accreditation), in which expertise is viewed as “substantive skills” that individuals possess, and which involves a move from rule following to tacit and embodied expertise (Eyal, 2013). Furthermore, in practice specialised knowledge is seen to take on a kind of authorising status and provides the “moral authority” of professional work (Freidson, 2001). In other words, it underpins hierarchical relationships. As Bourdieu argued, individual

and non-dominant are placed in quote marks in acknowledgement that the status of different actors is field specific (notwithstanding the more systemic structural differences that exist between actors), and because of the trajectories of different actors, which are explored in chapter nine.

professionals might accumulate both economic and symbolic capital by gaining a reputation, based in perceptions of their competence (Bourdieu, 1984). This provides them legitimacy, which is conceptualised in my analysis as a form of symbolic capital (Schinkel & Noordegraaf, 2011), but in a broad sense to go beyond the “traditional” liberal professions that have been the subject of many sociologies of professions (Anteby, et al., 2016). This also shone a light on the *habitus* of staff working in the field. My argument is that the professional *habitus* is structured and structuring, and consequently it is impacted by, and impacts on, the “objectively” defined positions of actors in the field.

Mapping player positions as they entered the game

According to Bourdieu’s theory of practice, actors will struggle over the definition, value and legitimacy of different species and sources of capital in the game. Those struggles would be shaped by the game’s relation with other fields and the field of power. Some species of capital would be deemed more valuable, and legitimate, than others. Actors would possess different types and amounts of capital, meaning they would be at a relative advantage or disadvantage compared with other actors in the game. Their social positions can be seen to have structural qualities that “provide actors with resources, interests and opportunities” (Lawrence, 2004, p. 117). These patterns might be significant in shaping what I observed in my micro-level case study of policy implementation. In order to account for them, I briefly discuss here the relative positions of players as they entered the game. Unlike the data-rich “meso-level” analysis in Bourdieu’s own field studies (for example, Bourdieu, 1984), my approach was modest. My aim was to arrive at a preliminary picture of the positions of different actors in the game, including the species and stocks of capital they might possess and deploy in playing it. This would provide a meso-level link between the more detailed analysis undertaken at the macro and micro levels.

The policy was funded by NHS commissioners, who in consequence had an important source of economic capital that gave them an advantageous dominant position in the game’s hierarchy. Further, they possessed legitimacy, and a feel for the game, due to their pre-existing position in the health field in which the game was being played. Similarly, specialist mental health services had pre-existing stocks of capital in the health field. For example, staff working in these services possessed cultural capital that became dominant in the game (see chapter eight), and which gained a symbolic dimension that helped these actors as they navigated the game. These two groups were, in effect, the “dominant” actors as they entered into the game. Voluntary and community sector (VCS) actors, and those from the education field, did not possess the game’s dominant cultural

capital, given that they did not have pre-existing professional positions in the health field. That put them at something of a disadvantage coming into the game and, in some parts of the game at least, as they continued to play in it. As chapter nine outlines however, “dominant” actors faced challenge in some parts of the game from actors based in the VCS, who possessed stocks of a particular form of social capital. Chapters five to nine explore how different actors played the game, within the context of the influence of the field of power and these differential starting positions in the game that predominantly stemmed from pre-existing professional positions in the health field.

Micro-level: case study of the local game

Having situated the local game in its broader context, and after briefly mapping species of capital and the dynamics between different actors as they entered into the game, my analysis at the micro-level enabled a detailed focus on the meanings actors made of the social space in the game, and how these meanings shaped their practice.

Research design: case study approach, case selection and participant sampling

The most intensive phase of the analysis was a micro-level “embedded” case study (Yin, 2003) of the game that was being played by actors involved in local implementation of *Future in Mind*. My embedded design explicitly aimed to enable in-depth understanding of the case’s components, and of the case as a whole. A case study approach is flexible since it enables a wide selection of methods. For that reason, it can be conceived as a research strategy comprised of four significant characteristics (Punch, 2013). First, a case study has identifiable boundaries, although these might not always be easy to discern from its context (Yin, 2003). For the study, this is the self-defined scope of the *Future in Mind* programme in my case study site. Second, it needs to be a “case of something” (Punch, 2013, p. 122). Mine was a study of the implementation of a specific set of policy interventions and services in a particular local context, in order to explore how an orientation towards co-production was understood by professional staff, and whether and how that impacted their professional practice. Third, a case study strategy requires active involvement by the researcher in maintaining the completeness of the case. I worked predominantly at the whole-case level, while reflecting and developing issues that emerged at the sub-case level, such as tensions between different groups or functions in the case study. Bourdieu’s analogy of a game that is played by actors competing in the field (Bourdieu & Wacquant, 1992; Bourdieu, 1993) helped me maintain a whole-case focus. Fourth, as I have already noted, a case study enables a mix of methods and data, which is often a key feature of this approach (Punch, 2013). My study involved a range of data collection or production methods (interviews, observations,

documents) and techniques of analysis (critical discourse analysis and thematic analysis). I viewed my case study as a multi-method strategy, rather than as an example of a mixed-methods approach.

The study area “Study-borough⁹” is a mixed urban and rural area in northern England, with a population of around a third of a million people. Overall, in Study-borough life expectancy is lower than the national average. The proportion of children living in poverty is just above the national average. According to the 2015 Index of Multiple Deprivation (IMD) the area was among the 20% most deprived in England. I selected this area because the local approach, in which voluntary organisations played both decision-making and delivery roles, was seen by national partners as atypical compared with other areas. My case might thereby be seen as “extreme” in that it is unusual, which potentially made it an especially rich case compared with a more normal or representative one (Yin, 2003; Danermark, et al., 2005). The case was chosen both for what it might tell us about the “intrinsic” nature of the area in its own right, and for its “instrumental” potential to generate the kind of in-depth understanding needed for complex social issues (Punch, 2013). Further, the literature suggests that the richness of a case study can be enhanced by linking it to several disciplines, rather than constraining it within one (Flyvbjerg, 2006). That is the approach here, which draws on literatures from public management, public policy, social theory, and the sociology of professions. For these reasons, my case study had potential to generate analytical findings with import beyond the bounds of local implementation of a specific national policy. I develop these wider implications in subsequent chapters.

The case study approach does however have its limits (Yin, 2003; Punch, 2013). One specific criticism is a lack of generalisability from the case to a wider context, potentially as in my single case design. There is a question of how far a researcher may want to generalise (presumably not far in an intrinsic study for example). If, however, one aim is to generalise from the case, then the researcher will need to work at a high level of abstraction from the uniqueness of the case (Punch, 2013) through a form of “analytic” generalisation (Yin, 2003, p. 32) based on drawing upon existing theory to help compare the current case study, and provide a basis for claiming replication. This kind of technique would seem well suited to my approach. I was not aiming to generalise about populations, but rather about theoretical propositions (O’Mahoney and Vincent, 2014), such as those that relate to the types of co-production that are evident in the case study,

⁹ This is a pseudonym. The case is a local authority area in the north of England

the modes of professionalism that are being practised, and the degree to which Bourdieu's theory provides purchase in a study of a supposedly collaborative social space. Another identified vulnerability of a single case study is that it might be different from what was initially thought (Yin, 2003). Part of the preparation for my study involved careful scrutiny of the potential case. Through planning meetings with local actors, I was provided more information about the proposed case study site, which helped to build my confidence in its appropriateness for addressing my research objectives and questions. My initial review of local documentation at the start of the study suggested that the local policy programme was, in theory at least, defined by a logic of co-production. Such an orientation fitted well with my objective to assess what co-production actually meant to local actors, and how those meanings were shaping their professional practice. It also provided a novel context for an analysis using a Bourdieusian framework, given that he theorised that a game would typically be rooted in competition between players (Bourdieu & Wacquant, 1992), rather than the kind of collaboration inherent in co-production. At the same time, it was important for me that my approach was open to surprising findings and observations when in the field. This led me to a primarily inductive approach, which then enabled a form of abduction (Danermark, et al., 2005) when applying theory to the coded data. In practical terms, I was quite quickly able to discuss and agree the degree of access I would be granted to the site, which I determined was sufficient for my research needs. These initial meetings also informed a more detailed scoping of my research design, including the sampling of desired participants in the study, and proved an important step in establishing relationships with local actors.

My sample was purposive in design (Creswell & Clark, 2017). This sampling technique is non-random, and involved me identifying and recruiting those individuals in the case study site whose experience and knowledge were most relevant for my research questions. Table three shows that my sample contained professional staff from all parts of the programme. My definition of "public professional" in the study stemmed from my literature review. It is based in the public accountability of the staff working in the local game of policy implementation (Hupe & Hill, 2007), rather than specific membership of a profession or the type of organisation by which these staff were employed. That said, some staff worked in accredited professions, and all of them had been socialised into particular professional ways of knowing and contexts, and consequently they would have possessed sets of dispositions that structured their practice and professional *habitus*. The sample was rich for most groups, with the exception of teachers who comprised the most numerous population. This sub-sample did though include the schools lead for the

programme, which enabled me access to school perspectives at both the strategic and operational levels.

Table 3: Participants in the study (interviewees)

Participants	Interviews	Population size	Pseudonym
Commissioners: (NHS England regional; NHS - CCG policy area)	4	6	Comm
CAMHS staff – team leaders/service managers	4	6	Cam_Man
CAMHS staff – community-based practitioners specifically employed in the programme	4	7	Cam_CW
Local authority staff/other providers	5	10	LA_Other
VCS coordinators, managers, trainers	5	10	VCS_Man
VCS community-based staff specifically employed in the programme	4	8	VCS_CW
Teachers trained/involved in the project	5	Est. 1,000+	Sch
Total number of interviews	31		

Source: Passey, 2020.

Determining what is at stake in the local game

Actors played in the game for two reasons. First, they had a belief in it, in its worth. This is the field's *doxa*, and the macro-level analysis showed how it was influenced and shaped by discourses from the field of power. The *doxa* sets limits on what actors deem is possible within the game, thereby providing a link between social structures and the mental structures of the *habitus* (Bourdieu, 1984). In these ways, the game's *doxa* exerts a powerful force on actors playing the local game. Second, players have some "stake" in the game, that is they have a view of what is to be gained, or is at risk of being lost, from playing it or by not playing it (Bourdieu, 1998). This is the game's *illusio*, and players seek to maximise their gains in the game by aggregating different forms of capital, which are unevenly distributed and of varying value. They also work to legitimate the species of capital in which they are best endowed, so as to further their competitive advantage.

As Bourdieu explained “players are taken in by the game, they oppose each other ... to the extent that they concur in their belief (*doxa*) in the game and its stakes” (Bourdieu & Wacquant, 1992, p. 98 emphasis in original). *Doxa* and *illusio* are revealed to be closely related concepts.

In thinking about policy broadly, rather than a specific policy, what is at stake might be high-level but important objectives, such as the development and use of regulatory power or the control of financial and other resources (Dubois, 2014). These kinds of broad policy objectives might be seen as high-level abstractions of the policy design (Howlett, 2009). The design itself often sets out a national policy preference, which at a local level serves to frame more specific policy objectives. For example, there is a national preference in *Future in Mind* for the co-production of implementation. Although not clearly defined, it is still seen to frame a local preference for a particular way of working that manifests in a relating mode of professionalism (Anteby, et al., 2016). National policy preferences might also help certain actors control or at least influence other actors, which imbues these preferences a symbolic and structuring dimension that might in turn impact practice. Further, a policy might itself be viewed as an external encroachment into field autonomy (Dubois, 2014). The game that forms my case study involved new networks of actors working together for the first time, both in this particular geographical space and policy area. The policy, and especially the game of locally implementing it, might be viewed as a form of disruption to the field in which the policy is being embedded. While not necessarily a “moment of crisis”, this change to field conditions has potential to affect the *habitus* of actors in the local game. Such an externally-imposed rupture, combined with a view that the *habitus* is actually more reflexive than some critics have claimed, suggests that the policy had strong potential to change pre-existing structures.

More specifically, *Future in Mind* was designed to be implemented locally, with a degree of flexibility over local arrangements. To an extent, and within the limits set by the field’s *doxa*, this enabled some latitude over what was at stake in the local game. I viewed the area’s Local Transformation Plan (LTP) as the key social event that “fixed” the game’s specific *illusio*. This text had a particular “social organisation” and “social production” (Punch, 2013). While it was branded as a joint clinical commissioning group (CCG) and local authority document, and was written for national commissioners, it refers to the range of agencies involved locally in producing and agreeing it, which served to foreground an apparently collaborative local process. The authors of the plan positioned it in relation to its wider political context and the relative priorities of government, as part of telling a story to attract funding from national commissioners. The document included

a number of local priorities, which related to outcomes such as reducing self-harm, and organisational and care system reforms to integrate services within a multi-agency and cross-disciplinary approach. In addition, were two other broad sets of local priorities. First, was to intervene earlier using an approach underpinned by “family-centred” and “asset-based” principles. To do this, the plan aimed to disperse knowledge and skills across different professional groups, so that practitioners might better identify mental health and wellbeing, and to work on children’s emotional literacy. Children and young people would also be regularly consulted on the programme, in “meaningful” ways. The VCS was positioned in the LTP as the programme’s conduit to children, in order to access their voices from within the services. Potentially, this then positioned the VCS at the heart of attempts to foster service co-production. There was one direct reference to co-production of services in the plan, an approach that should include all so-called relevant stakeholders, although they were not explicitly defined. Second, was a focus on what might be seen as ways of working, including “empowering” local practitioners from a wide range of areas. In effect, new skills would be imparted to practitioners, which according to the plan would benefit them and the organisations in which they worked. In the interviews, this aim was described by case study participants as the upskilling of staff, and it asked a number of questions of co-production and raised a range of issues that are explored in subsequent chapters.

In summary, the local plan foregrounded services working together, professionals working with children and families, an asset rather than deficit view of children and existing community-based organisations, and social as well as clinical models of care. These priorities were important components in setting the local game’s *illusio*. What was at stake were the new limits and scopes of different services, their operating models, the resources they commanded and who would make resourcing decisions about them. In addition, there was a perceived need to ease pressure on local waiting lists through early intervention and prevention by reducing referrals into CAMHS, or more subtly to improve the quality of referrals by reducing those deemed as “inappropriate”. This latter priority is directly explored as a shared stake of the players in the programme in chapter six.

Methods: collection and analysis

Data collection

Interviews

The key source of primary data was a series of 31 semi-structured interviews with staff working to implement *Future in Mind* locally, which lasted between 43 and 90 minutes, with an average of 57 minutes. Interviews are widely used in case study research, and have the strengths of focus and insight that enable attention to perceived causation (Yin, 2003). While there is a range of interview types (Punch, 2013), my semi-structured approach enabled both in-depth exploration of key questions that emerged in my review of the literature, and some flexibility to capture and explore emerging issues. Semi-structured interviews generate socially-produced knowledge, potentially including “reports” of existing knowledge and experiences of events from the past, and “accounts” that are constructed at the time of the interview to fit that particular context and moment (Brinkmann & Kvale, 2015). I designed my interview schedule to try to produce both types of socially-produced knowledge (see appendix two). It asked participants to report on their work in *Future in Mind*, with whom they worked, the nature of these working relationships, and how those relationships might have changed over time. The schedule asked participants to account for their experiences, in terms of impacts on children and young people and also for them professionally. Participants were also asked what public service co-production meant to them, and to account for if and how it had impacted their working practice as part of the *Future in Mind* programme.

I was also mindful of the perceived limitations to this method. For example, the social practice of a semi-structured interview is embedded in a wider social context that includes ethical dimensions and issues of interviewer power (Brinkmann & Kvale, 2015). I discuss researcher reflexivity and ethics later in this chapter, however I was conscious that my own subjectivities, such as my age, ethnicity, gender and social class, would all have impacts on the interviews themselves. Some of these, including gender, have been described as “non-negotiable ... ascribed” characteristics (Walsh & Seale, 2018, p. 266). All but two of my interviews were with people who identified as female, which raised questions about the dynamics of these moments of knowledge production. Given that interviews are both verbal and embodied modes of communication (Brinkmann & Kvale, 2015), gender difference might have impacted the interviews and the accounts provided by participants in ways that the literature has suggested (Padfield & Procter, 1996; Broom, et al., 2009). For example, while female interviewees have been found to volunteer information to female interviewers, there was no significant difference in their responses to direct questions compared with male interviewers (Padfield & Procter, 1996). This is not a linear effect, but instead is dynamic and impacted by other subjectivities, as well as potentially by subject area and interviewer style (Broom, et al.,

2009). Any effect from difference in my and interviewee gender was systematic, that is, it would have affected all but two of the 31 interviews since that nearly all my participants identified as female. My data are therefore potentially limited due to this gender difference, for example in what interviewees might have offered me over and above their answers to direct questions. However, given that: I covered the same topics in all the interviews; they were all carried out in interviewee workplaces; and because I am not analysing by gender, I do not consider that gender effects/differences will be so marked *within* the data that were generated in the interviews. Questions have also been raised about the analytic status of interview data, especially about the relationship between the accounts of the world given by interviewees, and the veracity of such accounts (Punch, 2013). Indeed, as the same author asked, “are these accounts potentially true or false, or do these concepts not apply”? (Punch, 2013, p. 151). While accepting the limits of interview data, I would agree that “we need to have some means of accessing the individual experience, and interviews are one such method” (Smith & Elger, 2012, p. 4).

There were also practical dimensions to access, and the logistics of doing the interviews. All participants were interviewed in their places of work, at a time most convenient to them, so as to help them fully focus on the interview. As well as an inherently practical consideration, I saw this as the best approach in respect of data quality since, as one social research text argued, while “time and location are obvious things that need organising ... their influence on the quality of data can be decisive” (Punch, 2013, p. 150). That said, there was a risk of participants finding the work environment constraining, and so limiting on their ability to open-up in the interview. Participants appeared to speak freely during the interviews and critically reflected on their work, on the work of other actors, and on the programme. They were engaged and open, and none of the interviews was cut short or tapered off from participants disengaging in the process. The interviews generated rich and useful data in relation to my research questions. This, plus the length and breadth of the interviews suggests that my approach was successful. I reflected on each interview as soon as possible after it was done, as part of my reflexive approach in the study. I recorded the interviews, and I transcribed them all in full. Participants were then invited to review their own transcripts and given the opportunity to suggest any revisions or make any further comments. In total, 17 participants asked to see the transcripts, of whom only two made comments, which were predominantly corrections to typing errors in the transcripts and not substantive changes.

Documentary data

Documentary data provided a second source of data in my study. Documents helped to situate other data such as interviews. These data have the advantage of being unobtrusive. They enable a broader coverage, of time for example, which provides a longer-term perspective or wider context for the case (Yin, 2003). Documents formed the data for the national, macro-level CDA of policy relating to my case study, thereby helping me to locate my study in a wider context. A number of documents relating to local implementation, that is to the game at play in the field, also proved useful. These included national, regional and local policy documents about the subject area and location of the case study, and documents specifically emanating from the study project including plans and papers. Some of this material was in scope of the literature review in chapter two. These documents revealed how the programme was run, who was involved, what they were tasked with and were accountable for doing. These more formal management and governance structures and arrangements provided an overview of the programme. I was able to compare them with participant accounts in the interviews, and my observation-based data.

Observation

Finally, I observed 21 meetings, which generated a third source of data for the case study. These meetings related to different “levels” in the programme including national and regional reviews, the programme board, cross-team meetings, and single team meetings. They lasted from one to eight hours in length, and totalled approximately 40 hours. As well as generating additional information on how the project was run, my observation at these meetings provided insight into how local actors interacted with one another, including what types of capital they drew upon in these settings. I collected data in a series of field notes. Initially, I tried using an observation checklist, but quickly reverted to a two-column worksheet. In one column, I recorded who was talking, what they were saying, and why they were saying it. The latter for example included what agenda item they were talking to, but where possible I also tried to note the effect they were attempting to have through their intervention in the meeting (they might have been defending a position for example, or seeking to press another actor to change position). I also noted the outcome of the discussion, including changes in the programme and actions allocated to particular actors. In the second column I noted my immediate, in-the-moment reflections, including any non-verbal behaviour, body language, and whether anyone seemed disengaged (if so, who). I supplemented these reflections as soon as possible after the meeting to limit recall problems. I collated these reports and reflections in an observation log, which became a further “dataset” for my analysis.

These meetings were qualitatively different data collection settings to one-to-one interviews. I did not choose the content of the meetings, instead the topics for discussion were produced by participants in my study. I reflect on that agenda setting power in the findings/discussion chapters below. By observing these meetings, I was able to access interactions between actors, rather than with me, making them relatively non-directive compared with the interviews (Brinkman & Kvale, 2015). Somewhat like a focus group, they enabled me to consider “the formulation and negotiation of accounts within a group context” (Tonkiss, 2018, p. 238), including how issues were defined and discussed, and the language that actors used. They added a dynamic element in enabling me to observe how group interactions shaped and at times changed individual priorities (Byrne, 2018, p. 220). To an extent, these meetings enabled me to compare accounts of multi-agency working provided in interviews with observation of joint decision making in action. As a whole, the meetings emphasised the relational nature of the work participants were doing in the programme, their status relative to one another, and the resources they had at their disposal to shape agendas, their own work, and to an extent the programme as a whole.

I did not seek to intervene in the meetings I observed. My role might be seen as “observer as participant ... [in which] ... the balance is in favour of observation over participation” (Walsh & Seale, 2018, p. 262). This potentially limited my interaction with participants. However, my aim was to observe and, where I could, understand how participants themselves interacted, how they valued and used their specialist knowledge, and how these observations related to what they told me in the interviews. I am conscious that my presence would have had some effect on what was said, how it was said, and potentially what was not said. I attend to this further in the sub-section on researcher reflexivity below.

Data analysis

Analytic strategy

The aim of my study was to examine how a context informed by a policy shift towards co-production of public services might be impacting on the respective roles of staff and on their notions of “professionalism”. My specific research questions asked *how* and *what*, although I suggest there was also an explicit *why* underpinning them. For example, *why* was co-production understood in particular ways? *Why* was professionalism enacted within the case study in the ways that participants described it and the ways that

I observed? Bourdieu's thinking tools provided analytical routes into those kinds of questions. Using the typology of Guest, et al. (2011), my study has an explanatory or conceptual analytic approach. My approach is qualitative, and uses a thematic analysis (Braun & Clarke, 2006; Guest, et al., 2011) to analyse interview data, which I supplemented with data from observations and documents relating to the local game. Data were stored in NVivo software, which I used to transcribe interviews, organise the data, for coding, and to search for codes during data analysis.

Analytic method

I analysed the interview data in a thematic analysis, a widely applied and flexible method for qualitative research (Braun & Clarke, 2006; Guest, et al., 2011). This flexibility stems in part from the fact that it is not dependent on any particular ontological or epistemological orientation, which gives it potential use for critical realist research:

"It [thematic analysis] can also be a 'contextualist' method, sitting between the two poles of essentialism and constructionism, and characterized by theories, such as critical realism" (Braun & Clarke, 2006, p. 81).

Braun & Clarke (2006) provided a helpful set of steps for undertaking a thematic analysis, without advocating a recipe book approach. For them, it started with transcribing, then proceeded by further familiarisation with the data, development of a first set of coding, identification and refinement of themes, and concluded with reporting. I began by transcribing the interviews in full. While time consuming (each hour of recording took about eight hours to transcribe), this was for me an essential first step in my analysis. The process of transcription, and the multiple readings of the texts as I proofed them, helped build my familiarity with the content of the interviews.

The social research methods literature provides a plethora of approaches, and terminology, to the coding of qualitative research data (Braun & Clarke, 2006; Guest, et al., 2011; Maxwell, 2012; Saldaña, 2015). Coding is "the starting activity in qualitative analysis and the foundation for what comes later" (Punch, 2013, p. 173), and so my choice of coding approach was of significance for the whole of my analytical strategy. I began with inductive, open coding using the words of participants as my codes (*in vivo*). At this point, my perspective was that participants were knowledgeable agents who "know what they are trying to do and can explain their thoughts, intentions, and actions" (Gioia, et al., 2013, p. 17). Consequently, it was important for me to prioritise their voices (Saldaña, 2015). After several iterations, this part of the process generated 23 *in vivo*

first-order concepts. Given these codes were still the words of participants, they were “emic” in nature (Maxwell, 2012). They formed the basis for cycle two of my coding, during which I eventually consolidated the 23 first-order concept codes into five themes. This whole process took around five months. These themes were “explanatory” in nature (Saldaña, 2015, p. 236). They were my inductively-generated interpretations of the data, or what might be described as my “general theory [story] of what’s going on” (Maxwell, 2012, p. 112). While speaking to key elements of the case study, these explanatory themes should not however be read as artificially distinct, since the real-life game of policy implementation was more messy and complex (Saldaña, 2015). The next stage was to systematically expose these inductively-generated themes to theory, in a process of “theoretical re-description” (Fletcher, 2016). At this stage I too became a knowledgeable agent, thinking at different levels comprising first order concepts, abstract second order themes, and the overall narrative of the case study (Gioia, et al., 2013). In summary, this process of abduction of my five themes generated my theoretically-informed interpretation of the story of the local game that formed my case study. I viewed each of these theories as fallible and partial but, as I argue in subsequent chapters, the theory I have drawn from has helped provide rich answers to my research questions.

Reflexivity and research ethics

My reflexivity

I view reflexivity as an important element of scientific practice, since as a researcher I am part of, not separate from, the world I study (Buscatto, 2016). Like many other researchers, my view is that reflexivity has both ethical dimensions and important methodological implications (Bourdieu & Wacquant, 1992; Maton, 2003; Deer, 2008; Grenfell, 2008b; Brinkmann & Kvale, 2015). While the formal ethics process for this study is outlined below, my discussion of reflexivity here is steeped in ethical considerations.

I was conscious that my particular subjectivities would impact the research. They would condition the reaction of participants to me as I went about my research and how I viewed them as I undertook my study. These subjectivities included not just my age, ethnicity, gender, and social class, but also my background including my previous career, my orientation towards the study and my motivations for undertaking it in the first place. I had been a civil servant for twelve years before starting my PhD. That experience shaped my interest in the professional staff working to implement public policy, and subject-matter wise in the emerging notion of co-production as a potentially richer means to deliver policy that might also achieve improved outcomes. My critical realist orientation

was, I think, grounded in my own ontological view that there is a reality “out there”. This study is my attempt to access and explain it. Epistemologically, I accept that any account I make of reality in my study is limited and partial. I have drawn on theories and constructions of that social reality, to try to produce a rich and hopefully nuanced account of the game of local policy implementation in my case study. These theories are, I believe, fallible and themselves partial. That said, the thinking tools that Bourdieu provided in this theory of practice, along with topic-based theories of public service co-production and public professionalism, are my attempt to provide a comprehensive account of the case study in a theoretically novel and informed way.

How I listened, learned, and reflected during the study had empirical impacts, because it took time for me to develop my own interpretation of the case study. I offered participants the chance to comment and change transcripts of interviews, and shared initial findings with them so that they were aware of how the study was unfolding. That process also helped me to reflect further on their perspectives in subsequent waves of analysis and as I moved into the write up phase of this study. For example, the language of “personalisation” emerged as a possible alternative to co-production in a session in which I shared findings with participants (see chapter ten). I was conscious that pre-existing social relations and hierarchies had potential to impact my study (Ali & Kelly, 2018). My research was critical in nature. I sought to attend to these pre-existing social relations both in my policy analysis of the wider political, economic and social context, and in the micro-level case study itself. The process of change as I went through my study is directly reflected in my methodology. I adopted Bourdieu’s framework only after having been in the field for several months. The framework’s practical basis, both in respect of the key thinking tools and Bourdieu’s emphasis on practice and practical knowledge, ultimately provided me a nuanced way into the detailed case-study analysis. I consider this openness to my values and predispositions, and to how these might have changed through the research process (Seale, 2018) to be as much about my reflexivity as other aspects of my subjectivity.

I can frame my reflexive approach in more formal terms by drawing on the three dimensions developed in Buscetto (2016), which I found helpful. First, was around the notion of “truth” in social research. The study included partial accounts. Even though I saw my participants as knowledgeable agents, at times they contradicted themselves and each other, and they made multiple truth claims. While not signing up to the notion that there exists a single, universal truth, I assessed different truth claims by drawing on theory. Second, are the social conditions in which the study came about, including the

different relationships I had with participants at various points in the study. The study was independent of any institutional funder (outside of the university) and so was not subject to capture by a funder or procurer. While access was facilitated by the local commissioners, I made clear the independent nature of the study, and that it was not a formal evaluation of the policy programme. I actively sought to build trusting working relationships with participants, being open when it was appropriate, but also respecting confidences. Some of these working relationships were closer than others, which I suggest reflected both my dispositions and those of others, but also the structures in which they and I were operating. The third dimension related more directly to methodological considerations, such as the balance between “insider” type methods that would be more participatory, and those that are more distant. In observing meetings, my balance was towards observation rather than participation (Walsh & Seale, 2018). The interviews were semi-structured to ensure they covered my topics of interest, but also to provide space to explore emerging issues. In these ways, I sought to balance closeness and the risk of becoming too wrapped up in the case, with being too distant and not seeing nuances and any key departures from norms, for example. In my approach, I also tried to respond to Bourdieu’s call for the researcher to remain alive to sources of what he called “bias” that might be located in pre-existing tools and concepts, such as the very notion of professionalism for example (Bourdieu & Wacquant, 1992; Schinkel & Noordegraaf, 2001). I found that critical gaze especially helpful when exploring how professionalism was given meaning by participants in the study.

Research ethics

The study gained ethical approval from Leeds Beckett University in July 2017 (see appendix five). Before making that ethics application, I received confirmation from the NHS that my study did not need to go through NHS IRAS ethics. All participants were clearly appraised of the topic of the interviews prior to giving agreement to take part, through an information sheet that was scrutinised and cleared as part of my ethics application (see appendix one). It made clear that participation was entirely voluntary and that participants could withdraw at any time up until the analysis phase, since after that point it would prove difficult to remove them from the study. They were assured that they could avoid discussing anything they did not wish to, and that the content of the interviews would not breach the confidentiality of anyone they had worked with. All interviews were recorded and transcribed. Following standard practice, participant names were changed during transcription to ensure anonymity. The recordings were deleted once they had been transcribed. Data stored electronically were password-protected, whether stored on computers or networks. The data were kept confidential

within the research team, comprising myself, my director of studies, and my co-supervisor.

Chapter 4: Macro-Level Policy Analysis

Policy analysis: situating the local game in the wider political, social and economic context

This stage of the analysis was undertaken at the macro-level, in order to locate the case study within a broader political, social and economic context. In this study, the concept of a game is used as an analogy to field, in which the stakes between players are typically based in competition (Bourdieu & Wacquant, 1992). The game of interest in this study is one locality's implementation of the nationally-derived *Future in Mind* policy. Macro-level analysis involved consideration of the position of that game, especially its autonomy in relation to the wider field of power in which key economic and political interests and forces are competing (Bourdieu & Wacquant, 1992; Thomson, 2008). A consideration of field autonomy is important, since it can help reveal the constraints on actors within the game, and how their views on what they deem possible by playing are shaped by the wider field of power (Hilgers & Mangez, 2014). The local game is viewed as being open, and being played in fields with "permeable borders" (Collyer, 2018, p. 123). How other fields might be impacting on the game will in many ways be specific to the local context. Any impacts will be contingent. That said, by attending to the wider context before developing the case study, the aim here is to situate the local game in relation to wider forces and fields. That should enable an accounting for these wider impacts in the micro-level case study in subsequent chapters.

Methodologically, there are no "rules" for how an assessment of field (game) autonomy might be done, or about which sources of evidence should be drawn upon in undertaking it. The approach here is to follow the advice of other Bourdieu-inspired researchers to identify "prevailing orthodoxies" that are likely to be impacting in the game in Study-borough (Thomson, 2008; Collyer, 2018). These could include economic or political rationales, which might impact the local game by shaping what local actors consider is possible within the game's logic of practice. The approach here draws on critical discourse analysis (CDA) to consider how the field of power and other fields might be seen to be impacting on the local case study. In Bourdieu's terms, the focus here is on the game's *doxa*, its unique rules or common-sense "truths" (Collyer, 2018), which are typically shaped by and serve "dominant" interests.

The policy texts analysed in this chapter are coherent in many ways. They identify, and rehearse a set of "problems" at the level of individuals, organisations, services systems

and the nation as a whole, to make the case for the Government's policy direction. The emphasising of prevalence rates of psychiatric conditions in children and young people not only suggests the scale of suffering, but foregrounds a medicalising discourse that serves to downplay underlying structural issues such as reductions in funding for youth services, public health and mental health services. A construction of people as consumers is part of a marketising theme in the policy texts, which argues that if the state is to "invest" in mental health services there should be a return, at least in reducing the implied burden of £105 billion that is attributed to mental health problems. The responsibilising of people to address the mental problems they face serves to individualise them, and detach them from the social and economic contexts in which they live. A fourth, but seemingly less prevalent discourse of co-production, provides some counterweight to an individualising discourse, by emphasising the skills, experience and expertise of users and carers. Even so, the view of co-production this discourse presents is narrow, since it is largely embedded in a consumerist construction of the people who use services and their parents or carers. Crucially, these four are embraced by an economism discourse that uses the language of incentives and which links moral and social arguments to make an "economic case" for investment in services. The state's role in tackling the emotional distress faced by children and young people is no longer a matter of citizenship, but of economics. These orthodoxies are fixed through the use of grammatical devices that produce them as natural, as common sense, and as having no alternative. This serves to make what is in reality arbitrary appear natural and neutral. As a whole, these discourses had the effect of "(re)producing the dominance of the political field over other cultural/service fields" (Thomson, 2005, p. 753). The political field is part of the field of power. From it, these powerful discourses were being actively diffused into other fields, including the health field in which the game to implement *Future in Mind* was being played.

The chapter has four sections. First, is a brief overview of the critical discourse analysis (CDA) method (Fairclough, 2010) and the specific approach adopted in this analysis. Second, the texts themselves are contextualised against the background of political change. Third, is a high-level CDA of the policy texts, which is then followed by a brief conclusion about the degree of autonomy of the local game.

The critical discourse analysis method

This assessment of the local game's autonomy is qualitative in nature. It draws on critical discourse analysis, (Wodak & Meyer, 2001; Fairclough, 2003), which is a "macroscopic perspective" on the analysis of discourse (Punch, 2013, p. 194). CDA is used in this

study to examine recent policy texts relating to the game. In adopting this approach, these texts are viewed as “social events”, which potentially contain different discourses or “ways of representing aspects of the social world” (Fairclough, 2003, p. 215). Thought of in this way, discourses are themselves “social practices”. They have a dynamic relationship with the contexts and structures that help to shape them, but which they also shape (Unger, et al., 2016, p. 278). The policy texts analysed here are thereby shaped by context and structure (including by the field of power), but also shape structures including other fields and, by extension, the local game of policy implementation. The question is how, and what extent, they do so. CDA was chosen as an appropriate and proportionate approach for trying to answer that question.

Following the approach taken in a CDA of Danish health care policy (Andersen, et al., 2017), the focus is on two specific elements of the texts. First, is their discursive practice, which involves assessment of their “interdiscursivity”, which refers to the linking of different discourses, such as economic and medical, and the use of particular terms or metaphors (Hyatt, 2013). Second is a textual analysis of how different actors and their duties or responsibilities are portrayed through the use of tenses, nominalisations, and modality, in order to assess if and how an apparently “common sense” view of the social world is constructed through the texts in a form of naturalisation (Fairclough, 2015). These two ways into the texts are linked. Any common sense view constructed in the texts reflects dominant discourses to make what is in reality arbitrary appear natural. It is about the “recognition of legitimacy through misrecognition of arbitrariness” (Bourdieu, 1977, p. 168). This naturalised discourse can gain the appearance of neutrality, of being outside of ideology. As such, it becomes the *doxa* of the field (game), which enables the “socially arbitrary nature of power relations ... that have produced the *doxa* itself to continue to be misrecognised and as such be reproduced in a self-reinforcing manner” (Deer, 2008, p. 121, emphasis in original). Dominant discourses help to reproduce power relations, which have potential to strongly impact and shape the local game.

The approach adopted here seeks to balance the level of detailed needed to fulfil the aims of the analysis with the length of the texts, which vary from 29 to 81 pages and include sections that range beyond services for children and young people. As a consequence, the focus here is on the introductory or executive summary chapters of the texts, either in full or, if their coverage is wider, those sections that relate to children and young people. An executive summary is defined as “a document that gives the main points of the detailed report, usually provided at the beginning of the report” (Cambridge Dictionary), and as such, these summaries can be seen to provide adequate

representations of the text for the purposes of this analysis. Each sampled section of the text was read in full. Relevant extracts of text were then coded to identify where particular discourses and/or grammatical devices were used. Some of these extracts are quoted in the discussion below.

Contextualising the texts

The texts, which were published between early 2015 and 2017, comprised the most recent policy context at the time of the analysis. The period in which they were published was politically highly significant, with a general election in May 2015 returning a Conservative majority, the vote to leave the European Union in June 2016, and the subsequent advent of a new prime minister. Against that political background, and despite changes of administration and of prime minister, these texts actually reveal a strong degree of continuity. The 2012 Health and Social Care Act, which included “explicit recognition ... that mental ill health will be given parity alongside other physical health needs” (Glover-Thomas, 2013, p. 281), is an important underpinning, and basis for continuity, in the texts analysed here.

Table 4: CDA - summary of sources

Source	Total length	Sections analysed
<i>Future in Mind</i> (Department of Health, 2015)	74 pages	Executive summary (8 pages)
<i>Five Year Forward View for Mental Health</i> (Mental Health Taskforce, 2016)	81 pages	Executive summary (17 pages)
<i>The Government’s Response to the Five Year Forward View for Mental Health</i> (HM Government, 2017)	29 pages	Introduction and Recommendation 1 in Five Year Forward for Mental Health (6 pages)
<i>Transforming Children and Young People’s Mental Health Provision: A Green Paper</i> (DH & DfE, 2017)	54 pages	Executive summary (3 pages)

Source: Passey, 2020.

Future in Mind (Department of Health, 2015), published in early 2015, was the work of the Children and Young People’s Mental Health and Wellbeing Taskforce, which was established by Norman Lamb, a junior health Minister in the then Coalition government. The taskforce comprised members drawn from local government, the NHS, the third sector, experts by experience, and schools, as well two central government departments

(Health and Education). It was chaired by senior Department of Health and NHS England officials, and had terms of reference that charged it with establishing the service needs of children and young people, how improvements to services could be achieved, ways to improve the perception of services, and how progress would be measured and assured (Department of Health, 2015). The *Future in Mind* document itself includes a Ministerial foreword, and as such it is treated here as government view. Despite a subsequent change of government, it was influential in the Spending Review (SR) at the end of 2015, when the then Government claimed that an additional £600m would be spent on mental health services, including those for children and young people (HM Treasury, 2015b). In addition, the SR highlighted a forthcoming report by the “Mental Health Taskforce”, with which the then Government said it would work “to set out transformative plans” (HM Treasury, 2015b).

That report, the *Five Year Forward View for Mental Health* (Mental Health Taskforce, 2016), was published in February 2016, and is the second document analysed here. The Mental Health Taskforce was established by NHS England, and was tasked with “creating and publishing a new five-year all age national strategy for mental health to 2020” (NHS England, 2015). It was chaired by the chief executive of the charity Mind, with membership drawn from the third sector, professional bodies, and NHS organisations responsible for care planning and delivery. Although the taskforce had a senior Department of Health official as an *ex-officio* member, it was described as “independent”, and so the taskforce’s report is not treated as a government view. It made a series of recommendations, the first of which was to accept in full the *Future in Mind* report. Government formally responded in January 2017 (HM Government, 2017), and how its response to the *Future in Mind* recommendation is the third text analysed. That was a formal government position, as was the final text, which is a consultative (Green) paper on *Transforming Children and Young People’s Mental Health Provision* (DH & DfE, 2017). It has a Ministerial foreword and explicitly seeks to build upon other texts by “going further”.

Analysis

Discursive Practice

Five discourses emerged in the CDA of the policy texts. Four can be seen as “prevailing orthodoxies”. A fifth (co-production) emerged as a somewhat counterbalancing discourse, at least at face value. While these discourses do have some commonalities

and so should be seen as inter-related, they also have some specific features that merit them being discussed individually.

Medicalisation

First is medicalisation (Furedi, 2006), which is “[t]he definition and/or treatment of some [previously non-medical] condition as a medical problem” (Horwitz, 2013, p. 103). As such it “commonly denotes the spread of the medical profession’s activities ... [g]reater power is usually assumed to follow increased pervasiveness” (Scott, 2014, p. 461). This orthodoxy is closely associated with a bio-medical model that deploys “scientific rationality, objective, numerical measurement” (Bowling, 2014, p. 19). It is seen in the medicalisation of children’s emotional or mental distress (Pilgrim, 2012; Callaghan, et al., 2017), stemming, it is claimed, from the prevalence of “psychiatric diagnosis” in the field, which involves the “application of a medical label to a psychological abnormality” (Pilgrim, 2009, p. 6). The result is a shift in emphasis, from distress or difficulties to one of illness. While there is a dynamic and contested debate about the application of this model within specialisms, between them, and outside of them, the medicalising of mental distress remains a prevalent trend. Further, the burgeoning of genetic research means that more “causes” are being given a biological basis, adding to the medicalisation of the debate (Busfield, 2001). Pharmaceutical companies have been seen to play an important role in medicalising health problems, including mental health issues (Timmermans & Oh, 2010; Pilgrim, 2012). Such influence is not just the result of research that promotes a bio-medical model, but also due to the shaping of clinical norms through the marketing by these companies of their products (Pilgrim, 2012).

The texts identify childhood as a risky time for mental health. This is reflected in claims that “[h]alf of all mental health problems have been established by the age of 14” (Mental Health Taskforce, 2016, p. 5), and is linked with adult rates “[o]ne in four of us, around 13 million people, will have a common diagnosable mental disorder in any given year” (HM Government, 2017, p. 1). Prevalence rates for particular medicalised “problems” are reported in the texts without any context, or reference to ongoing debates about these diagnoses. For example, the texts report that “[b]elow the age of 16, one in ten children suffers from a diagnosable condition, the equivalent of three pupils in every classroom” (HM Government, 2017, p. 1). More specifically, rates are given for “conditions” such as “conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent)” (Mental Health Taskforce, 2016, p. 5). The policy texts suggest these are fixed categories and conditions, based in evidence, equivalent to physical health conditions, which can be captured in “prevalence

surveys". In these ways, medicalisation involves not just medical diagnoses but a positivist, scientific, and rationalist perspective on mental health.

Medicalised mental health "problems" are themselves constructed in the texts as the "causes" of particular "outcomes", without any efforts to contextualise such statements. For example, it is reported that:

"Those with conduct disorder - persistent, disobedient, disruptive and aggressive behaviour - are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison" (Mental Health Taskforce, 2016, p. 5).

In this section of text there is nothing to indicate what might have led to these children being diagnosed with conduct disorder in the first place. This leaves open the question of what might, in the wider context in which they are embedded, have led to them behaving in particular ways to result in them being diagnosed with a behavioural "problem". It also suggests a chain of causation from being diagnosed with a medical "condition" to becoming a social "problem". In a review of the policy literature on children and young people mental health services up to 2015, Callaghan, et al. (2017) suggest that the direction of causation was previously in the opposite direction, especially before 2010. At that time, they claim, mental health difficulties were put in a wider context in which "[t]he social and economic are seen as a vulnerability factor contributing directly to mental health difficulties" (Callaghan, et al., 2017, p. 116). The most recent texts appear to point to a "deficit" in children and young people who have mental health "problems" that have direct consequences, such as them leaving school without educational qualifications. They have a much-reduced focus on inequalities as an underpinning factor of mental health (Callaghan, et al., 2017). As will be discussed later, this is further developed into wider economic consequences in the texts.

Marketisation

Second is the marketisation of public services. In the public management literature, this is seen as a key strand of the NPM (O'Flynn, 2007; Bevir, 2008), which at its extreme involves the privatisation of public organisations, as happened in the UK in the 1980s. More typical however, is for governments to "introduce incentive structures into public service provision by means of contracting-out, quasi-markets, and consumer choice" (Bever, 2008, pp. 9-10). Authors have pointed to this process in mental health services,

including those for children and young people (Pilgrim, 2012; Callaghan, et al., 2017). Core elements include the “purchaser-provider split” and tariff payments for different medical interventions that were introduced in the 1990s, both of which are linked with more business-like, managerialist and performance measurement orientations to these services. For example, the texts include numerous examples of verbs such as “re-energise”, “harness”, “drive”, “refresh”, “roll out”, nouns such as “step-change”, “fresh mindset”, “trailblazer,” and adjectives such as “ambitious”, and “unprecedented”. All are indicative of what has been termed the “right hand” of the state (Wacquant, 2014), such as treasury ministries in western nations. The language is economic-oriented and stresses funding constraints, justifies spending cuts, and emphasises the need for service efficiency. These parts and functions of government have been contrasted with the “left hand” of the state that is social-oriented, which comprises spending ministries, and works to support those people affected by “reforms” (Wacquant, 2014). While this is a simplification, it still seems too clear-cut for the contemporary UK state. For example, a spending ministry like the Department for Work and Pensions has been seen to pursue a cost cutting agenda, which is having detrimental impacts of those people it might have previously been charged with supporting (National Audit Office, 2018c).

The use of this particular language in the text reads as “business-like” and suggestive of a “can-do” perspective, which is implicitly contrasted with previous, more limited thinking and low energy action. It is developed in market metaphors, especially that of “incentives”. Reference is made to “existing incentive schemes for GPs” and the then Government claims it would “incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing” (DH & DfE, 2017, p. 4). At root of this approach is a belief in the benefits and utility of incentives to make the “market” in the mental health field work better, as in this section of text about challenges facing CAMHS:

“Significant gaps in data and information and delays in the development of payment and other incentive systems. These are all critical to driving change in a co-ordinated way” (Department of Health, 2015, p. 13).

Linked with incentives are performance targets. The texts suggest such measures have been lacking in mental health services, and part of *Future in Mind* should be:

“a five year programme to develop a comprehensive set of access and waiting times standards that bring the same rigour to mental health as is seen in physical health” (Department of Health, 2015, p. 16).

Presumably as part of such a programme, later texts announce targets such as “an additional 70,000 children and young people per year will obtain support”, to “recruit 1,700 more therapists and supervisors”, and to “train 3,400 staff” (DH & DfE, 2017, p. 3). Further, the then Government introduced new service standards, such as “access and waiting times standards for children and young people” and “the first access and waiting time standard for people experiencing a first episode of psychosis”. It was already reporting performance against such targets, for example on the latter in “October 2016 76.6% of people started treatment within 2 weeks” against a standard of more than 50% (HM Government, 2017, p. 6).

These performance measures are couched as part of moving from deficits in leadership and accountability to a strength that is based in transparency and accountability (though it is not clear to whom) that will unproblematically “drive further improvements in outcomes”. In all of this government is constructed as “steering” rather than rowing. This positioning serves to put “administrators in charge of the boat—choosing its goals and directions and charting a path to achieve them” (Denhardt & Denhardt, 2000, p. 549). It also distances government from some of the difficult business of direct service delivery. This is seen in sections of the texts where government is seeking to shape the “market” of mental health services, by calling for organisations to “work together” and “integrate” services. The aim is continuity and consistency in “a system without tiers” (Department of Health, 2015, p. 13), with support to mental health services from school and general practice. Specifically, the texts set out in a normative fashion what should be included in local planning, who should be involved, and how organisations should work together. The example below suggests local actors are left with little room to manoeuvre:

“A requirement for all partners, commissioners or providers, to sign up to a series of agreed principles covering: the range and choice of treatments and interventions available; collaborative practice with children, young people and families and involving schools; the use of evidence-based interventions; and regular feedback of outcome monitoring to children, young people and families and in supervision” (Department of Health, 2015, p. 18).

Another key plank of marketisation is the introduction of mechanisms designed to enable patient “choice” over which services they use and when and where they access them. The premise is this will increase efficiency and accountability in public service organisations (Bevir, 2008). The extension of competition and deregulation in NHS-funded services through the creation in the 2012 Health and Social Care Act of the “any qualified provider” role (Speed & Gabe, 2013) can be seen as an attempt both to broaden and deepen this trend. The accountability of service providers is especially important in children and young people’s mental health services, given the statutory power for some mental health providers and professional staff to detain individuals against their will. At the same time, mental health service providers have been seen to face additional bureaucratic burdens and requirements as a result of marketisation. This is because the perceived “risk” that people with mental health problems are seen to pose means these services “have been subjected to more and more layers of checking or ‘rituals of verification’” (Pilgrim, 2012, p. 1074).

The policy texts reference the range of organisations that are involved (or in a normative way should be involved) in providing mental health services to children and young people. There are exhortations to them to work together and form “partnerships” with each other to provide better services. While this language of working together is not new, the texts suggest for it to actually happen requires:

“making some real changes across the whole system. It means the NHS, public health, local authorities, social care, schools and youth justice sectors working together” (Department of Health, 2015, p. 14).

There are clues as what this entails, such as “dismantling artificial barriers between services”, “making sure that those bodies that plan and pay for services work together”, and “linking services so care pathways are easier to navigate” (Department of Health, 2015, p. 15). In one sense, this actually seems to be about putting right previous actions that these texts suggest led to fragmentation, but at the same time there is no call to dismantle the purchaser-provider split, which is the cornerstone of the current marketised health system.

In total, these marketising terms, concepts and orientations serve to construct service users more as consumers than citizens, to whom “offers” should be made by service providers and commissioners. These offers should be “local”, “better” and “clearly articulated”. The idea of an offer suggests retailing rather public services. It serves to

individualise service users, and implies they have choice and a degree of control over public services, without any evidence to suggest that is actually the case. That points to another prevailing orthodoxy.

Individualisation

Third is the increased individualisation of children and young people and their families in how they are constructed in wider economic and political discourse. Individualisation has been defined as “fragmentation of traditional social groupings within modern Western societies” which includes “increasing pressures on them to take more decisions for themselves” (Chandler & Munday, 2011, p. 207). The texts include calls for more “personalisation” of care (Pearson, et al., 2018) in seeking to “encourage the further development of personalised care” (Mental Health Taskforce, 2016, p. 16) and “the provision of personalised budgets” (Mental Health Taskforce, 2016, p. 20). This is suggestive of a greater burden falling onto individuals themselves, but is constructed as an aspiration to “empower young people to selfcare through increased availability of new quality assured apps and digital tools” (Department of Health, 2015, p. 16). If “empowering young people” involves a shift of responsibility to them for managing their own care, this aspiration for self-care is indicative of an individualising, consumerist construction of young people. It runs the risk of distancing young people from services, and potentially “further removes service design, delivery and professional practice from a focus on the social conditions that underpin distress” (Callaghan, et al., 2017, p.123).

The individualisation of distress is also apparent in the direction of causation constructed in the policy texts. Mental distress is seen to impact on children via their families, including their mothers, as this section of text illustrates:

“One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth ... Mental health problems not only affect the health of mothers but can also have longstanding effects on children’s emotional, social and cognitive development” (Mental Health Taskforce, 2016, p. 6).

This example suggests that the psychological problems faced by some mothers are in effect caused by their individual experiences of being pregnant and of having a very young child, and that such problems can have severe knock-on consequences for their children. While these consequences might be grounded in “evidence”, there is no sense that pre-existing issues or pressures might be impacting on these mothers, such as the

social and economic context in which they were situated when they become pregnant in the first place, during pregnancy and in the year after it. Instead, the issue of a mother's mental health, and as consequence that of her children, is rooted in these individuals, as opposed to being seen as influenced, or more strongly, directly impacted, by the milieu in which they find themselves.

A review of the historic policy texts found some consistency in the continuation of a neoliberal agenda that emphasises "individual choice, participation and responsibility" (Callaghan, et al., 2017, p. 119). This is seen as reflective of an impetus to cut costs and justify austerity (Dent & Pahor, 2015)¹⁰. It has been argued however, that the policy texts produced between 2010 and 2015 rooted the problem and the locus of intervention at the level of the family, and constructed the aetiology of childhood mental health problems as "a combination of biogenetic factors and family problems" (Callaghan, et al., 2017, p.121). Even so, not all children and young people with such "risk" factors develop mental health problems. Instead, they are seen to escape them due to their individual resilience, which stems from a combination of "ability to form peer relationships, good self-esteem and parental support" (Membride, 2016, p. 553).

Globally, the United Nations Convention on the Rights of the Child (United Nations, 1990) enshrines the conception of a person aged less than 18 as autonomous and having an individual identity that should be protected, with rights to services including health and education, and having key freedoms such as of thought, expression, and association. In the UK, the test of Gillick competence means that children under 16 might be deemed able to give consent to medical treatment without the need for parental or guardian consent. These perspectives strongly "produce" children as autonomous and competent people, and childhood as a time to maximise potential in a rounded way. The policy texts seem to construct a different model of the individual as the root of mental health problems, as the locus for intervention, and the agent for responses. That shift suggests

¹⁰ A recent report by the National Audit Office revealed the extent of cuts. In relation to budgets there has been a 49% fall in central government funding of local authorities between 2010/11 and 2017/18, which equates to a 29% real-terms cut when changes to council tax are factored in. There have also been significant cuts to specific services, including "discretionary spending on early years support and services for young people ... from 2010/11 to 2016/17, spending on youth services fell by 65.5% in real terms, and spending on Sure Start fell by 49.8%" (NAO, 2018a, p.27). A report by Oxford University for the Sutton Trust argued that an official estimate of 500 closures of Sure Start centres was likely to be a significant underestimate, and put the figure at up to 1,000 (source: Guardian website, 5 April 2018). While NHS funding has been "protected", in that it has kept pace with inflation, demand has continued to rise much more quickly (NHS England, 2016) and several reports from NHS Providers suggest that spending on mental health services has continued to lag.

that not only has distress become increasingly individualised (Callaghan, et al., 2017), but so too responses to it. Far from expressing agency, this actually seems to run against the view of children and young people as autonomous actors with rights of their own. Instead it positions them as bearers of responsibilities, or active partners in public services, while at the same time government-funded services themselves shows signs of contracting (MacLeod & Emejulu, 2014; Meijer, 2016; Callaghan, et al., 2017).

Co-production of children and young people's mental health services

The texts also have elements of what appears to be a countervailing discourse, which seeks to promote service users and their families in the development of services and implementation of policy. This might be labelled a co-production discourse, given that it attempts to develop and cement the status of users and carers as legitimate “partners” in the development of services and in assessments of service quality. The location of this discourse within the policy texts suggests a potential alternative to neoliberal orthodoxy, i.e. a co-production discourse might manifest a heterodox position that challenges what is taken for granted (Ibrahim, 2015). Across the texts there is no real specificity about what co-production actually entails, or indeed what it means. On the one hand, this could be considered a strength in that it enables flexibility, especially in national policies like *Future in Mind* that will be implemented locally. On the other, it might lead to confusion and even a degree of cynicism. It is argued below that the discourse of co-production constructed in the texts is limited in scope. It continues to foreground organisations and services as the primary agents in the system, with users and carers almost an annex to them, in ways that echo criticisms of much of the public management literature on co-production (see for example Osborne, 2018). Further, notwithstanding efforts to legitimate the skills, experience and contributions of users and carers, they are often positioned in the texts, implicitly at least, as consumers and arbiters of services rather than as active co-producers. Used in this way, co-production risks being little more than a new badge for existing service regimes and would seem to fit into a NPM approach to public services in which encouraging a greater role for the people who use services is seen as way to increase efficiency and contain costs (Dent & Pahor, 2015). The implication would be that co-production is not an example of heterodoxy, at least not in the ways that it is presented in these policy texts. As chapter two outlined, some critics have seen in co-production a reflection of a consumerist orientation rooted in NPM reforms to public services (Pilgrim, 2018). Much of the literature however, argues instead that co-production is a manifestation of the NPG (Pestoff, 2018), and that it is a post-neoliberal (effectively post-NPM) policy tool or reform (Dunston, et al., 2009). Those two perspectives were, in effect, evident in the policy texts.

The main thrusts of co-production are at the level of service co-design, and in respect of the acceptability of services to the people who use them. The texts state that “[s]ervices must be designed in partnership with people who have mental health problems and with carers” (Mental Health Taskforce, 2016, p. 20), which suggests that users and carers have a recognised stake in the shape of the new services. Further, users and carers were said to potentially have knowledge and resources that might help to improve services, given that “the best mental health care and support must involve children, young people and those who care for them” (Department of Health, 2015, p. 14). To an extent users and carers are being constructed as arbiters of the quality of services, which the texts suggest “need to be offered in ways they [users and carers] find acceptable, accessible and useful” (Department of Health, 2015, p. 14).

Users and carers, who have been defined as “citizen producers” (Ostrom, 1996) in the public management literature, are in the texts further constructed as “experts-by-experience”¹¹. This seems to go further than arbiters of services, since according to the NHS this label “positions the person as having expertise in their own experience” (NHS England & NHS Improvement, 2016, p. 22). That experience-based expertise potentially has value alongside the knowledge and experience of professionals working in publicly-funded services, so-called “regular producers” (Ostrom, 1996). The texts seek to normalise this kind of position and status for users and carers, in stating that “[c]o-production with experts-by-experience should also be a standard approach to commissioning and service design” (Mental Health Taskforce, 2016, p. 20). Further, in related guidance to the mental health commissioners and providers, NHS national lead bodies claimed that “people who use the services can drive the system by being empowered to self-monitor and expect services to be interested in their feedback and outcomes” (NHS England & NHS Improvement, 2016, p. 17).

On one reading, efforts to develop the notion of experts-by-experience and to normalise their role in service design and acceptability might be seen as policy makers looking to promote more co-production of services. At these moments, users and carers are positioned as citizens. Read another way, these efforts can be viewed as appeals to

¹¹ Expert-by-experience is defined by NHSE and NHI as: “People who experience or have experienced mental distress. The term is broader and more descriptive than ‘mental health problems’. Its underlying assumption is that mental distress is a meaningful human experience, and that it is for the individual to make sense of their own experiences within the context of their personal story. It positions the person as having expertise in their own experience. Equivalent term ‘lived experience’” (NHS England & NHS Improvement, 2016, p. 22).

individual “consumers”, rather than legitimising lay experience and user expertise. Concern has been raised about “loose” usage of different terms to describe citizen-co-producers, which is important because the usage of different terms has significant implications for how professionals will view the legitimacy of service users as co-producers, and whether professionals might cede any of their control over public services to them (Callaghan & Wistow, 2006, p. 585). This issue was evident in these policy texts, in references both to the planning of services and the delivery of care. The texts promote the idea of individuals “making choices about what they regard as key priorities” for care (Department of Health, 2015, p. 14), and for all partners, including users and carers to agree principles about “the range and choice of treatments and interventions available” (Department of Health, 2015, p. 18). To an extent, in these parts of the texts people are individualised as “care-maximisers”, which potentially enables the state to constrain costs by retreating or spreading the “burden” of tackling mental health issues faced by children and young people onto these children and their families. In this way, “patient choice and the other variants are presented by governments as empowering citizens, but scratch the surface and one finds that cost containment is a key concern behind much of the policy innovations” (Dent & Pahor, 2015, p. 549). Such an orientation serves to smooth out underlying issues, such as stagnating or reduced public funding as part of an economic policy of austerity, and pre-existing structural inequalities that might themselves cause emotional stress and anxiety. Critiques of asset based, co-productive approaches to services have been placed by some authors in a wider criticism of neoliberal approaches to the state and public services more generally (MacLeod and Emejulu, 2014).

These national policy texts suggest that co-production has a disruptive potential for existing modes of commissioning, managing, implementing and evaluating mental health services for children and young people. There are some specific requirements of organisations, since:

“[p]roviders must monitor, and commissioners must consider, the extent to which the interventions available fit with the stated preferences of young people and parents/carers so that provision can be shaped increasingly around what matters to them” (Department of Health, 2015, p. 14).

Commissioners in particular are portrayed as strategically positioned in this, almost at the apex of a more co-productive set of services. They are specifically tasked with fostering collaborative approaches that would “join up” local services, and by “testing

clear access routes between schools and specialist services for mental health by extending the recently established co-commissioning pilots to more areas” (Department of Health, 2015, p. 19).

In summary, user experience, expertise, and knowledge are constructed in a co-production discourse as assets and resources deployable in tackling mental health issues. That reflects one of the themes in the public management literature, in which co-productive approaches have been shown to bring additional resources into the planning and implementation of public services (see for example Loeffler & Bovaird, 2016). This opens up a rational, economic efficiency perspective found in NPM, in which the state is seen to benefit from pursuing the co-production of public services. For example, while monetising the benefits of co-producing preventative mental health services has been described as “extremely challenging” (and it could be argued problematising of the relational underpinnings of co-production), there is some reported evidence of economic-type benefits from such approaches including increased service resources and capacity, and a wider variety of services (Slay & Stephens, 2013). The focus on economic benefits is suggestive of the insertion into mental health services policy of a more economically-based set of ideas and arguments.

Economism

At root of these prevailing orthodoxies is the intrusion of an economism discourse. The term economism is used here because it defines “belief in the primacy of economic causes or factors”, and as such it brings together “the ideas that most of life should be understood, valued and managed in terms of economic calculation” (Gasper, 2004, p. xi). This is maybe best understood as a meta-discourse, which links directly to the economic field of power. References in the discussion so far to concepts such as consumerism, performance measures and targets, incentives, efficiency, and consumerism in relation to co-production, all attest to the influence of an economism discourse within other discourses. The aim of this section is to briefly identify where it is actively used to colonise and shape other discourses that are more specific to the local game of policy implementation.

An economism discourse constructs a particular view of children and young people, as either the drivers of the economy of the future, or as drags on future economic growth. This rational, economic argument makes childhood mental health a socio-economic problem, and a potential “burden” (Callaghan, et al., 2017) for others to carry. This is implied at certain moments in the texts, as the discussion below outlines. For example:

“The economic case for investment is strong. 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood. There is a compelling moral, social and economic case for change” (Department of Health, 2015, p. 13).

This section of text is rich in an economic, or more precisely, banking metaphor of investment and economic case. It is linked with a medicalising discourse to make the case for investment. The suggestion is that public spending is an economic pursuit, based on an economic calculus with the objective to secure value for money and a return on investment. It does not seem enough to simply appeal to solidarity as the rationale for spending money on services to support children and young people facing emotional distress or mental health issues. Instead, the case needs to be an economic one if the state is to “invest” its resources on such people. The text then goes further, by explicitly linking the economic case with issues of morality and society, lining them up together in a single case for investment that serves to assert the dominance of an economic rationale. In this way, adopting an economic perspective on these services becomes unproblematically supportive of social and moral concerns and objectives. This economic case is supported by apparently self-evident/factual statements, such as:

“Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year – roughly the cost of the entire NHS” (Mental Health Taskforce, 2016, p. 4).

Mental health is the cause, disability the effect, with a knock-on economic impact for the nation as a whole. Mental health problems are constructed as a national, and hence potentially a collective problem that impacts every person in the UK. By monetising the scale of the impact however, those people experiencing mental health problems are constructed as a cost, and thereby as a drag on the nation as a whole. Implicitly they are constructed as a burden. Resolving their mental health problems would effectively allow the NHS to be twice its current size, or would enable tax cuts and reductions in public spending.

The banking concept of investment is also used to emphasise current spending decisions. The Government, it is claimed, has already made “additional investment of £1

billion a year by 2020/21 to improve mental health services” (HM Government, 2017, p. 1). This use of investment suggests government is anticipating some kind of return. The texts do contain references to funding, when for example outlining how much has in the past been spent on mental health services, or in statements relating to planned spending by government that has yet to be scaled or quantified. Such references appear to be more neutral than those about investment, however funding is also linked with economic language such as “effective and efficient spending” and that it “should allow NHS England to expand access to effective interventions” (Mental Health Taskforce, 2016, p. 19). Even when adopting a more “traditional” and “social” language in talking of public service funding, the texts link it with specifically economic terminology and concepts.

An economism discourse is also used to relate particular characteristics to health outcomes, especially whether or not an individual is in employment. While these points are made about “health” more broadly, given they are part of texts specifically about mental health they are taken here to refer to mental as much as to physical health. The argument tends to be more circular than the cause and effect points that were discussed above, in that:

“Employment and health form a virtuous circle: suitable work can be good for your health, and good health means that you are more likely to be employed” (Mental Health Taskforce, 2016, p. 16).

What this does not say is that being in poor quality employment might itself be bad for your (mental) health. That said, the texts note the lower employment rate for adults with mental health problems compared with the general population or people who have other health conditions. This evidence is portrayed as incontrovertible, and enough to argue that employment “should be recognised as a health outcome. The NHS must play a greater role in supporting people to find or keep a job” (Mental Health Taskforce, 2016, p. 17). Any underlying, structural issues in relation to employment rates of people with mental health issues are smoothed out. This point is also built in a more nuanced manner, in references that link “fulfilled”, “happy” and “productive” when describing the kinds of lives the texts wish people to have. Here an economic metaphor (productive) is linked with affective words.

Finally, an economism discourse is used to emphasise where spending has been insufficient in the past in order to contrast with, and make the case for, the current situation and a projected future. The texts talk of “chronic underinvestment in mental

health care across the NHS in recent years” (Mental Health Taskforce, 2016, p. 10). This use of what is often a medical term (chronic) to describe a past shortfall in spending serves to further conjoin economic and medical language. Furthermore, there is no agent responsible for this underinvestment. Instead, the text deploys a nominalisation (Fairclough, 2003), in which a process is described by using a noun “[y]ears of low prioritisation”. There is no reference here to the Government, despite it being responsible for the decisions about levels of public spending. Instead it is constructed as a problem within the health care system (low prioritisation by CCGs), despite the fact that these bodies only came into existence as a result of legislation passed by the 2010-2015 Coalition government, in which the current ruling party was the senior partner. Further, overall CCG budgets are set as part of government Spending Reviews. The then Conservative government instead only referenced itself when setting out its approach, which it claimed included a further £1 billion of “investment” in children and young people mental health services by 2020/21. In this way, government was distancing itself from the past, both by claiming a recent increase in funding, and by blurring responsibility for previous “insufficient” levels of funding.

Textual analysis: constructing “common sense”

This macro-level analysis of the autonomy of the local game of policy implementation is complemented by a brief textual analysis of the policy texts. Interest here is in how some particular grammatical devices might be employed in the texts in order to construct a “common sense” view of the social world. These devices work so that particular evidence, perspectives, reflection, and prescriptions for action are naturalised in the texts (Fairclough, 2003). The process of naturalisation serves to create and/or reinforce hegemony in the form of seemingly common-sense, naturalised views that might be seen as the “way things are” (Hyatt, 2005, p. 523). This Bourdieu defined as *doxa*, one effect of which was that the “perception of the social world ... [is] ... adjusted to the divisions of the established order” (Bourdieu, 1984, p. 471). The brief discussion presented here is an examination of the grammatical tools that are deployed to embed the different discourses that have already been discussed.

Nominalisation has been defined as “a type of *grammatical metaphor*” (Fairclough, 2003, p. 220, emphasis in original) wherein a process becomes a noun. Examples in the texts include references to “transformation” and “prioritisation” in relation to services, systems and programmes. The use of this device has a number of results. It tends to blur agency, and by extension responsibility, through changing a set of actions for which specific individuals or organisations can be held responsible to a single process. It smooths out

complexity. Actions that might vary in difficulty, in the time needed to complete them and which may be more or less controversial within the context in which they are situated are smoothed out to construct a simple, coherent view. Potential differences in perspective about the course of action are absent. The layering of words is used to create tone in order to garner particular affective responses in the reader. Examples in the text include: the use of positive words in the same sentence “the best ways to promote positive mental health” (DH & DfE, 2017, p. 3), and to ensure that children and young people were “treated in the right place at the right time” (Department of Health, 2015, p. 17); running together words that promote a particular desired action “joining up services locally through collaborative commissioning approaches between CCGs, local authorities and other partners” (Department of Health, 2015, p. 16), and linking together seemingly unrelated terms to create a new collective meaning “ambitious new collaborative approach” (DH & DfE, 2017, p. 4).

Modal or auxiliary verbs are used “when the text producers express their authority” (Andersen, et al., 2017, p. 5) in order to allocate particular roles in the policy texts. Most particularly, when used in the present tense these verbs emphasise truth and logic, thereby reinforcing roles that are desired by the producers of the text (Andersen, et al., 2017). This helps to produce a notion of common sense not just about who is involved but more specifically how they are involved. Examples of these verbs include “must”, “should”, “will”, and “when”, and they are most frequently seen in three of the texts. First is *Future in Mind*, which is in effect a framing by an outgoing administration of what it wants to happen in the future. It seeks to shape future policy interventions and influence public spending decisions after the 2015 election, for example by explicitly noting “[t]here are a number of proposals in this report which require critical decisions, for example, on investment and on local service redesign, which will need explicit support from the next government” (Department of Health, 2015, p. 15). Modal verbs are also used in this text to foreground service users and carers, such as in a claim that “the best mental health care and support must involve children, young people and those who care for them”, and by tasking organisations to deliver this by stating that “[p]roviders must monitor, and commissioners must consider, the extent to which the interventions available fit with the stated preferences of young people and parents/carers” (Department of Health, 2015, p. 14). Second is the Five Year Forward for Mental Health, which, in recommending full implementation of *Future in Mind*, stated that “[t]he Departments of Health and Education should establish an expert group” on mental health issues (Mental Health Taskforce, 2016, p. 16), and that by 2020/21 NHS England “should support at least 30,000 more women each year to access evidence-based specialist mental health care during the

perinatal period” (Mental Health Taskforce, 2016, p. 14). The document took the opportunity to solidify some key actions. Third, is the subsequent government response to that recommendation, which accepted it in full. In so doing, the then Government sought to entrench actions and responsibilities, such as “NHS England should continue to work with Health Education England (HEE), Public Health England (PHE), Government and other key partners to resource and implement Future in Mind” (HM Government, 2017, p. 4), and “LTPs will continue to be refreshed annually in line with business planning cycles and subject to rigorous assurance processes by NHS England” (HM Government, 2017, p. 5). Use of these modal verbs is linked strongly with a directive or steering intent of government, rather than it being more directly involved in policy implementation.

Modality is also of interest when used in a relational way, such as through an inclusive “we”, which it has been argued shows or at least implies, unity or consensus (Fairclough, 2015; Andersen, et al., 2017). Here for example, it refers to work of the inspectorate to make a point about variation in care, in effect implying that this is a consensus and common-sense view:

“We know from the Care Quality Commission’s recent report that although quality of care is in places good, waits can often be too long” (DH & DfE, 2017, p. 4).

This kind of modality is used in the texts when government is talking about what it sees as successes “[w]e are exceeding the target” (HM Government, 2017, p. 6), and when setting out what is apparently self-evident, such as “we know that children with a mental health problem face unequal chances in their lives” (DH & DfE, 2017, p. 3). The latter is one of several statements in the texts that appear straightforward, uncontroversial and common sense. They work either by not being directly linked with any supporting evidence, or by using only selected evidence that naturally supports them. The latter is an example of intertextuality, wherein elements of other texts are made present (Fairclough, 2003), such as here:

“the Five Year Forward View for Mental Health was a vital contribution to the national debate on mental health, providing an independent and far-reaching overview of what modern mental health services should be” (HM Government, 2017, p. 1).

“NHS England and the Department of Health published Future in Mind in 2015, which articulated a clear consensus ... [t]his strategy builds on these strong foundations” (Mental Health Taskforce, 2016, p. 5).

As well as drawing on previous work (such as “strong foundations”) these sections of text explicitly asserts the “independence” of previous work, and that there is a consensus in the policy space by drawing on other, pre-existing texts. The aim in each case is to claim authority for the current text, and to suggest there is no viable alternative to what is proposed. The construction of a common sense perspective in and through these texts is inherently political work. The apparently settled picture of courses of action that is constructed appears to suggest broad (political and clinical) agreement, at least about high-level responses to the “problem” of mental health issues affecting children and young people, including the nature of services that are needed. Such a common sense view of the social world enables government to explicitly take ownership of the agenda, at times by distancing itself from past shortcomings or trickier current issues. It also enables links with wider political projects such as the then PM’s ambition “to tackle the burning injustices that persist in our society” (HM Government, 2017, p. 1) and for government to move on “the next step in our reforms” (DH & DfE, 2017, p. 4). In turn, this is suggestive of what the then Government saw was at stake in the policy space.

Conclusion

This chapter has involved a critical analysis of policy discourse. The premise has been that the local game is relatively open, and as such it might have features in common with surrounding fields (Collyer, 2018), and be subject to the influence of the field of power. In order to explore this further, key policy texts were seen as possible manifestations of prevailing orthodoxies, which might in turn affect the local game of policy implementation that is the local case study. The scope of these discursive practices might be used as a proxy indicator of autonomy, at least as far as enabling an informed judgement goes. The aim has not been to attempt a more “objective” evaluation of autonomy.

The specific task in this chapter has been to examine how particular ways of seeing and accounting for the social world interdiscursively colonise policy texts, in order to assess the influence these discourses have on the policy context in which the local game is unfolding. Interdiscursivity has been seen as a kind of “recontextualisation” that implies “transformation to suit the new context” (Fairclough, 2001, p. 133). These colonising discourses were at work in the policy texts, foregrounding particular language, metaphors and arguments, and linking them to specific elements of the policy intent and

design. In so doing, they shaped aspects of the local policy implementation game. How they did so will be contingent on the local context, so there is no linear relationship between the presence and intensity of particular discourses in the national texts and the behaviour of actors in local implementation of policy. Even so, the potential influence of these discourses needed to be accounted for in developing the case study of local policy implementation.

Four specific discourses, embraced by a wider economism discourse, were evident in the texts. In summary, a medicalising discourse was evident in statistics about rates of mental health problems, which suggests that diagnoses are fixed and without controversy. The construction of service users as consumers was manifested in a marketising discourse, which portrayed state funding as a form of investment against which returns were anticipated. An individualising discourse positioned those suffering mental distress as being responsible for it, at least in part. Further, they were implicated as being responsible for ameliorating actions and behaviour. A less prevalent discourse of co-production provided, on one level, some counterweight. It legitimated the skills, experience and expertise of users and carers as “citizen producers” alongside the “regular producers” (Ostrom, 1996) working in service organisations. But that is limited, and in many ways, this discourse further positioned service users as consumers rather than co-producers. These four discourses were wrapped up by an economism discourse, which used particular economic language in connecting moral and social arguments with an “economic case” case for investment in services. These orthodoxies were produced by grammatical devices as natural, as common sense and as having no alternative. In these ways these discourses were themselves embedded in policy. The overall effect is to make what is in reality arbitrary appear natural, neutral, and taken-for-granted, thereby helping to fix the *doxa* of the local game.

This analysis suggests that the wider field of economic and political power is strongly pervasive in the game. Perhaps this is no surprise, given that Bourdieu viewed the field of power as part of the “state” (Loyal & Quilley, 2017), populated by agents with sufficient capital to dominate other fields (Bourdieu, 1998b, p. 34). The institutions playing in the local game are delivering publicly-funded services. They are tasked with translating national, macro policy design and intent into front-line reality, which seems motive enough for actors in the field of power to seek to shape what local actors perceive as the limits of what is locally possible. In these ways the *doxa* of these wider policy discourses might be manifest in local behaviour, and in the taken-for-granted meanings that local actors attach to the echoes of these discourses. The next two chapters develop the local

case study within this national context. They examine how a wider *doxa* that was rooted in the discourses discussed here, interacted with local a *doxic* belief that mental health was the business of all the players in the local game. There was active work to, in effect, operationalise that local *doxa*, through the development of a logic of co-productive professional practice and in the shared stakes that local actors had in the game (*illusio*). In total, these can be seen as efforts to build a sense of unity among players in the case study.

Chapter 5: Co-production as the preferred way of working (logic of practice)

Introduction

The evidence gathered for this study suggests that implementation of *Future in Mind* in Study-borough was being undertaken in a co-productive logic of practice, and that participants had a range of meanings of co-production. The logic of practice was geared towards fostering change in the mental health services system, rather than just at the single service level, which was seen as the route to new ways of working. As a whole, local definitions pointed to co-production as a multifaceted concept, which was rooted in its local context. The range of local meanings challenged some of the theoretical work in the literature on front-line co-production, and raised questions of policy makers. In describing their own roles in *Future in Mind* as co-production, many participants felt that it marked a departure from how things happened locally beforehand in related areas of policy. The co-productive logic of practice thereby reflected a particular local interpretation of the national policy intent, pointing to the contingent nature of co-production in public services.

Local actors constructed a number of specific meanings of co-production within the game's logic of practice, three of which were inductively-derived and seen in the literature as facilitators of front-line co-production (Lindsay, et al., 2018). A fourth, which related to front-line co-production, was generated abductively from the accounts of local actors. As the discussion below outlines, the meanings that local actors had of co-production tended to reflect a particular strand in the literature, which has emphasised the role of community-based voluntary and community organisations (VCOs) in group or collective modes of co-production. More recent work in the public management field has included a critical perspective on co-production, foregrounding service users rather than organisations as the co-creators of value in public service users (see for example Osborne, 2018). Findings in the case study suggest that the academic debate is, to an extent at least, becoming more distant from the front-line experience of public professionals working in public service delivery systems. The parameters of co-production as it is understood in the academic literature risk becoming an “elite narrative” (Crompton, 2019) not just of policy makers but of academics as well. That issue is further explored in the concluding chapter of this study.

In Study-borough, participants¹² typically emphasised their links with other professionals and organisations, rather than with service users, when asked what the local commitment to co-production meant to them. These accounts were at the boundary between definitions of multi-agency partnership working and organisation-based modes of co-production (Brandsen & Pestoff, 2006; Loeffler & Bovaird, 2016). The literature argues that co-production “involves a relationship between public services and citizens [but] is not always a direct personal relationship between staff and citizens” (Loeffler & Bovaird, 2016, p. 1007). This seemed to be the case in Study-borough, where local voluntary and community¹³ organisations (VCOs) played a central role in the local game. The meanings provided by participants are thereby seen to fall on the co-production side of a boundary with partnership working, with VCOs providing a link between public services and service users and/or citizens. VCOs played that role on account of their status as proxies for more direct engagement with children and young people and their parents/carers in certain parts of the programme. At other times, when participants described their front-line interactions with children and young people, their accounts contained elements of user co-production. Participants did not however typically characterise front-line work as co-production. Instead, here co-production was implicit in the ways that participants described front-line service encounters with service users. These perspectives reflected the interest of this study, which was to explore the meanings that professionals had of co-production, and what they made of those meanings in terms of their professional practice as they played the game to implement *Future in Mind* in Study-borough.

Local, organisation-based understandings of co-production involved engaging children, young people and communities in co-designing the programme itself and bringing together a range of organisations to oversee accountability arrangements and jointly manage the delivery of the programme’s services. In terms of content, the particular logic of practice in Study-borough required high-level steers and agreement to service changes from all the partner agencies, on-the-ground engagement that would help ensure such changes would be implemented, and work with local communities to jointly plan and deliver the services. All were indicative of the ways that participants described co-production in the game’s logic of practice, succinctly expressed by one participant as

¹² The term “participant” is used as shorthand for the professional staff who were working to implement *Future in Mind* in the case study.

¹³ The term “voluntary and community” is used as a generic term to denote non-market, non-state sector or organisations that are defined as part of that sector. Other synonymous terms are “third” and “non-profit”.

“we’ve co-produced an idea, a vision, and a transformation plan, and I think operationally we now implement it” [Comm].

The programme involved a set of specific processes and mechanisms designed to enable the game’s logic of practice, including new professional-based consultations, which were popular with staff. These processes emphasised the cultural capital of professional staff, suggested new synergies in knowledge sharing, and provided professional staff with relational benefits through new links with their peers. They did however, point to limits to the degree of co-productive knowledge generation in the programme. Participants also pointed to other constraints on co-production. These included the relative invisibility of work that happened outside of formal mechanisms to capture and account for it, the absence of a definition of co-production, and the lack of guidance in how to work co-productively in the programme.

This chapter begins with an explanation of how co-production can be seen as the game’s logic of practice. Attention then turns to local meanings of co-production and accounts of front-line work with children and young people, anchoring them in the literature. The chapter then argues that the roles played by VCOs were key to meanings of co-production and to articulations of a co-productive logic of practice. Mechanisms and processes instituted in the programme to manifest co-production, and their limits and constraints, are then critically discussed.

A co-productive logic of practice

The original national *Future in Mind* report did not explicitly reference co-production. Instead, it implied it by positioning children and young people as “experts” in their own care who “want to be involved in how mental health services are delivered and developed, not just to you and those who support you, but to all the children, young people and families in your area” (Department of Health, 2015, p. 11). This suggested children and young people as direct users of services and as citizens who might help shape services more widely for their peers and communities. The report claimed that this approach of involving children and young people would specifically entail professionals “listening to your experience of your care, how this fits with your life and how you would like services to work with you” (Department of Health, 2015, p. 11). The emphasis here was on citizen voice as the means to drive improvement to services, coupled with a potential implication of engagement with individual service users (possibly in the guise of customers), rather than the broader construction of children and young people as

citizens. The potential roles for children and young people would seem to be quite constrained in consequence.

The language of co-production emerged explicitly in the 2016 Mental Health Taskforce report. It argued for full implementation of *Future in Mind*, as part of a broader programme of change in mental health services across all age groups. The Taskforce proposed that professional staff should co-produce mental health services with different actors (experts by experience, carers, and local communities) and for different purposes (developing care pathways, commissioning, governance, and creating outcome measures). As the subsequent implementation plan for the Taskforce's proposals summarised it, delivery needed to involve "co-production with people with lived experience of services, their families and carers" (NHS England, 2016b, p. 5). This was described by one participant in the local case study as "part of the key ethos of *Future in Mind* as well, around you know, the involvement of children and young people and the engagement work as well" [Comm].

In Study-borough, the key purpose of *Future in Mind* was to deliver "sustained improvements in services", key to which were system level change and a "cultural shift". The local ambition was thereby for change beyond the single service level to the wider service system, and co-production was seen to have potential as "demonstrably the right system model" [Comm] and preferred route to achieve it. Co-production would challenge how services had worked in the past, both with each other and with service users. While these were wide-ranging ambitions in and of themselves, they also had potential to challenge the neoliberal orthodoxies that chapter four argued had colonised mental health policy. If neoliberalism is an "all-pervasive paradigm" or logic that shapes multiple fields and the *habitus* of actors in them (Chopra, 2003, p. 426), a discourse of co-production might, at least in part, work as a counterweight. The local game, by emphasising a co-productive logic, reflected that countervailing discourse. It was, on the face of it, pushing back against prevailing neoliberal orthodoxy, although co-production itself has been seen as a potential neoliberal tool (Crompton, 2019). The discussion below reveals how co-production proved to be a contingent and multifaceted notion in a social space of change. The combination of a locally-defined co-productive logic of practice, a new policy, and new actors coming into the policy space, had the potential to disrupt pre-existing field conditions that were influenced by the neoliberal orthodoxy in the field of power. In turn, that had the potential to lead to change in the *habitus* of local actors as they were forced, in effect, to negotiate and navigate new conditions that were evident in the local game. Such change would not necessarily be uniform, but instead it

had the potential to be complex, and strongly differentiated, among the actors playing the game. For example, actors based in the VCS may have already been professionally socialised into a practice that resembled co-production, but which would not necessarily have been badged as such. For them, it was possible that the language of co-production to an extent formalised existing practices. Evidence for this comes from their role in the programme and how they were perceived by the other actors in it, which is outlined below.

The four dimensions of co-production in the programme

This section outlines and considers the four local dimensions to co-production that were evident in interviews, observation of meetings and programme documentation. Interviews began with participants being asked to describe their involvement in *Future in Mind*, and how they had experienced working with others in the programme, including service users (see appendix two for an example of an interview topic guide). Participants had been made aware of the study's interest in co-production by an information sheet (see appendix one). However, consistent with the overall approach in this study, they were not provided a pre-determined definition. Further, at this point in the interview participants were not (necessarily) focused on how they might conceptualise co-production. Nevertheless, some of the ways that they described their work, including interactions with children and young people and parents/carers were consistent with the theory of front-line co-production. This form of co-production was at the latent or interpretative level (Braun & Clark, 2006), in that it was generated by linking data with theory in a process of abduction (Fletcher, 2016). Co-production here was implicit, rather than it being explicitly referenced. Later in the interview, participants were asked to provide views and explain their thoughts on the local programme and its aim to co-produce services. Most described co-production in inter-organisational and inter-professional terms, or as a form of service user involvement, rather than talking about it in terms of a front-line service encounter with a service user. Analysis of these sections of interview transcripts was predominantly at a semantic or explicit level (Braun & Clark, 2006). There is an important analytical distinction here, between the meanings that participants themselves provided when specifically asked about co-production in the context of the local programme, and the latent meanings that have been abstracted from other parts of the interview. The ways in which co-production was either described or abducted can be disaggregated into a broad, multi-dimensional concept (see table five).

Table 5: The four dimensions of co-production in Study-borough

<p>Co-design</p> <p>“improving the performance of existing public services by actively involving the service user in their design” (Osborne, et al., 2016, p. 647)</p> <ul style="list-style-type: none"> ▪ VCOs facilitate engagement of service users and citizens ▪ (Mediated) user-professional interactions at strategic level ▪ Facilitator of front-line co-production ▪ Derived by induction 	<p>Co-governance</p> <p>VCS and other organisations’ involvement in planning and decision-making (Pestoff, 2012)</p> <ul style="list-style-type: none"> ▪ VCOs act as proxies for the direct engagement of service users in a representative role in the programme’s governance mechanisms and processes ▪ (Mediated) user-professional interactions at strategic level ▪ Consensus-based approach to identifying broad programme aims and priorities ▪ Processes to support shared decision-making and responsibility for outcomes among stakeholders ▪ Facilitator of front-line co-production ▪ Derived by induction
<p>Co-management</p> <p>“non-governmental actors ... put time or other resources (e.g. money, skills, expertise) in the delivery of public services” (Verschueure, et al., 2012, p.1086).</p> <ul style="list-style-type: none"> ▪ VCOs act as proxies for the direct engagement of service users ▪ (Mediated) user-professional interactions at strategic-operational level ▪ Collaboration to deliver joined-up, multifaceted services responsive to evidence of users' needs and aspirations ▪ Processes to support resource pooling and information sharing among stakeholders ▪ Emphasis on flexibility with clear signposting processes between partners ▪ Facilitator of front-line co-production ▪ Derived by induction 	<p>User co-production</p> <p>Termed “consumer co-production” (Osborne & Strokosch, 2013, p. s37)</p> <ul style="list-style-type: none"> ▪ User-professional interactions at operational level ▪ Can be conscious or unconscious on the part of the service user ▪ Services likely to be improved through engaged user participation ▪ Abductively-derived since front-line work not badged as co-production

Sources: Pestoff (2012); Verschueure, et al. (2012); Osborne & Strokosch (2013); Osborne, et al. (2016); Lindsay, et al. (2018); case study. Adapted/created by Passey, 2020.

Thought of in this way, co-production was a continuum of behaviours, processes and relationships. It reflected a blending of national and local orientations in the policy, which foregrounded user and community participation as part of the “ethos” of *Future in Mind*. At one end of this continuum were organisation-based perspectives on co-production, defined and described in the literature as co-design, co-governance and co-management (Brandsen & Pestoff, 2006). Conceptually, all are some distance from direct service delivery, but each can be thought of a facilitator of front-line co-production (Lindsay, et al., 2018). These meanings risked eliding into multi-agency partnership working in which inter-professional and inter-organisational links are emphasised (Loeffler & Bovaird, 2016). Relationships between professionals and service users were less commonly foregrounded, which was indicative of strains in national policy texts that promoted organisational partnerships as the vehicles to deliver “transformation” in the provision of children and young people mental health services (DH & DfE, 2017). The argument in this chapter is that participant meanings stayed on the co-production side of a boundary with organisational partnership working because of the nature and specific roles of local VCOs in the programme. At the other end of the continuum, the ways that participants referred to front-line service interaction with people who used services revealed traits of co-production geared towards user empowerment (Osborne & Strokosch, 2013), although as the discussion below will reveal, this was constrained by some of the programme’s structural features. To an extent, this continuum reflected a shift in emphasis from people as citizens at one end in the shaping and co-design of services, to people as service users in front-line co-production at the other. The range of meanings of co-production was also indicative of a relating mode of professionalism that has emerged relatively recently in the literature to account for contemporary professionalism, including in public services (Anteby, et al., 2016). It offers empirical support to the theoretical alignment of public service co-production with a contemporary, relating mode of professionalism (Brandsen & Honingh, 2016).

Co-design of local services: the centrality of citizens

For some participants, the role of citizens in shaping and co-designing services was the defining characteristic of co-production. In *Future in Mind* in Study-borough, the local VCS was in the vanguard of the process. It had a key role in shaping it. The work of specific local VCOs was definitive in making this process a form of co-design, rather than simply a community consultation. It generated new knowledge from within local communities and had significant material consequences for the services that would comprise *Future in Mind*. What might have been a simple listening exercise became more meaningful as the contributions made by citizens and service users were adopted

by public services (Loeffler & Bovaird, 2016, p. 1007). Study-borough was itself described as having “a clear emphasis on co-design with children and young people” [Comm]. Locally, the process of co-design emphasised the assets that local children and young people, families and communities were seen to possess. These included expertise and knowledge about what worked, and what might work, in respect of *Future in Mind*. The approach was effectively seeking to co-produce a synergy of expertise by combining different forms and sources of knowledge in a process that would potentially challenge some of the more technocratic views about the policy, but would not seek to simply advocate a new hierarchy of knowledge to replace the one that pre-existed *Future in Mind* (Durose & Richardson, 2015). These orientations, which in sum stressed that service users and wider communities possessed assets and resources and were not simply passive recipients of services, went to the core of co-production (Loeffler & Bovaird, 2016).

In the role of co-designer, lay people work alongside professionals to devise the content and process of delivery of services (Voorberg, et al., 2015). Even though some of the lay people involved might be users of services, in co-design they would be acting more widely as citizens, as would people involved who were not themselves using the services. While the narrow purpose of co-design is to improve existing services in the design phase of the service production process by engaging local people, more broadly the aim for policy makers is to increase user participation in the policy cycle (Osborne & Strokosch, 2013; Durose & Richardson, 2015). That was an emphasis in Study-borough, where citizen participation was an explicit means to set the scope, focus and characteristics of the programme. Co-design of the programme was said to have involved “communities, and the people that are going to receive the service as well” [VCS_Man]. In respect of current services, citizens provided views on “what the offer looks like, what the gaps are” [Cam_CW], and articulated what services they felt were needed. In these ways, while the policy had already been fixed nationally, the local process of co-design took advantage of the latitude allowed in its local implementation. In Study-borough, co-design might be seen as a means by which co-production was “allowing space for the social capital of the community alongside the cultural capital of professionals” (Callaghan & Wistow, 2006, p. 594). The central role of the VCS in that work emerged as a significant element in the case study.

Participants expanded their meanings of co-production as co-design by pointing to the significance of the local VCS in the process. Local VCOs “entirely led” the initial consultation at the start of the programme. They engaged in local communities and with

service users to inform how Study-borough might implement the new policy. This was contrasted with a caricature of past practice:

“when the [statutory body] consults, it tends to be a bit we hire a community centre for an evening, and then we go, and someone in a suit stands and talks to four slightly interested elderly people ... we do it nominally and for the sake of doing it” [Comm].

As the leaders of this process for *Future in Mind*, local VCOs had an immediate stake in the programme, and their role in co-design reflected existing field conditions at the time. They had, or were ascribed by other actors, a reach that statutory organisations did not possess. In the relational space of the local game, they were viewed as being best, and almost uniquely qualified, as co-designers because of what were seen as their existing relations with local people and local communities. As well as reaching into particular places, they could access sensitive issues, since they knew and were already talking to local children and young people [VCS_Man]. As such, the VCS was seen to provide both citizen and user perspectives, and helped to open up new sources of knowledge to inform the programme. VCOs identified assets that existed in local communities, which served to “demonstrate there were a lot of good things already happening” [Comm] and with commissioners they jointly shaped issues that the engagement with communities would address, the kinds of questions asked, of whom, and how they were asked. The generation of new knowledge, and the adoption in services of inputs provided through VCOs by citizens and service users, meant that co-design had material impacts in Study-borough.

The process was meaningful as well to the local VCS. There was a shift from VCOs viewing the engagement as simply another community consultation, to their realisation that the outputs from the process would have meaningful impacts on the shape and design of services, and by extension for children and young people. In this case, the nature of citizen participation moved from “degrees of tokenism” in a consultation towards some “degrees of control” for citizens over the nature of the new programme (Arnstein, 1969). Crucial to that change was VCOs having a decision-making role in service design and what might follow:

“I think the first validation of their input, the first time that they could see that actually we were taking them seriously, was when we started to draft the plan and they were sat round the table designing it” [Comm]

The local programme that emerged from the co-design process emphasised relationships children and young people already had with each other and with public professionals, and early intervention services that children and young people said they wanted embedded within these relationships. It clearly defined what children and young people said they did not want (“frightening” and “distant” clinical services), and strongly influenced the development of new, community-based services, which were “closer to home” and felt more comfortable to children and young people. As one participant described it “the young people said, you know, we want someone to speak to, somewhere like in my area, so that I don’t have to get a bus into [part of Study-borough]. And, somewhere where I feel comfortable, you know” [VCS_Man]. The net result was seen as a change to previous top-down practice. Instead the programme was built “from the ground upwards” [Comm], in ways that extended and deepened the participation of citizens. It also opened up the programme to a wider range of service providers, including VCOs themselves.

Co-governance: a new scope of joint decision-making

A number of agencies, including local VCOs, were involved in the strategic governance of the programme. Consistent with other aspects, at a strategic level the VCS was positioned as the “voice” of children and young people. In short, the VCS was seen to be a strategic representative for the interests of children and young people and parents/carers in the programme. This role was seen as “an opportunity for the voluntary and community sector to be around the table” [VCS_Man], which was contrasted with previous local experience in which the sector had been (or felt) marginalised. Participants in other sectors viewed the VCS as “very much a part of the decision making in terms of how we take *Future in Mind* forward” [Comm]. Relatedly, the active engagement of VCOs and other partners in strategic planning and decision-making planning reflected how some participants defined co-production:

“I don’t think any one partner should have more power in that co-production than anybody else. Just because you hold the purse strings doesn’t mean you should have the casting vote I suppose. That’s my take on it.” [VCS_Man]

This organisation-based mode of co-production, or co-governance, has been defined as “the role of VCOs in policy formulation and community governance” (Pestoff, 2012, p. 1107). Specific governance bodies and mechanisms were created for *Future in Mind*. They were part of a web of accountability arrangements designed not just to oversee the

programme itself, but also to report about it “upwards” to other local and regional governance structures. The VCS governance role was part of the wider transformation plan for *Future in Mind*.

The individual VCS representatives were active participants in the governance meetings that were observed as part of the study’s fieldwork. The discussions in those meetings, and decisions made as a result, related not just to VCS services but also to links with other services and how these services were being practised and delivered to the constituents the VCS board members were representing. That gave local VCOs influence in the strategic direction of the programme, and in theory meant that the interests of children and young people were represented at a strategic level. VCS participants were not always entirely comfortable with this. Instead, they felt the ideal would have been a “tapestry” of different routes for engagement, including children and young people having their “own voice” that they exercised in direct engagement with commissioners and providers [VCS_Man]. This concern pointed to limits in co-production as a form of local co-governance, and raised the question of whether the interests that VCOs were seen to be representing might blur into organisational interests. VCS representatives remained clear about their accountability and noted that their member organisations, which worked with children and young people across Study-borough, held them to account when fulfilling a governance role on the programme board. That is, at one-step remove, these representatives were pursuing the interests of the people who their member VCOs “served” and the communities in which they were based. Other board members recognised that representation role. Taken as a whole, these perspectives showed how the VCS representatives worked to balance different interests when playing a role in the programme’s governance. It also pointed to this set of processes as a form of co-production rather than multi-agency partnership working, given that VCOs were seen to facilitate contributions by citizens and service users to the programme’s governance (Loeffler & Bovaird, 2016). Even so, this was a mediated form of user co-production, which carried the potential for organisational and professional capture.

Co-management of service delivery: a shift to a non-clinical model of practice

One of the outcomes of the co-design of the programme in Study-borough was an aim that aspects of service delivery should require neither clinical experience or expertise, nor where possible the child or young person having to step out of existing relationships to access services. A more social model of practice to support children and young people reporting some form of emotional distress was foregrounded, in contrast with a more

medicalised or therapeutic approach rooted in neoliberal discourses. Many of the new services in *Future in Mind* were not delivered in clinical settings, despite being embedded in a wider set of changes to services, including those designed to support children and young people with more acute needs. In consequence, a range of providers could potentially be involved in implementing the programme. The game's prevailing, locally-defined co-productive logic of practice thereby included an orientation towards work across organisations to implement *Future in Mind*. The argument here is that the nature of role of the local VCOs involved in the programme, and their status among other actors, meant that this work could be termed co-management, rather than it only being collaboration between agencies. Co-management has been defined as when “non-governmental actors ... put time or other resources (e.g. money, skills, expertise) in the delivery of public services” (Verschuere, et al., 2012, p. 1086). Emphasis is on “relationships at the organisational level” (Brandsen, et al., 2012, p. 2). While non-governmental actors could come from the private sector, in Study-borough VCOs were key to this mode of organisation-based co-production. Their status as the voice for and routes into communities, which was attributed to them by others actors as well as being self-ascribed, suggested that co-management in *Future in Mind* was “one contribution that service users and communities can make to the delivery of public services” (Loeffler & Bovaird, 2016, p. 1009). The definition above also suggests that co-management is not simply indicative of a plural delivery system in which different providers are commissioned to deliver services in parallel. Instead it involves an investment by non-governmental actors, one which potentially implies them having a stake beyond the purely commercial or economic.

Many participants talked about boundary-spanning work with other services and staff in different professions when asked to outline what co-production meant to them. Further, they emphasised that this approach was directed towards the delivery of better services and improved outcomes for service users. There was a widely held view that agencies, including VCOs, could systematically work together to find and deliver joint solutions to problems. These descriptions were indicative of co-production as co-management:

“when you say co-production, I think of partnership working ... [p]artnership between services, pooling resources, pooling budgets potentially, to make us more effective in reaching those objectives, those joint objectives that we all have” [LA_Other].

As in co-design, the status of VCOs as co-managers partly derived from their perceived reach into local communities. Other organisations suggested that young people, who were previously “invisible” to their services, were those who “third sector organisations will, will potentially see or hear about” [Cam_Man]. Locally, the links between many of these organisations were new. Some statutory bodies had never previously worked locally with the VCS, but as a consequence of *Future in Mind*’s co-productive logic of practice reported that “we’ve never before worked with the third sector, now we’ve got them, relationships with them, so we’ve got very close working relationships” [Comm]. Co-management involved active joint coordination between the various agencies that were delivering elements of the overall package of services. This was the intent of Study-borough’s local plan, which one actor claimed was “always pointed to getting to co-delivered services” [Fieldnote: commissioner, Board Meeting, 02/2018].

VCS staff were delivering some of these services, in a new community-based worker¹⁴ role created specifically for, and funded by the programme. These practitioners were based in local VCOs across the case study to align, as far as possible, with the footprint of existing statutory services. In theory, they coordinated their work with peers in other services, including statutory organisations, within the same geographical area. The degree of coordination did however vary across the different locations in Study-borough, given that cross-service engagement depended in part on inter-personal relationships, rather than simply the presence (or absence) of supportive organisational structures. These new posts in the VCS were not originally part of the programme, but emerged in response to “gaps” identified in the co-design phase. They were said to have broadened the service “offer” to families and children and young people, with new types of service and efforts to ease access, especially to children and young people previously “invisible” to services. Typically, the posts were filled by staff with experience in youth work and community work, rather than having clinical training or experience. They delivered work based in socially-oriented practice to foster the relational skills and emotional wellbeing of children and young people. However, as the discussion below highlights, they reported being constrained at times by an evidence-based perspective on practice. Again, co-management might be seen as a mediated form of user co-production. That said, the social model practiced by VCS actors at the front-line potentially constituted a more direct link with users in the co-management of the programme’s services than was the case in the co-governance of the programme. That distinction was reflective as well of the

¹⁴ This is a generic term, rather than the specific term used in the case study. Community-based posts in statutory mental health services were also created and funded as part of the programme.

different levels of locally-defined co-production in the programme, ranging from the purely strategic (co-design and co-governance), through the strategic/operational (co-management), to the purely operational (front-line user co-production). The discussion now turns to the latter.

User co-production of front-line services: meaningfulness limited and constrained by quantitative perspectives

As well as organisational viewpoints on co-production, some of the ways that participants described and reflected on their front-line work in *Future in Mind* revealed traits of “consumer” or user co-production (Osborne & Strokosch, 2013). This mode of co-production happens at the operational level of public services, and is aimed at user empowerment to ensure that “citizens actively contribute to services they personally receive” (Kekez, et al., 2018, p. 244). The term “user co-production” is adopted here, to narrow the focus from citizens and to avoid the NPM language of consumerism. In the case study, this meaning of co-production was developed abductively, through a process of “theoretical re-description” (Fletcher, 2016, p. 188) during which participant descriptions and reflections on their front-line work were assessed in relation to public management theories of co-production. There is an extant debate in that literature about the degree to which front-line co-production is itself voluntary. Much of the literature implicitly views front-line co-production as a voluntary activity on the part of the service user. In contrast, a services management perspective argues that it is not, for the reason that in service encounters an element of co-production is inevitable and inalienable (Osborne, 2018). That view includes however, an acknowledgement that a front-line service encounter is more likely to create value for the user (and possibly for other actors) if their engagement in the encounter is meaningful. This section explores the issue of the meaningfulness of co-production in front-line service encounters, as abducted from the accounts of players in the game to implement *Future in Mind* in Study-borough. Participant accounts pointed to a tension between a social model of interaction between professionals and service users, and the imperatives of quantification in public services. Taken as a whole, they questioned how quantitative approaches might fit with co-productive services. To an extent, this was a leitmotif of a wider struggle between different services and different professional staff of what was of value in the programme.

Future in Mind involved a specific care pathway for children and young people. One common mode of access was when an individual child or young person presented in school with some form of emotional distress. There would then be a discussion between the young person and a member of school staff, plus possibly a parent or carer. This

route into the programme was most typical of secondary school settings¹⁵. The initial interaction between the school staff member and the young person was one of the front-line services in *Future in Mind*. The record of that discussion would become part of the information available to professional staff in a subsequent consultation meeting, if a particular child's case was included. Those inter-professional meetings were one step back from the front-line. They formed part of the co-management of the programme. As a result of a discussion in a consultation meeting, children might be referred into one of a range of different front-line services as part of *Future in Mind* (or if deemed a "higher" level of need they might be referred into core CAMHS). As discussed below, those subsequent encounters in *Future in Mind* showed limited traits of co-production, but also bore some imprints of an evidence-based, medicalised and quantitative orientation and approach to service delivery and knowledge generation.

Particularly in respect of services provided by specialist mental health service staff, front-line user co-production was limited, and reportedly subject to a number of constraints. There was not however a simple dichotomy between the work of specialist services and that of actors based in VCOs, although as the discussion below outlines, there were some differences that related to the potential space for meaningful front-line co-production. Some of the constraints on the meaningfulness of front-line co-production might be collectively described as "top-down" pressures on front-line staff. They pointed to the ongoing impact of an NPM approach to public service implementation in which managers and organisations impose measures to constrain the discretion of front-line staff (Sehested, 2002; Tummers & Bekkers, 2014). Even when professional approaches had potentially co-productive elements ("child-centred", "family-centred", "collaborative") they were aligned with, and constrained by, the demands of provider organisations and the wider programme. This suggested at most only a limited ceding of professional power to the service user in these service encounters. Professional work with children and young people was described as "goal-oriented" and directed to specific "outcomes". In consequence, there was little room for manoeuvre in service delivery, such as in the degree of influence users might exert over the goals of their engagement with services. While front-line co-production has been defined as a process in which "the user (consciously or unconsciously) co-produces their service outcomes (public value) with public service staff" (Osborne, et al., 2018, p. 22), the key issue here is the degree of

¹⁵ It should be noted that children and young people might also find their way into the *Future in Mind* care pathway by being identified by a teacher or other member of school staff as potentially needing additional support in relation to their emotional health and wellbeing. That route was more typical in primary school settings.

control that users have both in setting and co-producing service outcomes. Participants claimed that children and young people were able to identify and set their own goals, often in an initial session with the professional practitioner. That suggested some degree of user control. However, participants described goal-setting in contexts oriented to professionals, services and specific modes of professional practice, which served to highlight the limits of what was viewed as possible for children and young people in these service encounters. Goal-setting also enabled benchmarking at the start of an intervention, so that professional practitioners could track “achievement” and the “difference” that the intervention might have made by the end of the process. This necessarily constrained the kind of goals that children and young people were able to identify, since they needed to be nested into the outcomes that the programme demanded.

Another specific and related example was the professional requirement for information from service users, both about specific service interventions, and as evidence that could be reported to managers and the programme board as a part of wider performance measurement and management processes. As one participant summarised, “it’s important to hear what people actually want, rather than deciding for them what they need” [Cam_Man], which suggested potential flexibility in approach. The tools and approaches adopted pointed however to a tension between an imperative to quantify the impact of the programme (generating knowledge *from* children and young people) and what might be viewed as more meaningful front-line interaction (co-producing knowledge *with* children and young people). That tension was reflected in approaches that were broadly quantitative-clinically-based, or qualitative-discursive. Research has suggested that mental health service users value knowledge grounded in experiences and which might thereby prioritise qualitative approaches, whereas psychiatrists have been reported to favour “propositional knowledge encoded in diagnostic manuals” (Gunasekara, et al., 2017, p. 1760), which is suggestive of more quantitative methods. That distinction was indicative of broader conceptions in the programme of what types and sources of knowledge might be most “worthwhile and meaningful” (Head, 2010, p. 9).

Quantitative approaches were evident in a range of specific activities that participants labelled as “service user feedback”, “routine outcome measures”, or “session outcome monitoring”. Their presence in the game is indicative of the influence of the wider field of power and other fields in the case study (Bourdieu & Wacquant, 1992), which served to reproduce wider power relations and “dominant” interests, rather than challenge them.

More generally, professionals maintained their dominance in this process. Many of the specific tools used by participants were quantitative, pre-coded and closed in nature. They were used as part of the front-line services provided to children and young people at the end stage of the *Future in Mind* care pathway, the broader parameters of which had been co-designed early in the programme. These approaches were indicative of an evidence-based perspective to health care and services that is rooted in “quantitative, positivist and empiricist assumptions” (Numerato, et al., 2012, p. 632). They reflected a therapeutic (clinical) approach to mental health and emotional health and wellbeing issues, which has been criticised for being premised on the acceptance of fixed, medicalised diagnoses of mental health and emotional distress, rather than a stance that argues for a greater focus on context (Callaghan, et al., 2017). As chapter eight discusses, particular skills and knowledge became dominant cultural capital in the local game. This cultural capital, while not overly clinical in nature, still reflected a therapeutic model of practice and a degree of medicalisation in professional perspectives on the emotional wellbeing of children in Study-borough. Further, it pointed to power imbalances and structural differences between the organisations working in *Future in Mind*, raising the question of how far co-production, in and of itself, might challenge structural issues.

A social model was here under some challenge, with children and young people potentially constructed as consumers rather than as citizens. Their feedback can be read as simply a means to generate professional- and manager-oriented evidence of the impacts of services and the wider programme. The deployment of quantitative user feedback tools, and the use of quantitative evidence to assist in managing the programme, suggested the sharpening of a focus on services that risked underplaying wider determinants (Callaghan, et al., 2017). It had the potential to conceptualise service users as passive and medicalised, and to see them as being serviced by professional experts (Boyte, 2005). The focus in these approaches was predominantly on service quality, which has been viewed as part of a wider emphasis on user experience and the acceptability of services to users (Pilgrim & Ramon, 2009). Some research has argued that co-production can improve service quality, by for example tailoring services to the specific needs of users (Loeffler & Bovaird, 2016). The rationale is that, in a broad sense, this kind of participation “allows some of the benefits of market consumerism into the realm of public services” (Verschuere, et al., 2012, p. 1093). However, reliance on closed, quantitative user feedback risks tipping the balance away from more meaningful co-production towards particular forms of user choice and voice being exercised by consumers of public services.

There was some questioning of clinically-based, quantitative approaches to eliciting the views and experiences of children and young people, evidenced by staff developing tools to shift the interaction from a set of prescribed, closed questions, to a more open and qualitative discussion which they argued “gives the voice of the child in a very straightforward way” [Sch]. In relation to front-line services, these more qualitative tools were potential facilitators of what might be seen as a more meaningful co-productive approach. They were still professional tools, developed by professionals for professionals to use, however they enabled the emergence of experiential information, which was contextually-bound and potentially paid attention to the wider social structures in which children and young people were situated. Some case study participants perceived in quantitative tools a risk that “sometimes when you’ve got a format it’s very easy just to tick a box” [VCS_Man]. They attempted to mitigate that risk by focussing on the initial front-line service encounter between a professional (often a member of school staff) and child or young person reporting some form of emotional distress. Co-production at these moments in the care pathway was primarily about knowledge production. Here, there was a change in one of the tools used from “very specific questions” to “a big space” for staff to report a discussion with a child or young person [Cam_CW]. The generation of broader, contextual information reportedly “really shines light on why that young person’s experiencing the issues that they’re having ... [it] ... takes away some of the feeling in the dark, you know, trying to guesstimate” [Sch].

Using these tools called upon various skills in participants. The skills that professionals themselves viewed as key in their front-line practice with children and young people were oriented towards qualitative approaches. Typically, participants did not point to specifically “technical” skills. Instead, they highlighted relational and intersubjective attributes, such as honesty, trustworthiness, listening, being non-judgemental, balancing different views, being inclusive, and being transparent. In short, they needed well-developed “life skills” [Comm]. The literature has reported similar views from other contexts (Steen & Tuurnas, 2018). This suggests that front-line co-production in particular might be viewed as a form of social exchange (Alford, 2016), which involves an interactive and intersubjective encounter at the point of service delivery. Developing their skills, and this orientation, would seem to put a premium on the ability of staff to change the way that they approached situations, and on the degree to which their context enabled or constrained them to do so. Those issues are discussed towards the end of this chapter, before which the dimensions and implications of the central role of the VCS in Study-borough’s co-productive logic of practice are examined.

The voluntary and community sector: from partner to co-producer

Much of the discussion in this chapter has pointed to the role played by VCOs, which extended well beyond them simply being commissioned delivery bodies, to them having decision-making responsibilities (Pestoff, 2012). In summary, local VCOs had characteristics that gave them a co-productive potential and which underpinned organisation-based meanings of co-production. They were viewed as local assets that worked in asset-based ways in and with local communities whose own assets and resources had typically been undervalued and at times invisible to other types of organisation. They were seen as proxies for the direct voice of children and young people in the programme. In combination, these attributes provided VCOs a form of social capital that derived its value in the game from the types of actors that comprised VCO networks, and the nature of the relationships that linked network members together. The value of that social capital for each VCS actor depended on two things. First, as Bourdieu outlined, was the size of their networks and “the volume of the capital (economic, cultural, or symbolic) possessed in his own right” (Bourdieu, 1986, p. 249) by each node in that network. Second, these connections gained value because they were forged and maintained on the basis of trust and reciprocity.

National partners thought that the extent of the VCS role in Study-borough was atypical compared with other areas they had visited [Fieldnote: NHS England national level staff, 01/2018]. Locally, the VCS was the key thread in organisation-based understandings of co-production that involved an “arrangement where citizens within the context of VCOs contribute to producing services or activities” (Vrangbæk, et al., 2018, p. 1256). That definition was developed on the basis of empirical work on VCOs involved in public services in Denmark, in a context that differed from Study-borough in many ways. One difference is that Danish VCOs tend to be member-based associations, rather than charitable organisations that are more common in the UK. Further, in the UK context many large charities are commissioned by statutory agencies, through fixed contracts, to deliver pre-defined services and outcomes to particular target populations¹⁶. Evidence suggests that this kind of contractual relationship limits the capacity for service innovation and co-production with service users (Farr, 2016), and instead leads to an organisational focus on economies of scale and efficiency in the delivery of commissioned services. In contrast, the VCOs involved in *Future in Mind* in Study-borough were all local in scope,

¹⁶ According to National Council for Voluntary Organisations: “Major organisations, with an income between £10m and £100m, received the greatest amount (£6.2bn) from government ... in 2016/17”. Available at <<https://data.ncvo.org.uk/sector-finance/income-from-government/#by-size>> [Accessed 2 January 2020]

and were to some extent run by and for the people who used their services, rather than by funders or commissioners. One actor explained that the choice of involving local VCOs was taken:

“quite deliberately so it wasn't actually the big Action for Children type charity coming in and doing things new. It was about actually how does this extend and expand from the context that we've already got? So hopefully them already having been part of the communities has helped with that” [Comm].

This suggested that the local VCOs involved in the programme had co-productive potential, as defined by Vrangbaek, et al. (2018), rather than simply being contracted “partners” working in marketised service delivery systems (Osborne, 2010; Pestoff, 2012). Typically, participants ascribed a set of attributes to the VCS and the specific VCOs in the programme, which included resilience against funding cuts, extended reach into communities, and a deeply-held focus on the needs of local children and young people. These granted the VCS a form of legitimacy within the local game. The VCS role also provided a source of legitimacy for other partners, including local commissioners, in what might be called a form of proxy legitimacy. Local commissioners actively constructed a view of the local VCS as central to the programme. This construction distinguished the local approach from what had gone on before, and to an extent with what was happening at the same time in other locations. In a tactical sense, it allowed commissioners to “tick the box” of co-production because of the central role of the VCS in the programme. More strategically (and possibly meaningfully), it also helped commissioners shape the perspective of the regional and national tiers about the nature of the programme, including how its “success” should be evidenced and determined. How and why these different strains of legitimacy were constructed and put to work by different actors in the programme is developed in detail in chapters eight and nine.

The local view of the VCS stemmed in part from its response to adversity and funding and service cuts before the programme started, despite which the VCS had attempted to continue community-based work. This context, “the fact that they clung on through the worst of the storm”, identified VCOs as “the most important routes into the community because they, they were there, they knew the young people” [Comm]. That imbued them with a particular form of social capital, based in their deep relationships with, and embeddedness in, local communities. They were seen to be connected with “hard to reach” communities, a reach that others in the game did not possess, and the actors in these VCO networks were bonded by relations of trust and reciprocity. This relational

value was seen to enable VCOs access to sensitive issues around children and young people's mental health and emotional wellbeing. It was seen to contrast with a view that, in some statutory organisations, "[y]ou hear phrases such as 'hard to engage', well you can flip that over and say quite easy to ignore, or we haven't find the right way to engage with them" [LA_Other]. These community-based networks did not include direct connections with dominant institutional actors in the game, and as such did not immediately appear to have value in ways that Bourdieu conceptualised social capital (Bourdieu, 1986). Instead, the value of this type of social capital originated in qualities that distinguished VCOs from other actors in the game. That said, the role of some VCS actors in the co-governance of the programme afforded those actors the kind of social capital that did link them with "dominant" actors and interests. The way that they fulfilled those roles as representatives of the local VCS (and, it was claimed, as representatives of the "community") served to legitimate the VCS role in *Future in Mind* in Study-borough in ways that suggested social capital.

The type of social capital possessed by actors from the VCS found specific local meaning in the different ways that "assets" were described and the term was used by participants. The local programme was described as asset-based not only in respect of the assets that children and young people and families were seen to possess, but also because local VCOs were themselves viewed as community assets. In the programme VCOs were essentially conceived as organisational manifestations of communities, community relationships, and community perspectives. They were seen as being part of the "most deprived communities" in which they worked and from which the people who ran them were drawn. They were, in effect, "owned" by those communities. Their "assets-based approach" [VCS_Man] was rooted in "non-statutory, non-stigmatised, established" relationships with local people [VCS_Man], which enabled reach into often personal and sensitive situations. Statutory organisations themselves felt the programme needed the reach that VCOs were seen to afford, given that their own efforts to engage local people "don't reach the right number of people, we don't reach the right type of people" [Comm]. In consequence, this form of social capital had value in the game both because of the actors involved, i.e. the "bonds and bridges between individuals and communities" (Hastings & Matthews, 2015, p. 548) and because of the quality of the relations between network actors. In theoretical terms, this particular type of social capital, which emphasised trust relations and networks of "non-dominant" actors rather than linkages to "dominant" actors, appeared closer to the meaning of authors such as Putnam (2000) than to the conceptualisation developed by Bourdieu. However, as chapter nine outlines,

some actors worked to derive legitimacy and symbolic capital from it, in effect using it to advance their interests (McKenzie, 2012).

The local construction and positioning of specific VCOs and the wider local VCS did however present two risks. The first was directly identified by some VCS participants for whom a voice role for children and young people was not always comfortable. Instead, they would have preferred more direct routes for children and young people to engage with other organisations involved in the local game, rather than a narrow approach that might mean the same users were approached each time to help shape the services. In summary, the risk to VCOs (and to the community) was that “you find yourself bringing out the same suspects” [VCS_Man]. These individuals could then become disproportionately influential because other voices were not heard, which pointed to a wider critique of co-production as reproducing existing social and economic inequalities (Verschuere, et al., 2012; Loeffler & Bovaird, 2016). For example, it might accentuate differences between the more vocal and articulate members of communities, and those with less agency or who choose not to exercise it. That was a risk in Study-borough, despite some limited ongoing direct engagement with local communities after the intensive initial engagement to co-design the programme. Second, the inclusion of VCOs in the game could potentially be a means by which the state laid claim to community and individual assets so as to widen the service “offer” without increasing the cost to the Exchequer. In effect, community and individual assets could be used to broaden the scope of services. For example, asset-based, participative policy models have been shown to have potential for state actors to responsabilise individuals and communities into addressing the issues that they faced, rather than relying on support from the state (Nederhand & van Meerkerk, 2018). This orientation is articulated in neoliberal discourses that individualise services users and emphasise user choice in marketised services, which were discussed in chapter four. They appear constraining of a co-productive logic of practice in public services. The programme itself included processes and mechanisms to facilitate that logic of practice, which might mitigate the risk of capture by a neoliberal orientation. Their value and their limitations are assessed below. Taken as whole, they point both to the fostering and constraining of co-production in the local game.

Fostering and constraining co-production in the local game

Mechanisms to foster co-production

The mechanisms and processes designed to articulate a co-productive logic of practice were seen as “the glue to hold everyone together” [Comm]. They were oriented towards organisation-based meanings of co-production, and were conscious, predominantly strategic-level attempts to support change to the ways local services had worked previously. Examples included co-governance structures in the programme and new multi-agency processes that focussed on the co-management of services. The local experience echoed empirical studies in the literature, which have pointed to a strategic focus, and an open organisational culture, as important structural supports of professional efforts to build public service co-production (Steen & Tuurnas, 2018).

One significant new co-management process in *Future in Mind* was the instigation by local commissioners of multi-agency meetings in the mould of clinical consultations. These meetings formed part of new care pathways devised for the programme, and were aimed at the pooling and focussing of professional knowledge, skills and expertise, onto an individual young person. The consultation meetings reflected “management-minded” team working in contemporary public professionalism, in which procedures and solutions are discussed and agreed within specialist teams (Evetts, 2011; Noordegraaf, 2011). In this case, members of the “team” came from the different organisations involved in the programme. Children and young people and parents/carers did not attend. The locally innovative part of the process was the sharing, ahead of the meeting, of the details of children and young people who would be discussed (subject to parent/carer consent). That action enabled attendees to check whether their services had already had contact with the children and young people, information that informed discussion and decision-making in the meeting. This appeared a rational model of joint working, which involved pooling of information and which served to draw schools into the programme. Locally, the active engagement of schools was seen as an important ingredient for the programme’s success, given the access that school staff had to children and young people (see chapter six). School staff were responsible for selecting which children and young people would be discussed in the meetings, in exchange for which they were said to be “actually getting a lot of professional time on a monthly basis” [LA_Other]. The links between organisations and professionals were thereby extended and deepened through the multi-agency meeting mechanism.

The process valued the cultural capital of professional actors, rooted as it was in making the most efficient and effective use of professional time and resources. Cultural capital is “associated primarily with specialisation and accomplishment” (Moore, 2008, p. 113).

Specifically, multi-agency meetings were valued because of the “wealth of information there to inform a decision” [LA_Other]. Here, it was the institutionalised and objectified forms of cultural capital of attendees that generated value in these multi-agency settings. Professional staff were located in organisations with mandates to act, many held professional qualifications, and they had all been socialised and trained in their professional *habitus*. As well as any prior knowledge about the child or family, the “wealth of information” available could help them to situate young people in their social contexts, which was seen as a real benefit of the new approach. Value came too from having the right professionals around the table, who could talk about any previous engagement with services and, it was claimed, “the feelings of the child as well” [LA_Other]. This was more reflective of embodied cultural capital and the *habitus* of those at the meetings, which disposed them to value particular information. In the social space that comprised the local game, “what counts as cultural capital is, in the end, socially constructed” (Schinkel, 2007, p. 711). Here it was the particular forms and constructions of cultural capital that gave value in the meetings, and gave the meetings wider value in the programme. The meetings also had more personal benefit for those involved, who reported a sense of “empowerment” from access to wider information and to other professionals. The process was seen to have dual consequences: “support for the young people and the families, but it is also support for us as professionals” [LA_Other]. This suggested it might be structuring the professional *habitus* of local players, an issue that is explored in chapter seven.

Constraints on co-production

The meetings also had their own limits and constraints. The cultural capital that individual attendees drew upon in the meetings and which was seen to add value to the meeting process, had more limited purchase when children and young people were referred into other parts of the care pathway. While the meeting part of the new process was itself viewed positively, there was reportedly some misalignment with services more widely and a view that “delivering support could be better unified” [Fieldnote, teacher, Board Meeting, 07/2018]. Here, co-management had limited capacity to improve the quality of services, which was eroded at the interface between different parts of the service “offer”. It was unclear what difference co-production was making. Also, the amount of user influence in these meetings was inconsistent and sometimes limited, given that children and young people (or parents/carers) did not attend. This raised the risk that these meetings foregrounded professional and service-based perspectives. The risk was compounded by reports of variation in the amount and quality of information deployed in these meetings that came more directly from children and young people, typically via an

initial front-line discussion in school. That discussion was a key defining moment in the quality and quantity of knowledge, co-produced between service user and professional, which would subsequently inform a professional consultation. Variation, and limits in user co-produced information, meant that at times professionals relied more on information from their case record systems. Co-production here was constrained and contextually-bound, which is reflective of its contingent nature.

Participants pointed to other constraints on co-production in the local game and some went further, claiming that co-production was not happening at all, despite the local game's logic of practice. These reported limits to co-production, or its absence, were evident in all the locally-defined modes. The reasons as to why rested on three explanations. First, was a lack of specific efforts to create an inter-organisational identity for the programme to overcome structural constraints to co-production. Second, was a concern that while co-production was happening, it was not being recognised or recorded. Third, was the lack of an agreed view of what co-production was, and relatedly, how it might work in practice. Staff had limited guidance on what to do, which constrained their action. That experience echoed other empirical research into professional behaviour in policy designed to be delivered co-productively (Tuurnas, 2015; Kleinhaus, 2017). However, for some actors the lack of a single definition was a strength. It gave them freedom to innovate. These reflections suggest that actors had varying dispositions towards co-production, and each is explored in turn below.

Participants were concerned that some services were set up in heavily structured ways that ran counter to greater inter-organisational interaction. This structural dimension was reflected in what was described as the "different systems, different ways of talking, different language" [Cam_Man] in each of the partner agencies, and which created barriers between them. The problem was viewed as deep-seated and longstanding. It had potentially significant consequences because "young people get lost, that's my opinion, get lost between us" [Cam_Man]. Despite this structural problem being commonly identified and to a degree well understood, participants suggested there had been a lack of specific efforts to create an inter-organisational identity for the programme. This, they claimed, constrained efforts to work co-productively in the game. The different organisations in the programme brought with them their own ways of working, and histories of previous attempts to work collaboratively with partner organisations that inevitably had been more successful at some times than at others. Relationships were still relatively inchoate, especially with VCOs, and there was an identified absence of a "one-team" mentality in the programme. One symptom of that absence was an ad hoc,

reactive mode of what was defined as co-production. This was operational, and involved “practical” responses to emerging issues in which “everyone is genuinely trying to work together” [VCS_Man]. Individuals were making links across organisations, despite structural constraints. Their rationale was to make the most of resources available. Here, co-production was reactive, rooted in a value for money perspective, and constrained by structural issues in organisations. It relied on the energy and aptitude of individuals despite wider efforts in the programme to foster a co-productive logic of practice, reflecting the significance in the literature of work by individual “boundary spanners” to foster co-production in a range of geographical and policy contexts (Kleinhans, 2017).

Co-production was also seen by participants to be taking place outside of the gaze of formal systems to record it and report it. Resources, and the will to act, were reportedly still required to fully capture these encounters, so as to broaden out the picture of co-production in the programme. This concern pointed to a methodological problem, in that organisational systems had yet to catch up with the game’s logic of practice. The specific concern of participants was that so-called “low-level engagement”, which often happened outside of formal processes such as meetings or consultations, was not being captured. This was characterised as a missed opportunity, although it was unclear to respondents how it might be captured, given everyday pressures. Not capturing all of this activity would, it was claimed, inevitably underplay the degree of “responsiveness” and “child-centredness” that some participants thought was part of their service’s approach in the programme. This issue was suggestive of co-production as being more of an “intrinsic and involuntary element of the delivery process” (Eriksson, 2019, p. 296), rather than being separate and standing alone from service delivery. Such a view is rooted in a public service logic that argues that, because service delivery involves interactions between people, it cannot happen without some element of co-production (Osborne & Strokosch, 2013). Whatever the merits of that theoretical perspective on public services, there was a “real-world” concern among participants that the full degree of co-production in the game was not visible. There may be a risk here that a co-productive logic of practice does not get “credited” with the impacts it is having.

There were also reports that co-production was absent in the programme. This view was underscored by references to the lack of a definition of the concept, questions about its veracity, and relatedly the lack of a shared view about how co-production might work in the game. Each of these factors inhibited co-production on the professional, regular producer side. This was, in effect, an epistemic barrier. Co-production, it was argued, had never been clearly locally defined in the programme and so there was no single,

agreed definition in use. This seemed evident in the different ways that actors themselves defined it, and from them not readily using their own front-line work with children and young people as an example of co-production. Some questioned the veracity of co-production, describing it for example as “an old concept, new language” [Cam_CW] or asking if it was “some kind of jargon for something” [VCS_Man]. The term had restricted currency in these moments, which limited its credibility among participants as a meaningful way of working. Relatedly, there was a perceived lack of a model or guidance to foster co-production. Participants reported they were “not aware of kind of a wider strategy that feels like that co-production model” [Cam_CW] and that “we haven’t got any sort of overarching way of how we’re doing it [co-production] with *Future in Mind*” [VCS_Man]. In short, there were no clear incentives for these participants to co-produce, which pointed to a key constraint that has been identified in other studies (Voorberg, et al., 2015). Tackling these perceived shortfalls required, it was claimed, the development of a shared view on co-production across the case study, agreed at strategic and operational levels. There was a need for organisation-based measures to enhance co-production, or at least provide meaningful incentives to participants. That had not happened, leaving open different ways to conceive the game’s logic of practice, variance in how those meanings of co-production were practiced, and in how meaningful co-production was for professional staff. Echoing other research, some professionals found it hard to move from the rhetoric or narrative of co-production to practice, in part because of what they viewed as an absence of meaning and/or the lack of guidance that might help them shift practice (Tuurnas, 2015).

The lack of a single, agreed definition was however viewed by some participants as a strength in Study-borough’s approach. In this perspective, there was no fixed meaning to constrain more innovative approaches in the programme. This viewpoint was particularly expressed in the VCS, where participants argued that “co-production is still not fully defined, and I’m not sure it should be fully defined, because I think it should be something that evolves” [VCS_Man]. As such, co-production was “a work in progress” [VCS_Man], which these participants had a stake in shaping. Some research has argued that co-production requires “the enhancement of discretionary autonomy for professionals” (Voorberg, et al., 2015, p. 1344), although others have reported mixed evidence about whether professional autonomy allows or constrains the space for co-production (Steen & Tuurnas, 2018). Participants who saw strength and flexibility in the lack of a programme definition, were in effect favouring the autonomy that an evolutionary rather than fixed approach afforded them. For some, therefore, an upfront and agreed definition might hinder new ways of working, while for others its absence

opened up spaces for change in working practice. While not necessarily revealing a tension in the programme or an unhelpful bifurcation, these divergent viewpoints might at least suggest differences in the *habitus* of actors by organisational and sectoral affiliation (Bourdieu & Wacquant, 1992). Such variation might in turn affect their dispositions towards co-production. That issue is explored in detail in chapter seven.

Summary and implications

This chapter has outlined the ways that participants talked about co-production, and how some parts of their descriptions of front-line work with children and young people adhered to theoretical understandings. The range of meanings points to co-production's contingent nature. Front-line, implicit meanings were derived abductively, whereas organisation-based modes were central to participants' own definitions of co-production, drawn from inductively-coded interviews and supplemented by observation of meetings in the programme and analysis of programme documents. As the views of participants revealed, co-production was understood as a multifaceted concept, which manifested in front-line work and away from the front-line in interactions between citizens and professionals, and between professionals and organisations (see table six for a summary). A key local ingredient for co-production was the presence and work of local VCOs, through whom community, user and citizen perspectives were seen to find voice and to exert influence in different ways and at varying points in the programme. Locally, those roles for VCOs were novel. The range of meanings of co-production in Study-borough constructed local people and communities as service users and more widely as citizens. *Future in Mind* in Study-borough was thereby rich in modes of co-production that are evident in the literature (Pestoff, 2012; Loeffler & Bovaird, 2016), despite the lack of recognition by local actors of their front-line work as co-production. The literature review in chapter two raised a concern that the plethora of terms attached to, and used to define co-production, could lead to it becoming a hollow concept that meant nothing and everything at the same time. It risked being overstretched (Torring, et al., 2019). The argument here is different. Almost all the meanings of co-production were rooted in inductively-coded interviews and in observations of meetings. They had "real-world" meaning for the actors playing the game of policy implementation in Study-borough, even if they did not fully reflect the academic literature. The process of mapping these meanings into a disaggregation of the overarching concept of co-production proved helpful in populating the co-productive logic of practice in the local game. That mapping was also important for other parts of the analysis that focus on the impacts of co-production on professional practice, a discussion that can be found in chapters eight and nine.

Table 6: Features of the continuum of co-production in Study-borough

	Local meaning / mode of co-production			
	Co-design	Co-governance	Co-management	Front-line user co-production
Summary	<p>Significant activity in <i>Future in Mind</i>, especially as the programme was being established</p> <p>VCOs used as routes into communities, based in existing relationships</p>	<p>Partner organisations, including local VCOs part of planning and decision-making structures created to co-govern the programme's implementation</p> <p>New role for VCS, in a sense "disruptive" of previous practice</p>	<p>Contribution of all agencies. Joint work to plan and coordinate delivery of the programme</p> <p>Advent of new processes such as multi-team meetings</p>	<p>Ways that participants described their interactions with service users, carers and parents had traits of front-line co-production</p>
Local purpose / outcomes (supporting logic of practice)	<p>Design/develop meaningful services embedded in existing relationships where possible</p> <p>New knowledge was socialised</p> <p>Influential in the shape/design of <i>Future in Mind</i></p> <p>New knowledge synergy</p> <p>New VCS staff role to complement community-based statutory services</p>	<p>Shared responsibility for outcomes</p> <p>Away from front-line, facilitator of user co-production</p>	<p>Efficient and effective use of resources and expertise</p> <p>Enhanced flexibility in and between front-line services</p> <p>Away from front-line, facilitator of user co-production</p>	<p>Prevention through early intervention</p> <p>Increased resilience of children and young people (CYP) and to a degree their parents/carers</p>
Purpose / outcomes (theoretical)	Citizen-user participation	User participation	User participation	User empowerment
Level of co-production	Group Collective	Collective	Collective	Individual

Modes of interaction	Organisation - citizen	Organisation - organisation	Organisation - organisation	Organisation – service user
Manifestation of lay person	Citizen	Citizen Service user	Service user	Service user
Formal mechanisms to foster	Public consultation VCS engagement Inter-professional: service design	Inter-professional: transformation board; team meetings	Inter-professional: multi-agency consultations	Inter-professional: staff training User-professional: service delivery model (social)
Constraints	Elements policy “fixed” nationally One-off not ongoing interactions	Hierarchical relations Uneven spread of dominant capital	Limits to (direct) CYP voice Resources, especially time Uneven spread of dominant capital	Structural / organisational No definition or model, limited guidance
Level of analysis	Semantic/explicit	Semantic/explicit	Semantic/explicit	Latent/implicit
Mode of analysis	Inductive	Inductive	Inductive	Abductive
Most evident professional capitals	Social	Cultural Social: links to “dominant” actors; bonds and bridges to “community” Symbolic (upward accountability)	Cultural Social: links to “dominant” actors	Cultural Social

Source: case study. Created by Passey, 2020.

Each of the different modes of co-production contributed to the programme’s overall aims. The process of co-design generated and socialised new knowledge, and sought to synergise community knowledge with that of professionals. This stage was influential in the design of the programme, despite some constraints set at the national level. The co-design phase identified the need for a new professional role, and these posts were funded by the *Future in Mind* programme in Study-borough. The processes of co-governance and co-management required actors to share responsibility for the programme’s outcomes, and to coordinate delivery of different services. These activities were viewed by many participants as the definition of co-production, despite the literature suggesting that these parts of the programme were actually facilitators of front-line co-production with the users of services. Local VCOs played significant roles as organisations in their own right and as representatives of, and proxies for, the direct

engagement of children, young people and the wider community in these parts of the programme. At times that position was not entirely comfortable for actors in the VCS. While there was some evidence of efforts at meaningful front-line co-production with service users, it was limited in scope and was not badged as such by participants. Instead, it was implicit in how professionals talked about their work with children, young people, and their parents or carers. The primary purpose of their front-line work was to build the resilience of children and young people against future emotional challenges that they might face, through early interventions oriented to prevention rather than cure.

For each mode of co-production, the programme included specific mechanisms to engender and fix the logic of practice, which suggested a dynamic relationship between organisational processes and participant views on what co-production actually meant to them. In effect, the *habitus* of players in the game was potentially being influenced by the way the programme was set up and run, and at the same time the ways the programme was set up and run was influenced by the *habitus* of those playing. The game put a premium on relational, rather than technical skills, and sought to embed a social model of service delivery and change. The goal was not however to replace a medical or therapeutic model, but instead to emphasise a social, relational approach to children's emotional distress and their so-called low-level need for services. The cultural capital of professionals was important and valued in particular contexts, such as multi-agency consultations, while in other moments a form of social capital rooted in trust and reciprocity between VCOs and local communities was highly valued. Underpinning these modes of capital were different forms of legitimacy, from which players derived forms of symbolic capital that provided them power and influence as they negotiated the game. How these issues played out forms the focus of subsequent chapters.

The meanings attached to co-production in the game's logic of practice, along with the different ways in which they were derived, have implications for policy makers. As a whole, the role of the national policy design and intent in influencing the direction of local implementation was evident in local meanings of co-production. Here, a co-productive logic of practice might be seen as a high-level abstraction of the policy design (Howlett, 2009), which both set out a national policy preference, and at a local level served to frame more specific policy objectives. As chapter four outlined, the *Future in Mind* policy itself was influenced by the presence of discourses that served wider economic and political interests, and also a relatively limited discourse of co-production. Individually and collectively, these discourses had potential to set the ways that co-production would be given meaning in the case study. Further, they potentially articulated what was

deemed as possible in local implementation of the policy itself, such as how far (or not) professional work might change as a result of the co-productive logic of practice evident in the local game. Co-production can be seen here to have both a symbolic and structuring dimension. It is also context-bound and contingent in nature.

The distinction between inductively and abductively derived meanings has two significant implications. First, it is important in any appraisal of the Study-borough case study in and of itself, that is when assessment is made of its intrinsic value (Yin, 2003). The analytical approach was inductive and foregrounded the knowledge of participants. It was in their accounts that the organisation-based meanings of co-production emerged, and from their accounts that a front-line meaning of co-production was abducted. Both provided insights into how professionals made sense of a logic of practice based in co-production, and in turn offered a basis for considering how that logic was influencing the professional practice of players in the local game. Second, the distinction has material implications for other geographical areas and policy arenas, and for academic theories of co-production, which point to the case study's instrumental value (Yin, 2003). These issues are refined and developed in subsequent chapters and in this study's conclusion.

This chapter has argued for and developed the view that Study-borough's game to implement *Future in Mind* took place within a co-productive logic of practice that emphasised collaboration between actors. This perspective raises questions of Bourdieu's theory, given he argued that relations between actors playing a game in social space would predominantly be based in competition (Bourdieu & Wacquant, 1992). Analysing the local game through a Bourdieusian lens thereby posited the novel methodological question of how much purchase Bourdieu's theory of practice, and his key thinking tools, would provide in a case study of a co-productive logic of practice. In this chapter, Bourdieusian species of capital were shown to be evident, especially different forms of cultural capital possessed by professional staff. VCOs manifested a form of social capital because of their relationships with local communities and their reach into particular places and sensitive issues, in ways that emphasised the nature of these relationships (trust-based) as well as the more formal characteristics of connections. This evidence supported the more comprehensive analytical framework adopted here that linked different conceptualisations of social capital in the literature. That said, VCOs derived legitimacy from this type of social capital, and as such it formed the basis of a mode of symbolic capital in the game (see too chapter nine). Other actors gained symbolic capital from the central role played by the VCS via a kind of proxy legitimacy. The dynamic interactions between possession and use of these different

forms of capital, and what local understandings of co-production meant for professional practice, will be expanded upon in subsequent chapters. In so doing, the analysis will shift from professional meanings *of* co-production to attention on what might be described as professional meanings *in* co-production (Crompton, 2019). In the next chapter however, other key Bourdieusian concepts are deployed to reveal how a particular local belief about the nature of the game was constructed by, and for, “dominant” interests, and how it was manifested in a shared stake that players had in the game. Both were dynamically connected to, and aligned with, the game’s co-productive logic of practice. As a whole, they are viewed as conscious efforts by local actors to forge a sense of unity and common purpose among players in the local game.

Chapter 6: The game's local *doxa* - “mental health is everybody's business”

Introduction

This chapter will trace the emergence of a local common-sense view (*doxa*) in the game and explore how it was linked with a shared stake (*illusio*) players had to play in it. In effect, a local *doxic* belief that the mental health of children and young people is everybody's business was operationalised by the game's logic of practice. In turn, that logic of practice was itself manifested by players having a shared stake to reduce the referral rate into specialist mental health services. The local *doxa* also needs to be set against national discourses, rooted in the field of power, which have colonised the policy space in which the game was situated. The argument here is that a local *doxic* belief, in combination with other “unifying” processes in the game, helped local actors negotiate that wider context.

As chapter five outlined, participants understood co-production, the game's logic of practice, in a number of ways. What connected those meanings was that participants typically foregrounded relationships between organisations, and with other professionals working in the programme, when they considered what co-production meant to them. The game's logic of practice was thereby most clearly understood by participants to promote and support boundary-spanning work across organisations and professional groups, and to enable more significant roles for lay people in designing services. To a lesser extent, an extended role for service users in the delivery of services was implied in participant accounts of front-line work. The theme of this chapter is how those meanings of co-production were underlain by the way participants understood the purpose of *Future in Mind* in Study-borough and the nature of the problem to which the game was responding. It deploys two Bourdieusian concepts, *doxa* and *illusio*. While being conceptually distinct, in the analysis of the local game they were revealed to be closely interconnected, supporting an analytical strategy to use Bourdieu's thinking tools in a relational way. This chapter argues that a particular local orthodoxy, or *doxa*, was articulated in the game by “dominant” interests in order to operationalise a co-productive logic of practice. Further, while specific mechanisms and processes were put in place to make that logic “real”, participant perceptions were structured by a shared investment in the game, which in Bourdieusian terms was the game's *illusio* (Bourdieu, 1998b). Actors played the local game because they had both a stake in doing so, and a belief in the nature of the game. These two concepts were applied through a process of abduction,

which entailed reconceptualising inductively-coded data into theoretical constructs. They provided analytical purchase in exploring the game, and revealed how “dominant” interests shaped the game’s co-productive logic of practice in ways that embedded organisation-based meanings and understandings without the need for proposing, negotiating and agreeing a fixed definition of co-production in Study-borough.

While, at a national level *Future in Mind* had elements of continuity with previous policy in children and young people’s mental health services, it also exhibited some changes. That shift had the potential to challenge the *doxa*, or prevailing orthodoxy, of the pre-existing field into which *Future in Mind* was inserted. The game to implement *Future in Mind* was being played in the health field and comprised pre-existing actors plus those from other fields (such as the education field). The health field is influenced by the field of power, and the “strong discourse” of neoliberalism (Bourdieu, 1998a, p. 95), which contained a number of more specific discourses that promoted particular neoliberal orthodoxies (see chapter four). The field was also subject to a countervailing co-production discourse that was relatively weak and limited outside of the game but at face value was relatively strong within it. That was the local, dynamic context of the case study. A particular local *doxa*, that “mental health is everybody’s business”, was deployed by pre-existing, longstanding “dominant” interests to, in a sense, navigate between these externally strong/internally influential and externally weak/internally influential discourses. In Study-borough, local *doxa* was aligned with a co-productive logic of practice. To an extent, “dominant” interests were thereby seeking to reconcile apparently opposing forces by negotiating between these different discourses and promoting co-production as the model for the system. The question as to how far co-production was able to temper the effects of seemingly oppositional neoliberal discourses underpins the analysis of changes to professional practice in later chapters.

The fixing into the game of a local *doxa* that mental health is everybody’s business had significant consequences for the ways that players viewed the nature of the game they were playing. It meant that the mental health of children and young people would no longer be an issue that could be ignored or remain the object of stigma, nor was this an issue that could be left to specialist mental health services to address in isolation. Instead, it would be the responsibility of all agencies and professionals working in *Future in Mind* in Study-borough, along with service users and local communities as well. This could have been a hollow statement, but it found local meaning and gained energy in a particular shared investment that players had in the game to reduce the number of “inappropriate” referrals into CAMHS. Players’ investment in the game was fuelled by

their belief in the game, as shown by the fact they played it (Bourdieu & Wacquant, 1992, p. 98). In consequence, in Study-borough tackling a problem that might have been seen as one for specialist mental health services instead became an issue in which all were invested. All actors were invited by “dominant” interests to “see the bigger picture, like you're creating, you're stopping some of the referrals going through to primary practice and our CAMHS team and that's a very integral part to what we're trying to do” [Comm]. This stake had particular purchase in the game because it aligned with the longer-term investment that players had in maximising the sustainability of services in anticipation of *Future in Mind* funding ending in 2020/21. As such, reducing the rate of inappropriate referrals became totemic for the success of the programme.

Doxa and *illusio* were thereby dynamically linked in practice, as Bourdieu theorised that they would be (Bourdieu & Wacquant, 1992). In short, a *doxa* that mental health is everybody's business powered a shared stake in reducing the number of inappropriate referrals. The combination of these two features of the local game had profound material impacts. Together, they influenced the ways the programme was initiated, designed, set up and run, and helped to shape the lived experience and dispositions of local actors playing in it. They jointly framed the need for non-specialist organisations, especially schools, to extend their responsibilities as part of *Future in Mind*. Schools and their staff were tasked with working with and supporting “in-house” individual pupils who presented with different forms of emotional distress. Many of these cases would have previously been passed on by school staff to specialist services, participants reported. Further, local services were opened up to organisations in the VCS, which gave the programme extended community reach and enabled provision of specific interventions to children and young people deemed in need of support but below the threshold for core CAMHS. All these impacts from the interaction between *doxa* and *illusio* were supportive of the game's co-productive logic of practice.

Having briefly outlined the concepts of *doxa* and *illusio* and their interlinkages, the next section explores how traces of the local *doxa* were evident in national-level discourses. The argument is that, while strong national discourses were influential locally, a discourse of co-production that was more limited at the national level found local emphasis in the game's logic of practice. The local *doxa* that mental health is everybody's business is then explored in three ways. First, its use as narrative, especially to convince schools of its legitimacy. Second, in respect of how it was combined with a shared stake that players had in the game. Third, in relation to the material mechanisms and

processes that sought to align it with the game's co-productive logic of practice. The chapter concludes by assessing implications for the case study.

Mental health is everybody's business

This local *doxa* should not be seen as in any sense natural. Instead, its use by dominant local actors can be viewed as an active attempt to construct a new common sense in the dynamic and changing field conditions wrought by the insertion of the game to implement *Future in Mind*. While its specific manifestation was locally determined and therefore contingent, it was emblematic of historically-determined conditions in the field in which the local game was being played and of historical struggle between dominant and less powerful actors (Crossley, 2003). Nationally, the field was open to external critique. The growing number of children and young people being diagnosed with a common mental disorder, historic underfunding, and reductions in local authority spending on youth and community services since 2010, had increased the pressure on specialist mental health services and contributed to negative public perceptions of those services. The debate about these concerns was infused with themes from wider discourses. Locally, such discourses were dynamically interconnected to the *Future in Mind* programme, and were influential in it. The origin of the game's *doxa* in that dynamic national - local relationship can be appraised along two axes, both of which were evident in key policy texts.

First, there were direct and explicit attempts at the national level to shape local implementation, which helped entrench an existing national - local hierarchy. The authors of the original, national *Future in Mind* report claimed it had "described a vision for our country in which child mental health and wellbeing is everybody's business" (Department of Health, 2015 p. 73). The subsequent report that took forward *Future in Mind* and which included a recommendation that it should be delivered in full, argued that "[d]elivery ... is everybody's business - for the NHS, for health and social care professionals, for providers, employers, across government and communities" (Mental Health Taskforce, 2016, p. 20). National interests were further imposed on the local level through the "requirement for all partners, commissioners or providers, to sign up to a series of agreed principles" that, it was claimed, were necessary for "service transformation" (Department of Health, 2015, p. 18). National policy texts also positioned clinical commissioning groups (CCGs) as lead bodies in the drawing up of local plans to implement *Future in Mind*, in the process helping to cement the status of CCGs as "dominant" local actors. The emergence of mental health being everybody's business as a local *doxic* belief can thereby be seen to align with the national policy intent. Its adoption however by particular

interests, for whom it articulated a core aim of the local game, provided it a particular local flavour and intensity.

Second, were more subtle alignment efforts through the interdiscursive use in the policy texts of particular discourses associated with neoliberalism. In consequence, some of the roots of the emergent local *doxa* lay in wider discourses that have colonised mental health policy and which helped determine what actors deemed as possible within the local game. While the phrase mental health is everybody's business had the appearance of a factual statement that represented a common sense view about which there was no argument, it also reflected neoliberal perspectives. A neoliberal discourse that medicalised emotional distress was evident in the unqualified use of "mental health" as some kind of fixed category. The claim of it being "everybody's business" responsibilised different organisations in tackling it, and potentially abstracted individual children, young people and families from their social contexts to responsibilise them for ameliorating their own emotional distress. The word "business" referenced the strategic and day-to-day concerns of actors, their tasks and their duties, which further responsibilised them in *Future in Mind*. Business was also suggestive of economic activity, and pointed to an economism discourse in which economic factors or explanations are primary. In combination, these neoliberal discourses served interests in the field of power via their effect of naturalising and creating as taken-for-granted conditions of the game that were actually arbitrary (Bourdieu, 1977; Fairclough, 2003). The local *doxa* had a structuring power that made it influential in how the game was set up and run, and in how the policy was delivered. In effect, the *doxic* view was the dominant view in the game. It served "dominant" interests, and helped to define legitimate modes of practice. The next section explores how the local *doxa* worked for "dominant" interests in three interconnected ways.

Doxa as narrative

During their interviews, some of the longer-standing and more "dominant" actors in the game who were based in commissioning organisations or in statutory mental health providers, expressed a view that mental health is everybody's business. That same understanding was also apparent in Study-borough's *Future in Mind* plan. According to Bourdieu, *doxa* is "a particular point of view, the point of view of the dominant ... [that] ... presents and imposes itself as a universal point of view" (Bourdieu, 1998b, p. 57). The statement that mental health is *everybody's* business is clearly universalising in a strictly syntactic sense. However, when deployed as a universal notion in the game it gained a broad legitimacy among all actors, which vested it with it a symbolic power

(Bowers-Brown, 2015, p. 57). Its meaning was much deeper than the purely syntactic, and in consequence it had potential to shape, adjust and structure the perceptions of players in the local game (Bourdieu, 1984, p. 471).

The phrase was not used by less powerful interests in interviews, nor was it expressed during meetings observed as part of the case study's fieldwork, even though it was influential in the shape of the programme, in the commitment that actors had to it, and in their practice within it. Players accepted it, internalised it, and through their work in *Future in Mind* embodied it. As such, it showed signs of becoming one of the "shared but unquestioned opinions and perceptions" (Deer, 2008, p. 120) of players in the game, which is characteristic of *doxa's* taken-for-granted status (Bourdieu, 1990). Its expression by "dominant" interests was reflexive, indicative of the game as a space of change. The game had inserted new organisations, knowledge and ways of working into its surrounding field, which drove change. It was during just such moments of modification in field conditions that, to adapt a phrase of Bourdieu's, reflexive analysis would enable players in the game to alter perceptions of the situation and in turn players' reactions to it (Bourdieu & Wacquant, 1992, p. 136). The argument here is that this is what was the local *doxa* had done, as evidenced by the work of "dominant" interests to instil it into the game as a common-sense view of why different actors should be involved in and committed to the game. More widely, after the initial stage of the programme, it did not need to be stated in the everyday context of meetings in the programme. It had become pre-reflexive, "part of a taken-for-granted, second nature, knowledge which appears as the natural order of things" (Allen, et al., 2014). This was a subtle and nuanced manifestation of symbolic power as a means to serve "dominant" interests in the local game.

For some "dominant" actors the core aim of the programme was "about raising awareness, it's about getting the message out there that mental health is everybody's business" [Cam_Man]. Their approach to implant the *doxa* into the local game involved active work. They attended relevant meetings and events, and arranged their own. This was essentially a narrative practice, which centred on active efforts to "get that message across ... that it's everyone's business" [Comm]. Mental health needed, in effect, to be normalised as an issue that affected everybody, which required broadening the notion of "everybody" from organisations, services and professionals to encompass all the citizens of Study-borough. As one participant summarised, "what we're trying to say is 'we've all got mental health. Everybody's got mental health'. And but for the grace of God, you don't know what's going to happen" [Cam_Man].

Overall, the efforts to instil the idea of mental health being everybody's business were described as "quite an easy sell" [Comm]. That evaluation suggested other actors were open to it, and that it already had some status as common sense. Getting to that point however, had necessitated focussed work, especially with schools, which were viewed in the programme as key "change agents ... because children spend an awful lot of time in school" [Cam_Man]. Integrating schools into the programme was crucial in recasting the idea that mental health is everybody's business from a hollow aspiration into a practical, everyday and pre-reflexive reality. The key to that shift was getting schools to recognise a link between the emotional wellbeing and academic performance of children and young people, and as a consequence of that recognition, to engage fully in the programme. This was a unifying argument that cut across all schools, given they were subject to Ofsted inspection. The appeal was thereby consciously designed to align with, and support, a primary motivator of schools. In summary, it involved "dominant" interests relaying a narrative to schools, by "saying the benefit for that is, one is to the young person, two is to you directly because you'll have better educational outcomes, you'll have happier young people, you'll have better attendance" [Comm]. This was how schools were convinced of the wider notion that children and young people mental health was everybody's business, including the business of schools themselves. Another participant described it in detail:

"And emotional wellbeing isn't necessarily high on their [schools'] list"

Interviewer: "So their priorities would be more around...?"

"Academic. I think what we've been trying to do is make that kind of distinction, that the two aren't mutually exclusive. That in order to actually have children who achieve ... academic excellence, then they have to have those things in place that mean they're happy and well, both physically and mentally. So actually, a school that is, has got a kind of good emotional wellbeing, pastoral, kind of, ethics, will also kind of see that come out in achievement as well" [Cam_Man].

This work was complicated by a number of factors, most especially the marketised and complex environment in which schools were operating, which privileged league tables of public examination results and prioritised doing well in external inspections and rating exercises. In short, the external reputation of schools was heavily influenced by a marketised context that in public services was reflective of an audit culture or "accounting logic" (Ferlie & Geraghty, 2005, p. 431). It seemed rational that, in response, "schools are focussing on, you know, it's very much Ofsted isn't it, and what the performance is

and things like that” [Comm]. “Dominant” interests were aware of the field of power’s influence on the school education field, although they did not express it in that way. Their efforts to engage schools needed to negotiate that context, and a situation in which schools were no longer under direct local authority control but instead were “individual businesses” and/or parts of academy chains, as one actor explained:

“I think we’ve had a sense of a shift away from the control and responsibility of the local authority into, it started with localism, and it’s evolved now to whatever it is, privatisation it would appear. And so, we, we lost a sense of whole in terms of the education authority, we’ve lost a sense of belonging to something central and bigger than ourselves. And I think the kind of shift in all of that, the way that the kind of the Government, like I say the move to academisation, the whole culture is look after your own bit, look after that, get that right” [Comm].

These field conditions, of a patchwork of ownership and accountability, manifested in myriad approaches to children’s emotional wellbeing in schools. The views of individual head teachers set the tone for their school, and resources varied school by school. Resources that were available were often not specifically dedicated to pupil or student wellbeing, but instead were just one part of wider-ranging roles in schools. The key here was for “dominant” interests to make explicit that they understood the pressures that schools were under and the constraints in which they were operating, so that “*Future in Mind* ... helped, actually, the understanding on both sides” [Cam_Man]. Further, some schools and school staff saw mental health as a clinical issue amenable to simple responses. As one participant described this, “I think schools want to see clinicians, professionals coming in to fix young people” [Comm], which was suggestive for some of a “misunderstanding of what *Future in Mind* is about” in schools [Fieldnote: CAMHS manager, Board Meeting, 09/2018]. It seemed that successfully engaging schools would need to tackle a perspective based on a medicalised, deficit model that individualised particular children, rather than a more universalising view of emotional wellbeing being a key asset that underpinned academic performance.

Effectively, school staff needed to make an epistemic move. Efforts were made to shift the mindset of schools from mental health as a clinical issue to emotional wellbeing as a more social one, “getting schools to realise that what we are trying to deliver is emotional health and wellbeing, is sort of a preventative rather than clinical model” [Comm]. This also involved emphasising the potential implications of referring cases of “low-level” need

into CAMHS rather than working together in school to change front-line practice. As one participant based in specialist services explained:

“a lot of these young people don't need to come to CAMHS. They don't need to get a mental health record, you know, it's a, it's a period in their life when they're having a little bit of trouble. It's not something that you'd want a mental health record for” [Cam_Man].

The notion that mental health is everybody's business helped to frame the narrative approach of “dominant” actors. While this work took time, there was reportedly complete sign-up of in-scope schools by the time fieldwork was being undertaken in the case study. To an extent at least, that indicated the legitimacy of this notion. It had acquired the status of a *doxic* belief.

Realising *doxa* through *illusio*: cementing a view about inappropriate referrals

The legitimacy conferred in the *doxic* belief that mental health is everybody's business endowed it with some power over the investments that local actors had in playing the game in Study-borough. Longer-term, players had a shared stake in the sustainability of services, organisations, and ways of working. In the shorter-term, actors also had a shared investment in acting on an underpinning issue in Study-borough, which was the commonly-held view that the pre-existing rate of “inappropriate” referrals into specialist mental health services was too high. The rate of referrals was seen to have causal impacts, making services less effective and efficient, and contributed to the long waiting lists that children and young people were reported to face before they could access services. This was a local manifestation of an issue in the national policy debate. Reducing the rate of inappropriate referrals was a core local priority. All players had a stake in making it happen, which meant they shared a particular investment in the game “to ‘be there’, to participate, to admit that the game is worth playing and that the stakes created in and through playing are worth pursuing” (Bourdieu, 1998b, p. 77). The argument here is that the adoption by all players of this shared stake was a vital manifestation of the local game's *doxa*. It had a dynamic relationship with efforts by “dominant” interests to implant into the game a particular common-sense view. The key point is that this was a stake shared by each of the actors in the game. It became a collective investment precisely because of the legitimacy of a *doxic* belief that mental health is everybody's business.

A specific context shaped the links between the game's *doxa* and the shared investment

of players. *Future in Mind* emerged against a background where two interconnected issues had problematised mental health services for children and young people. First, diagnosis rates of “mental illness” among children and young people had been rising for almost two decades (NHS Digital, 2018), which drove increased rates of referrals into specialist mental health services. The Five Year Forward View for Mental Health was concerned that referral rates into CAMHS were increasing markedly more quickly than the CAMHS workforce (Mental Health Taskforce, 2016), which suggested limits to increased efficiency as the means to cope with such an imbalance in rates of change. Second and relatedly, waiting lists for specialist services had been increasing. They were seen to be too long, and there was concern over the marked variation in waiting lists across England (Department of Health, 2015). The Government’s 2017 Green Paper on Transforming Children and Young People’s Mental Health Provision reported that children and young people faced an average 12 week wait for treatment in CAMHS, which the Paper argued “is not good enough” (DH & DfE, 2017, p. 9). One systematic review found that waiting times were the most common service-level barriers children and young people faced in accessing and engaging with CAMHS. That issue was common across studies of children, families, GPs and schools (Anderson, et al., 2017). The *Future in Mind* report had itself highlighted these interconnected problems, noting that evidence “from the NHS benchmarking network and recent audits reveal increases in referrals and waiting times” (Department of Health, 2015, p. 14). The debate has continued since then over the precise contours of any response to these interwoven trends. In that debate there has however been a consistent national view that the response would need to involve joint work by a range of organisations, along with children and young people, parents and carers, and the wider citizenry. Addressing and responding to the mental health “problem” among children and young people has thereby become “everybody’s business” (Department of Health, 2015; Mental Health Taskforce, 2016).

Locally, there were concerns about the overall level of referrals too. What was described as the “significant number of referrals” [Cam_Man] in Study-borough was deemed too high to be sustainable given the strain it put on existing services and on staff. Participants suggested that these problems were well known in Study-borough, one of whom claimed “CAMHS being in crisis with our waiting lists ... is very knowledgeable [well known] for everyone” [Cam_CW]. That awareness shaped local views, meaning that in Study-borough “perceptions are really negative of the CAMHS service. It's got long waits” [Comm]. In the local game however, the root of the problem was understood to be the quality of referrals, too many of which were deemed inappropriate since they did not

reach the threshold level for intervention by specialist mental health services. Administering those low-quality referrals consumed resources in CAMHS, at a time when the service was itself subject to top-down pressures associated with the NPM, which had manifested against a background of historic underfunding compared with physical health services (Mental Health Taskforce, 2016). On the demand side, children and young people (and their parents or carers) were frustrated when they were not able to access specialist services. In effect, the referrals process was being slowed down by an unsustainable rate of low-quality referrals.

The emphasis in Study-borough on the quality of referrals reflected a particular local interpretation of the policy and the problem. As one “dominant” actor explained “we could've put all the money into our CAMHS team. We could've got rid of the waiting lists, you know” [Comm]. There was however no significant pump-priming of funding to deal with the waiting list backlog. Instead the approach was about trying to foster longer-term system change that was intended to contribute to sustainable services in future. One participant claimed that locally “the approach isn't about getting a pot of money and throwing it at trying to tackle waiting lists in the short-term” [VCS_Man]. Instead, the programme actively sought to engage with this locally-defined problem, by for example “upskilling” non-clinical staff in mental health and emotional wellbeing issues, and introducing them to techniques to respond to such issues rather than referring them to specialist services (see chapter eight). The intent was that the confidence and skills that staff would gain as a result, plus the community-based support provided by statutory mental health services, would have a direct impact on inappropriate referral rates. This was recognition of the causal impacts of the existing rate. The vision was that “waiting lists will drop, interventions will change because we can see people sooner and [be] more community-focussed, so I think that's the new, the new world” [Comm].

There were challenges for this local approach, even though it was based in a shared stake that actors had in playing the game. One significant concern was that things might possibly get worse before they got better. The longer-term plan was that by making mental health everybody's business, services would eventually reach a state of balance. Increases in awareness and engagement at community level were intended to shift the system toward early intervention and prevention in the longer-term. In the short-term however there could be additional people using services, and more professionals would be involved in the system of mental health provision for children and young people. The programme involved more services than had been the case immediately before it started, based in community-settings across Study-borough. These services were tasked with

“ensuring that unmet need is met, and that, you know, people who may not access services do so as well” [Comm]. In addition, there were efforts to raise awareness, both of underlying mental health and emotional wellbeing issues that local children and young people were facing and of new services co-designed to address them. This work was designed to fill gaps in knowledge about mental health in the wider system. Increased awareness had the potential to stimulate the identification of greater need in the community, which in turn could lead to more referrals into statutory mental health services, not fewer. Increased awareness clearly presented risks as well as enabling opportunities. The children and young people’s mental health service system might come under increased pressure. The goal was to ensure that any additional pressure was only short-term in duration, and managed in its intensity. The proposal was that new services would entail early intervention, with the aim of prevention that would contribute to the service system’s sustainability. The intent was that “they [children and young people] don’t actually become so unwell that therefore they need secondary mental health care” [Cam_CW], which was more intensive and expensive. Reflecting the logic of practice, organisation-based modes of co-production (co-governance and co-management) were participants’ preferred means to jointly navigate this set of risks, as outlined below.

Material mechanisms and processes to embed and align with the game’s logic of practice

The narrative work by “dominant” interests to implant local *doxa* in the game, and a shared investment to reduce the rate of inappropriate referrals, were supplemented by several specific processes and mechanisms that served to make the *doxa* “real” to players in the local game.

- First, mental health became the business of local VCOs, and through them local children and young people and communities who were involved in co-designing the new services that *Future in Mind* would offer, as was explored in the previous chapter. A co-productive logic of practice was manifested in the co-design of services. This initial manifestation of the *doxa* happened as the programme was being planned and scoped. It entailed the inclusion of new organisations and the production and socialisation of new knowledge that previously had been locked within communities. In consequence, novel ways of working, new links with communities, and new sources of knowledge became accessible in the local game.
- Second, the programme offered a suite of new services, many of which stemmed from the co-design phase. They were community-based and located closer to home for children and young people, reflecting evidence that provision of services in more

convenient locations was effective in improving access, “especially for users from hard to reach groups” (Anderson, et al., 2017, p. 168). The range and cross-sectoral mix of organisations involved was new to publicly-funded service provision in this specific policy area in Study-borough. The programme included organisations that were already working with children who were typically outside of the gaze of statutory agencies and services. This had a purpose of making visible to the programme children and young people who previously been “a little bit invisible to services” [Cam_Man]. The scope of services also highlighted the significance of schools in the programme, given that children and young people in the target age ranges would be in school, much of the time. In consequence, the engagement of schools was vital.

- Third, non-clinical staff were offered incentives, such as free training, to fully take part. The training was described as “a workforce development programme, which involves ten sessions which cover the basics around mental health” [Cam_CW]. It included training on ways to spot signs and symptoms of emotional distress, and techniques for working with children and young people who presented with them. Widening the skill base among staff was said to require “empowering all professionals around children to be able to ... recognise early warning signs, actually to do low-level interventions” [Cam_Man]. That part of the programme involved upskilling non-clinical staff in organisations across Study-borough to do so-called low-level work with children and young people, such as psycho-education. How that happened, and its implications, are explored in detail in chapter eight.
- Fourth, the programme funded new community-based workers in statutory services and local VCOs, who worked in schools across Study-borough. They provided advice, consultations, and at times directly worked with children and young people on mental health and emotional wellbeing issues. Once school staff had received the training offered as part of *Future in Mind*, they were encouraged to “hold” in school children and young people who presented with emotional distress (unless the case was urgent) and to work with the child or young person using some of the techniques presented in the training. Doing so might require an initial discussion with statutory mental health services to obtain advice, as part of a “safety net for schools” [Comm]. The intent was to limit the number of immediate referrals into CAMHS, especially when the child or young person presented with what was classified as low-level need. This was reflective of the “quite diverse” local approach that was about “more people getting access to services, whereas some authorities are just pushing it all to CAMHS” [VCS_Man].
- Fifth, children and young people, and their parents or carers, were themselves given more direct support by new community-based staff. In the confines of the

programme, that typically involved time-limited interventions focussing on building “resilience” against stressors and emotional pressures that they might encounter in future. The premise was to intervene early, in order to prevent possible issues later in life, which potentially included escalations of the level of emotional distress. Both planks of the programme’s ethos, to intervene early with a goal of prevention, were thereby manifested. Community-based workers also provided information and resources to parents and carers in recognition of their role as promoters of the emotional wellbeing of children and young people. There were many examples, including “an information session at a parents evening, so you’re targeting parents and students at the same time” [Cam_CW], providing “strategies ... or helpful information to parents” [Cam_CW], and sessions to “look at maybe that parent’s resilience” alongside that of their child [Cam_CW].

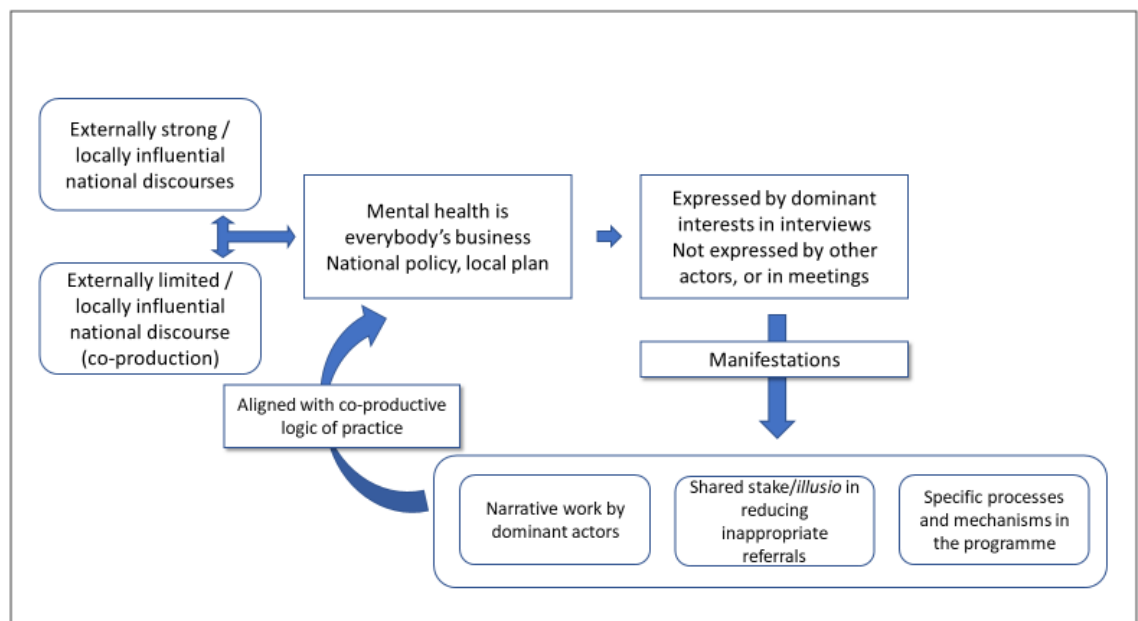
- Finally, the *doxa* was explicitly fixed in the game’s co-productive logic of practice. This included processes to involve partner organisations in decision-making in strategic governance and the management of service delivery and, as outlined above, children and young people and communities in the co-design of the programme’s services. The inclusion of the VCS was viewed as necessary to cement the link between the programme and local children and young people, and with the communities in which they lived. Many of the participant meanings of co-production related to these organisational links and the central role of the VCS in the programme. The nature of the local programme, from its inception through to its day-to-day work, and including its co-productive logic of practice, seemed thereby to give form to the notion that mental health is everybody’s business.

In summary, the fixing of this emerging *doxa* in the game bridged external neoliberal discourses and an internal, notionally counterbalancing co-productive logic of practice. In these myriad ways, “dominant” interests promoted a *doxic* belief that mental health is everybody’s business, and sought to align it with a co-productive logic that emphasised collaboration. As locally-defined, the game’s logic of practice highlighted inter-organisational relationships. This was summed up by one “dominant” actor who claimed that “we’ve been able to help everybody see that actually they are part of this, this family of services” [Comm]. In consequence, mental health was everybody’s business because everybody was part of the same “family”, at least in respect of professionals and organisations working in the programme.

Implications

The *doxic* belief that mental health is everybody's business had different structural effects (see figure one). It shaped, alongside national discourses, what players thought was possible within the rules of the local game. It underpinned shared investments that players had in playing the game, and was manifested in specific processes and mechanisms that were introduced in the *Future in Mind* programme in Study-borough. Further, it aligned with, and supported the construction of, the game's co-productive logic of practice. The ability of this *doxa* to shape the game stemmed from it being viewed by players as inclusive, universal, and ultimately, common sense. This was however a form of misrecognition (Bourdieu, 1977). As this and subsequent chapters outline, instead of being the common-sense view of relations in the local game that it appeared, it was actually a statement that supported "dominant" interests and provided them with a form of symbolic power (Bourdieu, 1998b). Further, it helped both to make and constitute the social reality of players in the local game (Loyal & Quilley, 2017, p. 432). Its origins were rooted in the legitimacy that the *doxa* had for those who were playing, within the confines of the game's rules.

Figure 1: Mental health is everybody's business



Source: Passey, 2020.

According to Bourdieu, symbolic power is held by actors who possessed symbolic capital, and he argued that "power to impose upon other minds a vision, old or new, of social divisions depends on the social authority acquired in previous struggles"

(Bourdieu, 1989, p. 23). The field into which the game was inserted contained longstanding “dominant” interests, based in funding organisations and in large, statutory providers of mental health services. Despite the game’s potential to initiate and drive change in the field, and the challenge that change might pose to “dominant” interests, the possession by those interests of symbolic capital as they entered the game helped them to shape the rules of engagement. To a large degree, they were able to determine what was legitimate in the game, in ways that would serve their interests. This was a subtle form of power. It did not require or necessarily lead to direct conflict or disagreement, and as such it complemented the collaborative approach implicit in a co-productive logic of practice. While it enabled “dominant” interests to set the agenda, they could choose to do so in seemingly collective ways, rather than overtly directive ones. The ways that the programme was designed, set up, managed and governed all pointed to joint decision-making, and discursive approaches. Even so, these mechanisms, processes and relationships were all situated within a prevailing orthodoxy that served most directly “dominant” interests in the game.

As a form of “power-over”, this particular symbolic power most strongly bore the hallmark of Lukes’ (2005) third dimension of power, in which less powerful actors internalise the interests of “dominant actors” or groups (Farr, 2018). In short, in this mode of power less powerful actors acquiesce in being dominated by “dominant” interests. Such a state of relations in the game was only possible due to the legitimacy (symbolic capital) that underpinned the symbolic power held by “dominant” actors (Callaghan & Wistow, 2006). In such contexts, far from being challenged, modes of reproducing the existing social hierarchy are viewed as natural, reasonable, and taken-for-granted (Allen, et al., 2014). In Study-borough, a combination of the symbolic power held by “dominant” interests, and actors’ shared view of the legitimacy of the idea that mental health is everybody’s business, served to strongly anchor existing “dominant” interests in the game. As chapters eight and nine outline, this had material effects, but it was also challenged by less powerful interests who constructed, claimed value for, and deployed alternatives forms of symbolic capital that tied them closely to the game’s co-productive logic of practice.

In addition, the shared stake to bear down on inappropriate referrals served “dominant” clinical, institutional interests. These interests determined what made a referral inappropriate. In so doing, they were exerting another form of symbolic power in relation to less powerful actors, rooted in the legitimisation of a particular form of cultural capital. That symbolic power was evident in the definition of what was inappropriate, and the

ways that specific case-by-case judgements were made in relation to the threshold levels for referring into statutory mental health services. These thresholds, and the process, were not in the public domain, but instead were opaque. The process was described as “a conversation, it’s the working it out, and if you’re not sure, it’s about asking the questions ... [you] ... can’t take away professional judgement” [Fieldnote: CAMHS manager, Board Meeting, 11/2017]. There was, it seemed, no algorithm, and the process remained unclear when viewed from the outside. Professional knowledge here remained mystifying, and it seemed to be made more so by the description of the process given above. In this example, particular professional knowledge remained closed-off to other staff working in *Future in Mind*, and to lay people alike. This is indicative of professions such as psychiatry, which as well as possessing a statutory, licenced power, has “a symbolic power of definition and judgement” (Crossley, 2003, p. 162). Actors based in specialist services maintained their monopoly power to define what made a referral inappropriate. In so doing, they were able to defend their existing advantageous position in the hierarchy, and by extension to reinforce the relatively weaker social position of less powerful actors. CAMHS was reported to use “medicalised language ... it’s a power tool isn’t it?” [VCS_Man]. This particular manifestation of the symbolic power of cultural capital seemed in contrast with claims in the literature that professional knowledge was being increasingly challenged and opened up (Evetts, 2011; Brandsen & Honingh, 2013).

One justification of this process of mystification was described as ensuring that would-be service users and families, and referrers such as GPs, did not have knowledge that might enable them to “game” the system. At face-value, that could be read as a moral argument around preserving equity and the integrity of the needs-assessment process. It did however, also serve “dominant” interests, who were ultimately able to control the volume of traffic into specialist mental health services, which case-for-case were markedly more resource intensive than so-called lower-level cases. Dominant clinical interests could thereby focus more attention on cases of acute need, having regulated the flow of cases into specialist care services. At the same time, they were able to steer back to other, community-based services, cases deemed not to have met their threshold and so classified as inappropriate. They were playing a gatekeeper role, and maintaining the advantage conferred in the symbolic power of professional knowledge and judgement. That however, still left the problem of specialist mental health services resources that were being consumed in administering the sheer number of referrals that were eventually found to be inappropriate. In response, a shared stake in managing that workload was aligned with the game’s locally-defined co-productive logic of practice that emphasised collaboration between organisations and professionals. This all had benefit

to “dominant” interests in potentially leaving undisturbed pre-existing hierarchical relations that underlay the game. Instead of them being upturned, these relations would continue to reproduced, in self-reinforcing ways (Deer, 2008, p. 121). Further, “dominant” interests involved and in effect deployed other actors to reshape the game and the wider service system, but in ways that they themselves had determined.

Summary

This chapter has shown how an emergent local *doxa* that mental health is everybody’s business, and a shared stake among players to reduce the number of inappropriate referrals, combined in subtle and nuanced ways to serve “dominant” interests in the game to implement *Future in Mind* in Study-borough. The pre-existing *doxa* of the surrounding field had become less stable, due to criticism of existing field conditions and the insertion into it of the game of *Future in Mind*. In response a local *doxa* emerged, which was internalised by players in the game and helped to shape their everyday experience. Attempts were made to align it with the adoption of co-production as the programme’s logic of practice, which at face value at least, seemed to run counter to prevailing orthodoxies in wider discourses. The local *doxa* did not however, fully account for the actual state of the game. Some players saw limited evidence of co-production in their work or in that of other players. Others saw no evidence of it, despite local definitions grounded in organisation-based meanings. At times, and for certain players, there was thereby distance between the *doxic* view of the game, and how it was being experienced. Subsequent chapters will expand on what those understandings, and absences, meant for professional practice, within the confines of the issues raised in this chapter. Those understandings are structured by the *habitus* of players in the game, which influenced how they comprehended their experiences as they played in it. The next chapter explores this in detail.

Chapter 7: How players comprehended the game: the layered, generative and challenged professional *habitus*

This chapter explores evidence from the case study about the nature of the *habitus* of players in the game, drawn inductively from interviews and from observation of meetings. The *habitus* “designates a way of being ... and, in particular, a disposition, tendency, propensity, or inclination” (Bourdieu, 1977, p. 214). It is the means by which actors comprehend the social world (McDonough, 2006), and as such, evidence of its nature provides important context for analysis of the different ways that actors played the game. In particular, the layered nature of the professional *habitus* (Decoteau, 2016) relates to the experience of players which, despite efforts to build consensus in the game, proved to be more fragmented and to an extent competitive. The chapter begins by revisiting the theory of the *habitus* in the context of Bourdieu's theory of practice. This foregrounds the relational nature of his thinking tools, including recent theoretical arguments that the *habitus* is layered and more open to everyday change than Bourdieu seemed to suggest. The chapter then turns specifically to the *habitus* of workers in public services, and critically engages with the idea of a public service *habitus* developed in previous research. That is rejected in favour of a universalising public service *ethos* as one layer in the professional *habitus* of workers in public services, which is complemented and complicated by sector, professional and institutional layers. The evidence in the case study for that view of the professional *habitus* is then explored, and its significance for subsequent analysis of the ways the game was played forms the chapter's conclusion.

Exploring the *habitus* of players in the game

Revisiting the theory of the *habitus*: multi-layered and reflexive

The *habitus* was defined by Bourdieu as “a system of lasting and transposable dispositions which, integrating past experiences, functions at every moment as a matrix of perceptions, appreciations, and actions and makes possible the achievement of infinitely diversified tasks” (Bourdieu & Wacquant, 1992, p. 18). The *habitus* is the consequence of chronological sedimentation of structures, and as such it links the past to the present (Bourdieu & Wacquant, 1992; McDonough, 2006). *Habitus* is a key thinking tool in Bourdieu's theory of practice. It provides dynamism in the field by pointing to the interlinked, relational nature of the concepts in Bourdieu's theory (Maton, 2008).

As noted in chapter three, critics such as Archer (2010), have argued that the *habitus* is overly deterministic and pre-reflexive, a critique that contends that the *habitus* did not allow for the reflexive subject of late modernity (Farrugia & Woodman, 2015). In response, recent theoretical work has included an argument that the *habitus* is multi-layered and, due to its generative nature, capable of change (Farrugia & Woodman, 2015). This perspective includes a claim that change in the *habitus*, resulting in the layering of dispositions within it, can occur because of everyday situations at the level of individuals (Decoteau, 2016; Mendoza, 2019) and because reflexivity is merged into it (Adams, 2006). In effect, this work has extended Bourdieu's theory by integrating into it a theory of change that does not require a moment of *doxic* crisis to significantly disrupt field conditions (Bourdieu & Wacquant, 1992)¹⁷. Instead, it reflects a view that individuals can find themselves simultaneously in multiple fields with different logics of practice, and in which they might occupy different social positions Decoteau (2016). This multiplex context presents challenges to the *habitus*, which may fit better in some fields than in others. On account of this, (Decoteau, 2016) has argued for a *reflexive habitus*, which informs action, incorporates vertical layers in the *habitus* itself that are laid down over time, and horizontal layers between the different field positions occupied by individuals. Actors need to work their way through these multiple fields and positions. One way that actors might be able to effect change is through "taking up the logic of one field, and using that logic to look at their lives in another field" (Decoteau, 2016, p. 318). In the case study, the "lives" on which actors were reflecting were their professional experiences as part of *Future in Mind*, within the structure of their *habitus* and the diverse fields in which they were located and differently positioned.

A brief outline of features of the local game illustrates aspects of the multi-layered *habitus* which, it is argued here, was open to everyday change. The game was one of policy implementation, locating it within the wider bureaucratic field in which public services are situated (Bourdieu, 1998a). Actors playing the local game had pre-existing professional positions in the bureaucratic field if they were already working in public service systems. If they worked outside of those systems, then their pre-existing position in the bureaucratic field was instead one of "stakeholder" such as a citizen (e.g. taxpayer, voter) or service user (or their dependants). As such, all the players had some kind of position in the bureaucratic field, but not necessarily one as a public professional. More narrowly, the *Future in Mind* policy was situated in the health field. That was the social space into

¹⁷ Chapter three does however suggest that the insertion of *Future in Mind* into the health field had disrupted conditions in that field and had in consequence potentially challenged the fit between *habitus* and actors playing the game.

which the game was implanted. The programme was funded by the NHS. Some players in the game had pre-existing professional positions in the health field. Evidence from the case study suggested that these positions were influential in shaping the social hierarchy within the game itself. In effect, these players became the game's "dominant" actors and represented "dominant" interests. At the ministerial level however, *Future in Mind* was the joint responsibility of health and education ministers, which pointed to involvement in the game of players with pre-existing positions in the education field. In addition, the game included players from local government, the VCS, and from private sector providers, who had pre-existing professional positions in different fields, but not necessarily in the health field. On account of their roles in *Future in Mind*, these varied actors entered the health field as they played the game to implement the policy. Their positions in the health field were likely to have been markedly different from those they had in the fields in which they were already located as professionals. Players could thereby be seen as situated at the intersections of fields with potentially different logics of practice, reflecting a multiplex and dynamic context with potential to layer their professional *habitus* as they negotiated that context (Decoteau, 2016). As argued in chapter three, for Bourdieu change to the *habitus* through such consciously reflexive work by agents typically required a rupture with the previously prevalent *doxa* (Bourdieu & Wacquant, 1992). The change being wrought by *Future in Mind* was not necessarily at the magnitude of a rupture or schism with the previous orthodoxy. However, the insertion of new actors into the policy implementation arena, with their different *habitus* and ways of knowing and working, injected at least a degree of *doxic* tension into the local game.

As well as actors located in various fields, *Future in Mind* encompassed actors based in different organisations and in various sectors (public, private, voluntary and community). What connected them were their professional lives as they played the game to implement *Future in Mind* in Study-borough, as part of a wider public service delivery system. This had potential to link them together in their shared possession of a form of public service ethos or *habitus* (McDonough, 2006; McDonough & Polzer, 2012). As the discussion below outlines, the evidence pointed towards players having a shared public service ethos that formed a layer in their professional *habitus*, and which was potentially embedded in deep structural principles (Maton, 2008). A tendency towards "public service" among players in the game should not however be misrecognised as a lack of interest among players in the game, the stakes they have in playing it, or in the game's consequences. As Bourdieu cautioned, the bureaucratic field in which public services are situated is subject to what he termed the law of public service that existed in "the

image of a universe in which social agents have no personal interest and sacrifice their own interests to the public, to public service, to the universal” (Bourdieu, 1998b, p. 84). The approach here heeds that warning, and recognises that actors had interests that underpinned their actions, but did not, it is argued, necessarily determine them. There was in addition potential for vertical (temporal) layers in the professional *habitus*, given that players came from different sectors, were practising in different public professions as defined in the case study, and were situated in a range of institutional settings. Given that professional identity has been found to be a core identity of actors in the health field (Walsh, et al., 2017), it might have been expected to feature in a layered professional *habitus* of players in the local game. Bourdieu himself argued for this chronological sedimentation of different structures in the *habitus* (Bourdieu & Wacquant, 1992).

The remainder of this chapter explores evidence about the nature of the professional *habitus* of actors playing the local game. There was evidence of a shared public service ethos among the case study participants, which manifested in a desire to help other people and to advocate for the interests of service users. It was broadly reflected in the *habitus* of local actors, despite them working in different organisations that were themselves located in different sectors. This is not to claim however, that these actors shared an individual *habitus*, instead their *habitus* generally included universalising, public service dispositions. There were however, a number of challenges to that ethos. These stemmed from reforms to public services, which have changed conditions in the bureaucratic field and in the public services fields that comprise it (for example health and education services). Such changes, which have problematised the universalising element of a public service ethos in the value base of people working in public services, were reflected in evidence of the embodied elements of “public service” in the case study (McDonough, 2006). They also manifested in distinctions by sector, profession and institution, which might be viewed as additional layers in the professional *habitus*. Variation was revealed in some of the dispositions of players, and in their professional practices. In these ways, the case study exposed limits to a public service ethos and to a co-productive logic of practice. The argument here is not only that the *habitus* of players was chronologically sedimented and multi-layered, but also that its structure reflected a multi-layered reality in which elements of the professional *habitus* are contingent, context dependent and open to multiple and sometimes contradictory mechanisms (Decoteau, 2016). The evidence for this and its implications are explored below.

A universalising “public service” element in the professional *habitus*

A public service ethos not habitus

Previous research has claimed that staff working in public services exhibited a public service *habitus* (McDonough, 2006; McDonough & Polzer, 2012) defined as “a socially constituted set of dispositions representing a vision of public service that privileges the public good over private (selfish) interests” (McDonough & Polzer, 2012, p. 359). The public management literature has viewed a universalising public service ethos as the value base in traditional, “public administration” approaches to public policy and public service delivery (Osborne, 2010). Research on professionalism in public services has identified a commitment to the public interest, compassion, a user orientation, and an attraction to policy as the four elements of a “public service motivation” (Bøgh Andersen & Holm Pedersen, 2012, p. 48). Such dispositions are said to point to the “[s]trong ethos of public service and capacity to meet broad generic needs” of service users (Harington & Beddoe, 2014, p. 157). Although McDonough & Polzer (2012, p. 366) refer to the “collective identity” of public sector employees in their study, it is unclear whether they view the idea of a public service *habitus* as a collective *habitus* that is common among the staff who participated in their research. The notion of a collective, or institutional *habitus*, has most notably been developed in the sociology of education, where it has been defined as “the collective and interrelated practices of *multiple individuals* within a particular field” (Burke, et al., 2013, p. 167, emphasis in original). Such a perspective argues that institutions such as schools can, through their organisational forms and collective practices, directly shape the *habitus* and practices of individuals (Burke, et al., 2013). All of these theoretical perspectives are helpful, although here the dispositions that they foreground are not treated as a separate public service or institutional *habitus*, but instead as parts of an individual layered professional *habitus* that was also structured by more collective elements. Evidence of the different layers in the professional *habitus* of players in *Future in Mind* (public service, sectoral, professional and institutional) is discussed below.

In theory, the dispositions or motivations in the *habitus* would manifest in the everyday practices of players. They might be critical in whether or not the programme is able to achieve its ambitions. As one local actor reflected about the local approach:

“The weakness in the plan and strength of the plan is that it's built on the individual's willingness and want to engage to as part of that. So, the vast majority of people do want that, and are doing that, and some that don't. And those that

don't are really hard to engage and support, but actually probably they're not the best people to support young people" [Comm].

The *habitus* is revealed here in its capacity "to construct social reality, itself socially constructed", which is the result of the *habitus* being of "a socialised body, investing in its practice socially constructed organising principles that are acquired in the course of a situated and dated social experience" (Bourdieu, 2000, pp. 136-137). The professional *habitus* is thereby embodied in work and professional practices. Like claims made for a public service *habitus*, it works to structure a daily reality that it is also helps to define (McDonough, 2006).

This idea of a universal value base located in Durkheim's model of occupational communities (Evetts, 2009), has been challenged by reforms to public services, including the NPM (Ferlie & Geraghty, 2005). Bourdieu viewed the State as being under attack from neoliberalism. However, while cautioning against naturalising the notion of a public good, he saw in the enduring traces of a public service ethos one potential means to resist market incursion into public services (McDonough, 2006, pp. 635-636). The case study suggested that aspects of a public service ethos remained in UK public services, despite reforms that have problematised claims to a universalist value base. These values have not simply been replaced. Instead the importation through the NPM of values based in the efficacy of competition and the market, and the challenges brought by the dispersal and contestation of values in the NPG, have served to further question claims of a single value base in public services (Osborne, 2010). This has led to hybridity in the professional *habitus*, as a public service ethos is overlain and changed by sector, profession and institutional layers. The *habitus* is thereby reflective of wider struggles in the bureaucratic field in which public services are situated, and the influence of the wider field of power.

Maintaining a public service ethos in the game

The evidence from the case study of a public service ethos pointed to what has been described as the "enduring practices of altruism, advocacy, and community development" (McDonough & Polzer, 2012, p. 362) in the practical work of players in the game. The local context seemed conducive, as evinced in what appeared to be unifying processes and structures designed to manifest a co-productive logic of practice, the local *doxa* that mental health is everybody's business, and a shared stake to reduce the rate of inappropriate referrals into specialist mental health services (see chapters five and six). There was a risk however, that in the "enduring practices" of a public service ethos,

professionals were pursuing a mode of “doing for” service users (McDonough, 2006, p. 639) in ways that constructed users as passive rather than active in their encounters with services and professionals. These more practical dimensions of “public service” were complemented by evidence of embodied practices (McDonough, 2006), especially expressions about limits to professional practice stemming from insufficient time, money, varying commitment from partners, and “short-termism”. The evidence that is critically explored in this section partially supports previous research, which concluded that the practical and embodied practice of public servants were means by which a public service ethos or *habitus* might be maintained (McDonough, 2006). It also pointed to the ways that sector, profession and institutional layers in the professional *habitus* might be eroding it.

The importance of a public service ethos in the *habitus* was directly identified by one local actor, in what might be seen as a “recognition of a ‘traditional’ vision of public service” (McDonough & Polzer, 2012, p. 362) among the actors playing the game:

“I think because of the type of people we are working with, we are, these aren't factory workers that are here to get paid, these are people who have chosen to come to work in a profession where they can probably earn more money doing something else less stressful, but they've chosen to be a teacher, or to be a youth worker, or a social worker, or whatever else ... that's their, the reason they wake up in the morning” [Comm].

In the case study, the use of a framework and development of services rooted in a universalising approach, a focus on outcomes and new modes of practice designed to improve them, and advocacy for service users and their families, were practical reflections of a public service ethos among players in the game, as these examples outline:

- Access to the community-based services in *Future in Mind* did not require an initial referral from a professional “because primary intervention is a universal service” [Cam_CW]. This was part of a broader universal, family-centred approach, which was reported to enable a fuller view of the complex contexts in which many children and young people were situated. In consequence, it was possible to identify “other issues that need addressing in order to get the best outcome for the young person” [LA_Other], in an approach that was contrasted with previous practice said to have been rooted in specialist, targeted services.

- One of the frameworks that structured the front-line work of some players in the game was based in universalising principles. It was developed to identify common issues underpinning “public health outcomes such as ... mental health” [LA_Other]. Issues relating to children’s mental health were placed here within a wider and universal public health context, and in an emphasis on universal factors that might help people in general, rather than through a more disaggregated service-by-service approach. The framework’s orientation directly informed one specific model and set of methods used in the programme.
- The VCS was most especially attributed the role of advocate for service users in the programme, as part of the locally-defined co-productive logic of practice. As discussed above, the notion of advocates “doing for” others risked constructing service users and their families as passive, rather than active in *Future in Mind*. It also emphasised user voice, which while in theory granted some agency to users, risked constructing them as consumers (Pestoff, 2018). Both these strains in the advocate role seemed, at face value, to run counter to a co-productive logic of practice. An advocate function was, however, embedded in the programme from relatively early on, having been an outcome of the initial phase of the programme. The work with communities to co-design services reportedly revealed that “there was a need for advocates ... drawing on local assets, all the different, the voice of young people” [VCS_Man]. That led to the creation and funding of new community-based posts located in local VCOs. While that intermediary role was not always comfortable for the VCS, it did reflect an aim to access all the communities in Study-borough and to expose previously unmet need. This was a recognition of previous fragmentation, and reflected instead an intent rooted in a universalising ethos among players in the game.

Professional practice has been described as “those *embodied* activities and competencies that are ‘learned’ and carried out by individuals in a social space” (Chopra, 2003, p. 425, emphasis added). Evidence about the embodied practice of players came from the ways they expressed the impacts of limits to their capacity, i.e. their reported concern over “what they were unable to do for their constituents, despite considerable effort (stress)” (McDonough, 2006, p. 639). In effect, they were internalising and embodying experiences that challenged the universalising public service ethos in their professional *habitus*. Specifically, actors raised concerns about the amount of time they had to do their work in relation to the demand for services. Further, they reported feeling isolated, stretched and, at times, stressed. Front-line practitioners also expressed concern about what they saw as a “short-termist” approach in the programme. That

concern manifested in some dissatisfaction about the offer of strictly time-limited interventions.

There appeared to be a mismatch between demands and the time available to front-line staff to meet them, which was deeply felt in day-to-day practice. Front-line professional practitioners working in *Future in Mind* were deployed across Study-borough, with each having responsibility for one section of the total geographical area covered by the case study. The demands on them appeared acute, with each having around 25-30 schools in their individual areas (although VCS staff worked only in some of these schools at any time, while specialist mental health services staff worked across all of them). All but one of these practitioners worked part-time, further limiting their capacity. *Future in Mind* explicitly involved awareness-raising among public professionals and communities about mental health and emotional wellbeing issues. That work led to the identification of previously “unmet need” in children and young people, which in turn increased demand for services. Community-based practitioners described themselves as “far too thin on the ground” [Cam_CW] and as being “spread quite thinly in terms of practitioner ratio with, kind of, schools”. One illustrated this by the amount of time they theoretically had for each school “what I tell my schools is that if I’m equitable with the time that I’ve got, you get about two and a half hour hours per half-term from me” [Cam_CW]. In consequence actors reported feeling “restricted by time” [VCS_CW] and felt that “time is a huge limitation” [Cam_CW] on their practice.

The accounts by these players of the impacts of limited time revealed the embodied nature of the professional *habitus*. They described their practice as “very challenging with regards to the role and the time constraints” [VCS_CW] and as a “rollercoaster” [Cam_CW]. One actor reported that the role “stresses me out a bit, to be honest” [Cam_CW]. The strong emotional and embodied element to practice reflected “the fact that the ‘service ethos’ applies strongly in the public sector” (Grint & Nixon, 2015, p. 288). That embodied, emotional element was summarised in a reflection of one front-line practitioner:

“there have been times when I’ve been ready to throw the towel in and saying ‘I need another job, I can’t bear it any longer’, and then there are other times when I’ve been really elated and love it more than anything else in the world” [Cam_CW].

Community-based practitioners (based in the VCS or in CAMHS) valued the universal nature of the services, but expressed doubts about the sustainability of outcomes for service users given the limited timespan of front-line interventions. The user orientation in a public service ethos is revealed here. One actor, reflecting on front-line interventions, reported that “my only worry is it's very short-term” [Cam_CW]. The length of interventions was questioned at times, in part because success was seen to rest on the quality of the relationship between professional and service user, which took time to foster. Front-line staff argued that “you need one session just to build that trust, at least one session” [Cam_CW], but because interventions were strictly time-limited there was a feeling that they were at times “not long enough because you have to build up trust and respect with these young people, and their confidence” [VCS_CW]. In reflecting on how limits to these services impacted on them, in these parts of their accounts actors recognised the importance of the relational underpinnings and process elements of front-line services that were offered universally in *Future in Mind*. Time-limited interventions, while efficient in respect of the number of potential users who might be offered them, were at times more problematic for front-line practitioners. This is reflected in the literature, which has highlighted that process and relationships are fundamental components of front-line service co-production (Loeffler & Bovaird, 2016), but which can run counter to efforts at greater service efficiency and increased throughout of service users.

The embodied elements of practice were exacerbated by expressions of a sense of physical isolation due to the remote working entailed in community-based roles. At times this feature of the work was said to take a toll, “it's hard because we don't really have a base” [Cam_CW], which added to the reports of day-to-day stress that a lack of time was said to cause. Efforts to work together and build a team were hampered by the geographical remoteness of some front-line staff from one another. One actor recalled that “sometimes I find myself sitting in Tesco's cafe because I've an hour between schools and there's no point in me driving to an office. So, it can feel quite isolated” [Cam_CW], while another reported that “whenever I speak to colleagues outside of [my] team they're always quite kind of shocked ‘oh I didn't know you did that’. So, I think yeah, we are working more, kind of, in isolation” [Cam_CW]. That was evident in the experience of one participant interviewee directly before their interview started:

“you will have noticed I introduced myself to the lady there [at the reception desk] because I don't come here very often, even though it's my base. She's spoken to

one of my schools today and told her 'there's no one called [name] who works in CAMHS', and I'm like 'hello'. So yeah it's hard" [Cam_CW].

Whereas subsequent chapters explore barriers between services, organisations and individual actors, the issue of isolation pointed as well to the internal barriers between actors in the same organisation.

Managers recognised the intrusion of these embodied elements of practice onto the user orientation and public service ethos of some of the players in *Future in Mind*. These more senior staff accepted that *Future in Mind* constituted "a big ask of a very small team of people" [VCS_Man], with one going as far as to characterise it as "a massive, massive ask for [them] to have that much of an impact" [Cam_Man]. This pointed as well to a shared concern that front-line interventions with children and young people were too short to have a sustainable impact. For example, one manager admitted that they "weren't sure how on earth we were going to have an impact ... with the number of young people that we may come into contact with that might need that, sort of, level of intervention" [VCS_Man]. Constrained time was thereby widely recognised as a limit to professional practice, not just by front-line actors but by managers too. It had embodied impacts on front-line practitioners in particular, who felt overstretched and too thinly spread to provide the quality of service that they would have wanted.

In summary, there was some evidence of an enduring universalising public service ethos among players in the game, whatever their employer organisation. They shared an ambition to support children suffering emotional distress in order to help them improve their lives and those of their parents and carers through their work in *Future in Mind*. This ethos formed part of their professional *habitus*. At the same time, there was evidence of the ways that various practical and embodied elements of practice was problematising it. That evidence suggested that the everyday experience of playing the game presented challenges to a universalising tendency in the public service ethos and professional *habitus* of those who were playing in it. The next section explores other evidence of challenges to a public service ethos in the professional *habitus*.

Eroding the universalising tendency of the public service ethos: sectors, professions and institutions

The game to implement *Future in Mind* in Study-borough provided a complex context for professional practice. It challenged pre-existing conditions in the health field in which it was being played, and was influenced by neoliberal discourses emphasising choice,

competition, and efficiency. Those discourses had the power to shape the *habitus*, in ways that have led to an argument that the NPM has itself become part of the *habitus* of public service staff. As a result, according to this perspective staff have reportedly acquired or developed “a neo-liberal policy disposition” (Thomson, 2005, p. 754), which had potential to fragment and individualise both service users and public professionals alike. There was some evidence of such dispositions locally, as one actor explained:

“that's hard to push against, that you know ... I kind of think we, from society perspective, from the messages we get from government, we are pushed away from that sense of collective responsibility, that sense of shared ownership of the issue, more into an isolated tack, approach” [Comm].

This view highlighted the force of structural conditions, oriented towards isolation and fragmentation, which had potential to structure the dispositions of local actors working in *Future in Mind*. The nature of the programme meant that such a risk might potentially have material effects. Contemporary public policy is increasingly implemented in open public service delivery systems, which involve a range of networks and relational contracts and require the negotiation by system actors of values, meanings and relationships (Osborne, 2010, p. 10). *Future in Mind* was no exception. It involved actors from a range of organisations and services located in different sectors, with in-theory different motivations (profit; philanthropy, self-help or mutual aid; universalism as part of a public service ethos), although how this manifests at the level of individuals working in these different sectors has been found to be more complex (Lyons, et al., 2006). As chapter five outlined, the programme involved formal mechanisms and processes designed to build a sense of unity and common purpose among the actors involved in implementing *Future in Mind*. It might have been anticipated however, that a sector layer would be evident in the *habitus* of those playing in the game, and the case study provided evidence of this. That evidence suggested that a universalising public service ethos was complicated by different sectoral perspectives.

The distinctions most typically drawn by participants in the case study were those said to be between the VCS that “cracked on with things” and was good at “problem solving”, and mental health services which were said to be rigid and inflexible (internally and externally) and to be slow in decision-making. The argument made by VCS actors, and to an extent, actors in other sectors, pointed to a form of self-reliance at a sector level in the VCS, which stemmed in part from limited resources, a strong user focus, and an emphasis on making the most of available funds. One local actor claimed for the

voluntary sector "they're demonstrating they're good at problem solving, and they're flexible, they're resilient and they'll crack on and they'll get on with they need to do" [VCS_Man]. Another argued that, compared with public sector organisations, "in the voluntary sector, we're more conscious of dotting our Ts, no dotting our Is and stroking our Ts about the money" [VCS_CW]. The explanation for this was said to be the mission of the VCS, characterised in the claim of another actor that, as a sector, the VCS was "much more, more than other service or sector, focussed on the outcomes. They only do this because they want to benefit the children, families and residents of Study-borough" [Comm].

These positive attributes of the VCS were to an extent contrasted with CAMHS, which as a service "does come with boundaries" that were not only therapeutic in nature, but reportedly were also "the boundaries of CAMHS, and the systems, and how long we see children" [Cam_CW]. CAMHS was said to be "a whole different beast" even from other statutory services, which pointed to the potentially large professional gap from the VCS [Fieldnote: CAMHS manager, Board Meeting, 09/2018]. These factors structured the sector layer of the *habitus* of actors based in specialist mental health services. One participant, who had made the professional change from the VCS to CAMHS, reported experiencing structural differences around "the speed of decision making" in the two sectors. They claimed that the VCS could react quickly to a commissioner decision and "be inputting, and implementing that decision later on that afternoon" before juxtaposing that with the "long-winded" decision-making process in statutory services [Cam_Man].

One explanation for the slower pace of decision-making was that specialist mental health services had statutory obligations that did not constrain actors in the VCS. In short, if CAMHS were offering a universal service they needed to attend to questions of equity. To an extent, while VCS actors were portrayed as deeply focussed on their mission and on outcomes for the children and young people with whom they were working, they seemed less constrained by formal questions of equity. They were working in some but not all the schools in Study-borough, even though the offer of their services had been made to all schools. At the same time however, they were also working with children and young people who had been excluded from "mainstream" schools, many of whom were already on a CAMHS waiting list and as such would not be provided *Future in Mind* interventions by CAMHS. In that sense, VCS staff saw themselves as plugging a gap in what might be read as "re-universalising" a fragmented service offer (see chapter nine).

Evidence of a profession-level layer in the professional *habitus* of players was, to an extent, interwoven with that of the sector layer. Professional socialisation has been identified as one possible driver of difference in the *habitus* of actors operating in the same policy and geographical space (McDonough, 2006). An enduring professional culture has also been found to be a significant constraint on attempts to foster more co-productive policy (Tuurnas, 2015). The evidence in this case study of *Future in Mind* helps to build on that prior research by embedding a Bourdieusian approach into consideration of professional *habitus* and professional practice.

Research on professionalism in the health field has pointed to the prominence of professional identity in staff (Walsh, et al., 2017). The process by which individuals are educated for, and socialised into a profession will impart a strong identity that underpins attempts to defend, or even expand professional jurisdictions (Anteby, et al., 2016). The players in Study-borough had been socialised into different public professions. They had varying types and levels of qualifications and were subject to different degrees of regulation in respect of their professional practice. In the game, there was evidence of a high-level distinction between practice based in a “clinical” or therapeutic professional *habitus* and that rooted in a “social” professional *habitus*. VCS actors were described as “youth workers” who were supporting children “socially”, in contrast to which “CAMHS is approaching a young person to, to develop, to support them and their clinical needs” [Comm]. An actor in the VCS made a similar distinction, arguing that:

“everybody has mental health, everybody has emotional wellbeing. We work on emotional wellbeing. Other people can you know, your psychologists etc. can work on your mental health ... they seem to see it in a continuum, the language they use is very different and very medicalised. And really, in early intervention and prevention you don’t really need to be using it doing you?” [VCS_Man].

These two broad models, or sets of approaches, reflected differences in the *habitus* of community-based practitioners working in *Future in Mind*, which had material impacts on the services being offered:

- Those socialised into a clinical profession, and who practiced a more therapeutic model, included community-based specialist mental health staff funded by *Future in Mind*. All were professionally qualified, were required to be registered with professional bodies in order to practice, and were described as “all clinical per se” [Cam_Man]. They operated across all schools, but most often delivered front-line therapeutic interventions with children and young people at secondary school level.

The community-based team incorporated a wide range of specialisms including “art therapists, CBT therapists, people who've worked in school settings, counsellors” [Cam_CW], plus “a nurse, there's a counsellor, there's a social worker” [Cam_Man]. Another participant concluded that being a member of the team was “a little bit like a social worker I guess, in a way, only a therapeutic one” [Cam_CW]. CAMHS front-line work was said to potentially involve “children actively talking about taking their own lives” [Fieldnote: CAMHS manager, Board Meeting, 09/2018], which was seen to distinguish it from other services. The therapeutic roots to the profession layer in their professional *habitus* seemed important. For example, their managers identified a tension that reflected the dispositions of community-based staff. While management saw the post as “a community development role” that involved interactions with staff in other services, front-line staff reportedly tended towards the parts of the role involving therapeutic practice with children and young people [Fieldnote: CAMHS manager, Board Meeting, 09/2018].

- Those based in the VCS had been socialised into youth, community and social work professions. They tended to practice a social model in their front-line interactions with children and young people, and predominantly operated in primary schools. Their model of practice was characterised as “the youth worker approach, getting in there, having a chat with them [young people], seeing what they're doing, doing some low-level activities with them, some fun activities, and then start looking at how you, sort of, look at the work what you're going to do” [LA_Other]. Reportedly, that practice was founded in “youth and community work ... [in which] ... the most important thing is the listening, observing, and communication” [VCS_CW]. The emphasis here was on an approach rooted in a particular relationship that would seem to have potential to be less hierarchical than a more typical professional/expert – service user one.

The distinction between these two models was further made by an actor in the education sector. For them the social model practiced by the VCS was “more about family support. So, although you might be supporting a young person, actually you're working with the parents, and the carers, and the family. Whereas when it comes to secondary, it's very much about the individual child” [Ref5]. In this argument, the models of practice were age appropriate. A social model was more suitable for younger age groups, whereas a more therapeutic model was more appropriate for older children.

The discussion in chapter six explored how schools were encouraged to see a link between children’s emotional wellbeing and academic performance, as a reason to participate in the programme. That work pointed to the importance of positive

individually-held dispositions towards the means and ends of *Future in Mind*. That importance was sharply described by one actor who, while acknowledging structural constraints on schools, claimed that:

“I think it's, it's rawer than that in terms of an intention to, whether you are inclined to be part of something else or whether you are inclined to be insular. Honestly, I think that that's, that's where it's come to ... there's no real science to [it] ... I think it's more about are they inclined?” [Comm].

The argument in this section is that the inclinations of individuals were to a degree shaped by an institutional layer in their professional *habitus*. The examples here relate to school staff, given the significant role played by schools in the programme. There was evidence of variation in how far school staff might go to change their day-to-day work. The reasons for those differences seemed to relate to how the institutional ethos of the school shaped the dispositions of individuals in it. The school ethos was collective in its nature, but manifested “through the individual practices, policies and interactions it orients” (Atkinson, 2011, p. 342). It is seen here as an important factor in the level of engagement by schools, and the degree to which, as a result, individual school staff changed their professional practice. It is possible to speculate that a collective orientation or ethos could work in different ways. While it might provide a strong bond between individuals within the school and structure their individual *habitus*, it would not necessarily make them or the school open to ideas and practices originating externally. In such a case, the strong school ethos might effectively act as a barrier to the kind of approaches introduced in *Future in Mind*. There is however, the possibility that a strong school ethos would predispose individuals in it (and the school as a whole) to be open to *Future in Mind*, which in turn might lead to changes in their own professional practice.

The evidence pointed to this distinction. While there was no simple linear relationship, an open collective ethos seemed to act as a structural enabler for individuals in schools that had reportedly embraced the approach and “offer” made by *Future in Mind*. Actors in such schools described themselves as “very fortunate that we're able to do that ... we've got that time to invest” [Sch], and thought that “we're very lucky because the Head that we've got really embraces that. Anything that they can put in place to support the emotional wellbeing of our children, it's there” [Sch]. These views pointed to the importance of the school as a whole supporting the overall approach and specific changes to front-line work, and suggested that the dispositions of individuals were being “mediated through an institution's organisational practices and collective forms of

cooperation” (Burke, et al., 2013, pp. 165-166). The ethos of the school was also reflected by the level in the organisational hierarchy that was driving efforts to change practice. For example, one teacher argued that, in order to embed this kind of change “it has to be someone senior leading it” [Sch]. Front-line specialist staff seemed to agree, and contrasted schools where the lead was designated to “somebody like the SENCO¹⁸, or a learning mentor, or pastoral lead” [Cam_CW], with schools in which the lead person was the “Head or Deputy Head, so somebody from the senior leadership team” [Cam_CW]. That distinction seemed to matter, given that “the Head Teacher kind of seems to dictate the thought process behind emotional wellbeing really” [Cam_CW]. The suggestion was that the dispositions of the senior staff influenced how open the school, and individuals within it, might be to the changes introduced in *Future in Mind*.

Conclusion

The evidence from the case study, drawn from the accounts of actors and from observation of their interactions with one another, pointed to a layered professional *habitus*. This builds on a theoretical argument that players had multiplex and dynamic positions in the various fields in which they were located, which would be reflected in a multi-layered professional *habitus*. It included a shared public service ethos, rooted in particular dispositions that pointed to a universalising tendency in the notion of the “public good”. A critical distance has been maintained here, in order to challenge any notion of disinterest in the public service ethos within the layered professional *habitus* of players in *Future in Mind* (Bourdieu, 1998b). Challenges from the wider context of the game, especially the ongoing impact of NPM reforms, were however evident in practical and embodied elements of the practice of players in the game. A public service ethos was further complicated by variance in dispositions in the sector, profession and institutional layers of the professional *habitus*. Such difference was indicative of the specific context of the game, which had brought together practitioners from multiple sectors, professions, and organisations in ways that were novel in Study-borough. These particular field conditions had potential to shape the professional *habitus*, which it is argued here was more amenable to change through reflection on everyday experience than Bourdieu’s theory itself suggested. This combination of the wider context, and differences at the sector, profession and institutional levels, was to an extent found to be eroding the universalising tendency in a public service ethos.

¹⁸ Special educational needs coordinator

The *habitus* was the means by which players comprehended the game and accordingly it had implications for how they played it. The “task” of the *habitus* has been described as reintroducing “the knowing, active, and skilled agent” in social analysis through a move from structure to practice (Wacquant & Akçaoğlu, 2017, p. 56). The next two chapters build on this exploration of the professional *habitus*, by examining how different features of the game were played. This will point to a tension between seemingly unifying strains reflected in conscious efforts to create consensus in the programme within a co-productive logic of practice, and the lived experience of playing the game which reflected the pursuit of individual and at times more collective (but not consensual) interests. That tension suggested that the game of playing *Future in Mind* in Study-borough manifested, to some degree at least, the kind of competitive relations that Bourdieu theorised would underpin the social space of the field (Bourdieu & Wacquant, 1992). The primary focus in the next chapter will be on efforts in the programme to widen the skills base of non-clinical staff working with children and their parents or carers. A number of issues will be raised and explored, including how upskilling related to co-production, which skills and knowledge had greatest legitimacy, and if and how these were the result of struggle between different interests in the programme.

Chapter 8: Upskilling: the role of cultural capital in shaping the field and reproducing hierarchy

Introduction

This chapter focusses on “workforce transformation” in *Future in Mind*, specifically the notion of “upskilling” non-specialist staff¹⁹ as part of a broader approach designed to develop the mental health workforce. It begins with the national debate, which had highlighted a “workforce problem” in mental health services, and briefly outlines the local response. Many of the case study participants identified upskilling as a fundamental activity and purpose of the programme in Study-borough. The concept of upskilling is placed in a wider context that links it with neoliberal discourses emphasising the virtues of enterprise, entrepreneurialism and productivity in the contemporary public services workforce. The argument here is that these linkages were suggestive of upskilling as reflective of a deficit model, which would seem to run counter to a co-productive logic of practice in which alternative sources and types of knowledge would potentially be valued. The chapter then critically reviews how upskilling was described and accounted for by participants in the case study, including who was being upskilled, which actors were undertaking the upskilling, and what processes were in place to upskill non-specialist staff working with children and young people. The identified limits to upskilling are then highlighted and discussed, after which the focus turns to the nature of the skills that were being diffused in *Future in Mind*. This raised the question of whose interests these processes were serving, and linked with the literature’s emphasis on why and how members of particular occupations “take on or yield new tasks” within a doing mode of professionalism (Anteby, et al., 2016 p. 211).

On the face of it, upskilling was supportive of the local *doxa* that mental health is everybody’s business, however it implied a hierarchy in which actors who possessed dominant cultural capital might be able to influence the “business” of other players in the game. The skills and approaches that were diffused to non-specialists had legitimacy in the game, which conferred a form of symbolic power. This particular cultural capital was embodied in form. It had been consciously acquired (Hastings & Matthews, 2015) by those who possessed it, through their own education and specialist training. Acquisition of embodied cultural capital has been viewed as similar to the formation of the *habitus*,

¹⁹ The term “non-specialist” is used to refer to staff working with children and young people on a day-by-day basis and so who were in scope of *Future in Mind* but who were not employed by CAMHS

requiring long-term “exposure to a specialised social *habitus*, such as ... the cultivation of ... the vocations of the liberal professions” (Moore, 2008, p. 111, emphasis in original). The same author also noted that the returns on embodied cultural capital depend upon how (well) an individual negotiates social space, hence the close link with the *habitus* and an individual’s feel for the game (Moore, 2008, p. 109). Players most endowed with these skills (cultural capital) thereby possessed a resource that they might use to shape the game, and by extension, the field in which it was being played. The approach adopted in *Future in Mind* served “dominant” interests, especially those situated in specialist mental health services. More and new resources were activated in the field, which came to be doing work at the periphery of the jurisdictions of these “dominant” actors. In effect, the scope of “dominant” interests was extended as a consequence of *Future in Mind*. The discussion below argues however, that there was some limited contestation between professional and service groups of the value of this particular cultural capital. Actors who sought to challenge it typically did so within the rules of a game set by “dominant” actors, rather than looking to question why particular skills and knowledge had more legitimacy than others. In this part of the game, a pre-existing hierarchy was only directly contested at the margins, and other cultural capital remained subaltern and only partially visible. Reportedly, one effect was for non-specialist staff to increasingly see issues of children and young people’s mental health and emotional wellbeing through a CAMHS lens. The chapter concludes by exploring evidence of that epistemic shift. It is important to reiterate however, that this chapter relates only to part of the game in Study-borough and that, as the next chapter reveals, in other parts of the game alternative types and sources of capital were in play.

The workforce problem

This section provides the national context for Study-borough’s approach to workforce transformation in mental health services, of which *Future in Mind* was a significant element. The national debate was one of problems and deficits, and of strategic workforce plans to remedy them. This chapter briefly reflects on that debate and then outlines the local response. To an extent, Study-borough diverged from the national imperative through a local approach that seemed pragmatic in a context of pressures on the local workforce, vacancy issues and the constraints on quickly filling gaps in staffing. This approach had implications for how different cultural capital was valued (or not) in the game, and for what that meant for the social positions of players playing in it. Here, Bourdieu’s thinking tools provided a distinctive critical lens on the accounts of players and observations of interactions between them, and helped to reveal how cultural capital

can provide actors with symbolic power as a transubstantiated form of economic capital (Moore, 2008).

National issues and dimensions

Future in Mind emerged against a backdrop of increased diagnosis rates for common mental disorders and growth in referral rates into specialist mental health services (McManus, et al., 2016). Notwithstanding the extant debate over the “medicalisation of everyday suffering” (Pilgrim & Rogers, 2005, p. 19) resulting from the increasing number of categories of mental disorder, the pressure on services was exacerbated by pre-existing gaps in the mental health workforce (HEE, 2017). Responding to the workforce “problem”, especially by increasing the number of posts and reducing vacancy rates, was thereby a priority in the national context in which *Future in Mind* was situated. According to figures from NHS Digital reported in the NHS mental health workforce plan (HEE, 2017), in 2016 the vacancy rate among “total professionally qualified clinical staff” in children and young peoples’ mental health services was 11%. This meant that 900 out of 7,900 posts were at that time vacant, and being filled by bank and agency staff, or potentially not at all. The NHS plan was to grow the number of posts by 2021, by when there would be 1,100 more professionally qualified posts (800 nursing and midwifery, 200 allied health professions/technical, and 100 medical). Given the long lead-in time to train qualified staff, gaps in the substantive workforce, and retention issues, the NHS plan accepted that not all the posts would be filled by 2021. In consequence, the service system would still need to rely on bank and agency staff to fill the gaps in the workforce. As well as additional posts, the plan also sought innovation through new ways of working, new roles such as “early intervention workers ... focussed on child wellbeing as part of a psychiatrist-led team” (HEE, 2017, p. 25), and the expansion of recently-created role types, including peer support workers, across a wide range of specialisms.

Elements of what might be defined as features of public service co-production were implicit in some parts of the plan, and explicit in others. Overall, the plan argued that “success” would require service users to play active roles, and primed staff in the system to be aware of and open to service user views and potential inputs. For example, the plan stressed that managers and service planners should be aware that “[s]uccess needs to be driven and judged through the eyes of services users, who will expect to see improvements in their whole experience, not just the growth of one particular service at the expense of another” (HEE, 2017, p. 22). Such an emphasis on the system and not just individual services reflected the widely identified problem of barriers within and between services (Anderson, et al., 2017). Further, according to the workforce plan,

achieving success would require staff exhibiting “patient-focussed thinking ... and ... working alongside service users, co-producing care, growing more peer support worker roles” (HEE, 2017, pp. 2-3). Both these elements of the national plan, to focus at the service system level and for professionals to work with users in more co-productive modes of practice, seemed to point towards new ways of working in mental health services. They were reflected in the local approach in Study-borough, in theory at least.

Study-borough’s local approach to workforce transformation in *Future in Mind*

A core, nationally-prescribed measure in *Future in Mind* related to “workforce transformation”, which was indicative of the importance to national policy makers of issues relating to the number and nature of staff working in the mental health service system. Locally, that national focus was viewed as being specifically about the specialist mental health workforce, including the number and type of each specialism (for example psychologists or psychiatrists) and the range of therapies on offer. In Study-borough, this was described as “the idea is that you layer up your workforce, so the investment's theoretically about more bums on seats in terms of staff. So, you report on that, so that's the one consistent” [Comm]. There was here some room for local determination, which Study-borough had used to develop four specific strands. The first was to reorient the specialist mental health service workforce towards community-based practice, with a wider skill mix than in the clinically-based elements of the service. Second, to fund non-specialist posts specialising in youth and community work, with staff based in the local VCS. Third, to fund the training of all local staff who worked with children and young people in the basics of mental health and emotional wellbeing in order to “upskill” them. Fourth, through a combination of those three elements, to “empower” the local workforce, especially those outside of specialist services, to play a fuller role in early intervention and preventative work.

The evidence from the case study thereby revealed that the local approach went further than simply directly funding new posts using time-limited funding that would be vulnerable to cutbacks once *Future in Mind* came to an end. The local ambition was instead for a profound cultural shift in the workforce. It not only included efforts to grow and change the skill mix profile within specialist services, but also involved building awareness and skills across a range of staff who worked with children and young people and who were employed outside of specialist mental health services. In essence, the aim was to grow the “mental health workforce” by increasing the skills of non-specialists, alongside directly funding new posts. Study-borough’s approach involved “layering” the *Future in Mind* workforce with youth workers, community workers (based in the VCS and

in CAMHS) and “low-level counsellors”, rather than through specialist clinical staff located in clinical service settings. In addition, newly upskilled school staff would, in effect, provide another layer to the mental health workforce, but one funded outside of *Future in Mind*.

The purpose of the local approach would be to help reduce the rate of inappropriate referrals into specialist services and build resilience and sustainability in the service system. Such an approach manifested the shared stake among players to reduce pressure on specialist services and shift to a more sustainable footing once the *Future in Mind* funding came to an end. There was an acceptance among local players that Study-borough’s approach was the most appropriate plan for workforce transformation in *Future in Mind*, even if it did not necessarily “translate very well” at the national level. The local strategy appeared to be pragmatic, given the wider challenges to quickly growing the specialist mental health workforce that were recognised in the NHS workforce plan. *Future in Mind* was a time-limited programme. In Study-borough that meant like-for-like clinical posts would have had to be filled by recruiting from elsewhere, by converting bank and agency staff into substantive staff positions, or by competing for the limited number of newly-qualified staff who emerged from the training pipeline. Locally, the recruitment issue was exacerbated by vacancies in existing substantive specialist posts, around which there was said to be some “challenge” as to whether they should be filled or the service itself should instead be reconfigured [Cam_Man]. All these options pointed to the area’s limited agency in quickly growing the clinical mental health services workforce.

Part of the local response was to recruit different kinds of practitioner, so that “every time a psychologist leaves, we recruit three or four mental health professionals, mental health type practitioner roles so that we’ve got much more capacity but it’s a different type of capacity. It’s much more attuned to direct intervention” [Comm]. The skill mix was being adjusted within CAMHS. The approach in Study-borough at least provided the potential to increase the number of staff working with children on low-level emotional wellbeing issues within the funding constraints and limited timeframe of the programme. The discussion moves now to the specific notion of upskilling, which emerged in the fieldwork and analysis as an important part of the approach in Study-borough.

“Upskilling”: the key to workforce transformation in Study-borough

A number of case study participants referred to the upskilling of non-specialist staff in *Future in Mind*. The “upskilling [of] people who don’t work in mental health services”

[Cam_CW] but who worked “on a day-to-day basis with children and young people” [Cam_CW] was identified as a key feature of the programme in Study-borough. The evidence discussed here was derived inductively from the interviews of case study participants and from the observation of meetings in the programme. There was a specific emphasis on the importance of upskilling as a means of enabling the non-specialist workforce to better understand and spot early warning signs of emotional distress in children and young people, and to more fully respond to it, rather than simply referring the case to specialist services. It is that notion of upskilling that is explored in the remainder of this chapter. The primary target was school staff, and since the launch of the programme there had reportedly been “lots and lots of work with schools to upskill them” [Comm]. More widely, upskilling was indicative of a view that *Future in Mind* was “about sharing knowledge” [Cam_Man]. As such, it seemed to correlate with local meanings of co-production as an inter-organisational and inter-professional concept, and with the shared stake among players to reduce the rate of inappropriate referrals into CAMHS. As the discussion will outline however, the knowledge and skills that were shared in this part of the game were predominantly rooted in the epistemologies and practices of actors who possessed dominant embodied cultural capital, and who had pre-existing positions in the health field. The implications for the game of that hierarchy are explored below.

How the purpose of upskilling was articulated

Dictionary definitions of “upskill(ing)” point to a process in which employees are able to “improve” their skills and/or they are taught and gain “additional skills” for use in their current jobs. The point is that staff already possess relevant skills, at least at a basic level. The purpose of upskilling is to deepen these skills, so that staff are equipped to do more work (be more efficient) and/or do better in their work (be more effective). While some participants referred to “training” in *Future in Mind*, the widely-made references to upskilling in Study-borough seemed to emphasise the purpose, rather than process, of training. That said, there were significant changes over the course of programme in the way that formal training to upskill non-specialists was delivered. Those changes elicited varied responses among the players in the game. Upskilling has been linked to enterprise and productivity, and to wider neoliberal discourses in which “society itself [is] narrowly understood in terms of consumers, choice, competition, upskilling” (Roper, et al., 2010, p. 664). That is suggestive of an individualising, deficit-model of the capabilities of adults (Fenwick, 2011), in which some people are seen to lack the level of skills they need to fully do their jobs. On the face of it, a deficit model would seem to run counter to

the asset-based co-productive logic of practice that was evident in Study-borough. That apparent contradiction, or at least tension, is explored here.

Upskilling was linked with a request of non-specialist staff to do additional tasks as part of their current roles. That request was rooted in the *doxic* belief that mental health was their business, as much as it was that of staff working in specialist mental health services. Upskilling also involved an offer made by *Future in Mind*, which was the provision of skills and capabilities to help non-specialists spot symptoms and warning signs of emotional distress in children and young people. This was described as a form of “psycho-education” or “learning about why we feel like we feel” [Fieldnote: CAMHS manager, Board Meeting, 09/2018]. As chapter six outlined, there had been work in the programme to link the emotional wellbeing of children with their educational attainment, in order to make school staff more amenable both to the request and offer of *Future in Mind*. The offer also involved education about tools and techniques for engaging with children and young people who were showing signs of emotional distress, as an alternative to referring them directly to specialist services.

Within its broad objective, case study participants attributed a series of interlinked purposes to upskilling. In the short term, it had a pedagogical aim of providing learning, information and resources in order for “staff to have a better understanding of what children's mental health presentation looks like” [Cam_CW]. In this way, upskilling would build on the pastoral training and experience of many staff and would deepen those skills and orient them to a specific set of issues with which children and young people might be dealing. That aim was complemented by a more subjective purpose of building assurance, so that non-specialist staff had the “confidence to support children” [Cam_CW]. These two aims were intertwined. As one “dominant” actor explained “the idea is about upskilling staff to have the confidence, because a lot of them do have the skills ... actually, you know, a lot of them do have the skills” [Cam_Man]. The point was that upskilling implied that skills were already on hand outside of specialist services. The purpose in *Future in Mind* was to unlock and activate them, so they would be applied by newly confident non-specialists. These intertwined aims were themselves intermediate steps towards a specific intent of upskilling to change the behaviour and practice of non-specialist staff. For upskilling to meet that aim, it would need to be “about actually empowering all professionals around children to be able to be, recognise early warning signs, actually to do low level interventions” [Cam_Man]. In consequence of being upskilled in *Future in Mind*, non-specialists would have the knowledge to be able to spot early warning signs and symptoms, have the skills to respond in-house without referring,

have the confidence to apply those skills, and be assured and empowered to act. There was reported evidence of some success in this regard. Specialist staff were said to be “giving the schools the tools to be able to support young people at that level, and schools feel a lot more confident and able to do that” [Comm], and non-specialists were said to “have benefitted from it [training], confidence wise” [LA_Other].

The parameters of upskilling staff in *Future in Mind*

The offer to upskill staff in *Future in Mind* comprised a modular package of training on the basics of mental health and emotional wellbeing²⁰, bespoke training on “emerging issues” among children and young people in Study-borough, on the job training where early intervention techniques to tackle low-level emotional distress were modelled by peers, and the provision of information and resources. The modular training package was designed by specialist mental health services. They had control over its content, which granted them the power to set the agenda. This reflected the “second dimension” of power that entails “mobilisation of bias” (Lukes, 2005, p. 20), manifesting in “power which relies on dominant values and beliefs in limiting the agenda” (Callaghan & Wistow, 2006, p. 586). In effect, other approaches could be downplayed or ignored. Actors who possessed dominant embodied cultural capital were able to decide the issues that would be relayed to other staff, how that would happen, and the range of techniques that they wished non-specialist staff to have available should a child or young person present with some form of emotional distress. The skills and knowledge that constituted the content of upskilling can thereby be viewed as cultural capital, which in Bourdieu’s theory, “is associated primarily with specialisation and accomplishment” (Moore, 2008, p. 113). A power gradient was underpinned by the value of that cultural capital, which pointed to the competitive relations between players that Bourdieu theorised would characterise a game being played in social space (Bourdieu & Wacquant, 1992). The discussion below explores how the formal training package evolved as the programme was being delivered, and highlights how control over its content (and process of delivery) proved to be an important asset as the game was being played in Study-borough. This particular form of cultural capital was legitimated, which granted it symbolic power and symbolic efficacy in the game (Bourdieu & Wacquant, 1992).

The formal training package to upskill all relevant staff across Study-borough was provided by specialist mental health services. It was free of charge, since it was funded

²⁰ The training package comprised a number of modules, which were: “bereavement, low mood, anxiety, eating disorders, an introduction to mental health, solution-focussed therapy, self-harm ... the therapeutic relationship ... ASD/ADHD ... and sleep” [Cam_CW].

through *Future in Mind*. It was novel locally and, it appeared, was unusual in relation to work in other areas, given that national-level actors in the health system were keen for it to be shared widely [Fieldnote: NHS England national level staff, 01/2018]. The training package was aimed especially at school staff, but had also been attended by VCS staff “and any other professionals, so the police have partaken in some of our sessions” [Cam_Man]. This general offer across Study-borough was supplemented by examples of more bespoke training in emerging issues in particular localities. The extent of the package of training, and the time devoted to delivering it, attested to the central importance of upskilling in the game.

Complementing the formal training was on the job learning, which involved school staff shadowing community-based mental health practitioners to observe the use of various tools and methods to support groups of children and young people suffering emotional distress. This was explained as:

“the reason we ask for a member of school staff to be in is because it's about upskilling them, so they could potentially continue that piece of work, use that piece of work with a different child with a similar issue, and also I think it just gives the child a bit of consistency” [Cam_CW].

On the job training was seen in this way to have benefits not just for school staff, but for children and young people as well. The process of modelling different methods and techniques was described as “joint work ... because the idea is that we would be upskilling the members of staff that are joining us in that group” [Cam_CW], and that “with joint work ... the school staff member would be in the sessions with me.” [Cam_CW]. The explicit purpose was that “joint working would upskill, upskill staff” [Cam_CW]. The language of joint work evokes partnership and cross-professional collaboration, both of which are indicative of a relating mode of professionalism that was at the root of local definitions of co-production. The ambition was that a combination of formal training, on the job learning and joint work, would eventually enable non-specialist staff to deliver similar group work themselves in future. The proposal was that community-based mental health service staff could then move their support to another school in Study-borough, which was important given the limits on their time and a mismatch between their capacity and the demands from schools. This was seen as the most efficient model by “dominant” interests, although as the discussion later will outline, there was some resistance from other local actors. Whatever the merits of the approach, it meant that a basic level of skills and awareness about mental health and approaches

to address “low-level” needs were diffused across the professional community in Study-borough. In consequence, certain elements of the CAMHS approach became part of the practice repertoire of school-based staff, and of those in other services who worked with children and young people. By making mental health everybody’s business, space was provided to evolve the workforce and in turn increase the scope of services focused on the mental health and emotional wellbeing of children and young people across Study-borough. This seemed a pragmatic means to effect change within the resources available in *Future in Mind*.

Initially, the training package included a module on the framework and approach used by front-line actors based in VCOs, and there was also a one-day introduction on the framework used by VCS community workers, and the resources that were linked with it. The principle, that school staff should be present during the classroom-based sessions, was also applied in front-line work by VCS actors. They worked in a limited number of schools, most typically in primary school settings. Again, the approach was about providing resources, demonstrating different tools and techniques within the overall approach used by the VCS, and “helping them [school staff] to have the confidence to deliver the activities” that they observed VCS staff delivering [VCS_CW]. The VCS input was also time-limited, the purpose being “that at the end of the *Future in Mind* programme ... they [schools] will still have a rolling programme of work to be able to offer” [VCS_CW] to support the emotional wellbeing of children and young people. The VCS staff did not tend however, to use the language of upskilling. Instead, they referred to the sessions providing “a safe environment” in which teachers could see the activity being delivered and “try out too” for themselves [VCS_CW]. This suggested a flattening of hierarchies, and reflected dispositions in the professional *habitus* stemming from a collaborative, youth work orientation.

Constraints on upskilling in *Future in Mind*

The training package evolved as *Future in Mind* unfolded. Limits to the time non-specialists could devote to out-of-the-office training, and variance between the priorities of non-specialist staff and those delivering the training, placed structural constraints on the training offer that needed to be negotiated in order to fulfil the purposes of upskilling. One significant manifestation of those constraints was a series of changes to the formal programme of training offered in *Future in Mind*. The modular training package was originally conceived by specialist mental services to be delivered intensively over a period of two months, but it was quickly accepted that this would not only put a strain on attendees, it would prove highly difficult for staff tasked with delivering it. The timetable

was changed to one session per month to better fit with the time constraints of trainers and trainees. This meant that cohorts of staff would pass through the training, and could learn from each other and develop new networks that might have provided peer support during and after the training. The skills of individuals might be deepened in these networks as well as through their exposure to the content of the training offer. This kind of orientation of professionals into new networks has been viewed in the literature as one means by which theoretical interpretations of co-production and of contemporary professionalism are becoming increasingly aligned (Brandsen & Honingh, 2016).

In time however, individual sessions were offered as standalone training, which undermined the idea of cohorts of staff going through the training together. The explanation was that this shift reflected the changing local context, in which other calls on staff time meant that they were unable to attend all ten sessions. It also meant that the training content could be amended to reflect emerging (and popular) issues in different parts of Study-borough, and as such, non-specialist staff could be quickly “upskilled” by attending only one or a few sessions. These changes were described in marketing terms as being “about listening to teachers, and what was appropriate and what wasn't appropriate for them, and what works” [Cam_CW]. The evolution of the training could be viewed as a flexible response to changing circumstances in the field in which the local game was being played. It seemed pragmatic and realistic given the pressures that all staff were seen to be working under. There was an alternative view however, which was that these changes limited the development of linkages between professionals in Study-borough, which in turn stalled the growth of new professional networks in ways that might foster increased co-production (especially as it was locally-defined). Instead, this argument ran, professionals were in effect being encouraged to act as consumers by “just dipping into ones in which they're interested, so there isn't any continuity” [LA_Other]. In consequence, non-specialist staff might only receive a narrow part of what was originally conceived as a necessarily broad grounding in mental health issues and a basic introduction to techniques they might employ to engage with children and young people. The evolution of the training offer was suggestive of NPM reforms to public services “where consumer choice determines the best quality” (Pestoff, 2018, p. 32). In effect, non-specialists could choose issues they thought were most relevant to them. That orientation emphasised efficiency, and seemed to run counter to a co-productive logic of practice. Further, the choice available to non-specialists was still largely dictated to them by specialist staff, who continued to control the content of the offer.

A second common constraint related to differences in the level of commitment of schools to the upskilling of their staff in *Future in Mind*. This was especially acute in relation to the availability and continuity of school staff to observe community-based staff modelling different techniques and approaches in the classroom. The principles were that (i) a member of school staff should always be present throughout each session, (ii) ideally this would be same person each time, and (iii) it would be someone who had already been introduced to the frameworks, tools and techniques that were being used by community-based workers in school. While there was a view that “on the whole that's tended to work relatively well” [Cam_CW], there were times when schools had reportedly been less committed. For example, they might have only sent a couple of staff members on the *Future in Mind* training and “expected that they might disseminate that information” [Cam_CW]. The concern was that the information would quickly become “diluted” in large secondary schools where there could be many dozen teaching staff. Also, in some cases there were several different staff members observing over a series of sessions, which led to a lack of continuity. In response, some community-based staff had developed processes such as a “sign up” [VCS_CW] to ensure the Head Teacher or lead in the school was engaged at the start of the intervention, in an effort to build the commitment of their school. This evidence attested again to the contingent nature of co-production in public services, including within a local definition rooted in inter-professional collaboration. Building a relating mode of professional collaboration took time, which was in short supply each day, and was further constrained by the programme’s time-limited nature.

Legitimizing and valuing skills and knowledge in *Future in Mind*

The two faces of upskilling

The accounts of participants, and observation of meetings in the programme, suggested that upskilling had two different faces. On the one face, it included an emphasis on the improved skills and increased confidence of non-specialist staff and changes in their practice when engaging with children and young people. The aim was that this would result in better services and an improved experience for children and young people, and there was some evidence of such changes. This view also included attributions of upskilling as a cause of a downward shift in the rate of inappropriate referrals to specialist mental health services. A second face of upskilling in *Future in Mind* was that it reflected and solidified pre-existing hierarchies in the field in which the game was being played. In effect, the pursuit in *Future in Mind* of a *doxic* belief that mental health is everybody’s business, had led to non-specialists becoming responsibilised into addressing emotional

wellbeing issues in ways that had not previously been the case. One consequence was that the jurisdictions of “dominant” interests had, in effect, been extended. These two faces are neither opposites, nor are they mutually exclusive. The evidence instead pointed to both being apparent in this part of the game, in ways that illustrated the layered nature of the game and of the experience of those playing in it.

The first view on upskilling carried no strong implication that non-specialist required radically new skills, nor that they would be doing markedly different work once they had received *Future in Mind* training. Instead, this view implied a need for these staff to extend their existing skills, which would help them better perform their current roles. This was reflected in accounts of case study participants. While non-specialist staff reported they were undertaking some new tasks as a consequence of *Future in Mind*, they broadly viewed these as an application of extended skills and increased confidence in using them, rather than them having to apply a whole new set of skills and competences that they did not previously possess. Schools were said to now see the benefit of the training offered in the programme, and there was a general acceptance that skills levels had increased among non-specialist staff as a result of the training. For example, one member of school staff reported that the training was “good”, “very interesting” and that “I think people got a lot out of it” [Sch], and another said of the training that “we want to continue that, to be able to do that, we don't want it to stop” [Sch]. Actors in other services agreed, arguing that “the positives have been that it's helped to upskill staff and improve their knowledge around children's mental health and low mood” [LA_Other], while another thought that non-specialist staff were “being upskilled massively” [Cam_CW]. A shift in their confidence seemed to be the key. Here, upskilling appeared relatively unchallenging, and in many ways, it appeared instead as an opportunity for non-specialist staff to improve their competences and have a deeper engagement with children and young people. This view articulated a shared public service ethos in the staff working in *Future in Mind* in Study-borough, centred on a disposition in their *habitus* to help other people (McDonough, 2006; McDonough & Polzer, 2014). Upskilling was one means for them to do so.

Upskilling was seen to have directly influenced front-line behaviour and to have had a positive effect on the quality of referrals, which was the desired outcome. Examples of changed behaviour included school staff applying techniques they had been introduced to in the training, such as around managing anxiety about the transition at the end of the school year, methods that they claimed “took those worries away” [Sch]. Schools were

also reportedly holding cases of children suffering emotional distress rather than referring into specialist mental health services. There was a view that:

“a lot of schools now ... are more willing to hold young people at that emotional wellbeing level, you know very early stages of children presenting with self-harm, where they would've probably directed straight into CAMHS” [Comm].

School staff reported that, as a result of their work in *Future in Mind*, they themselves “can make those judgement calls” [Sch] about the needs of children and young people. Upskilling was seen to be directly impacting referral rates, “because you're kind of keeping it [emotional well-being] in-house in schools and within universal services” [Cam_CW], which suggested upskilling was achieving its ultimate goal in the programme. Further, as a consequence of the upskilling of non-specialists in *Future in Mind*, the quality of referrals still going into CAMHS was said to have changed for the better. This meant that “the ones that are actually going in are more robust” [LA_Other], and school referrals were increasingly viewed as “more appropriate referrals” [Cam_CW]. In summary, it was claimed that:

“the number of inappropriate referrals has dropped because staff are being given the skills to be able to identify when a young person does need to be in CAMHS, and identify when a young person just needs support within school” [Comm].

It appears almost intuitive to think that greater awareness among non-specialist staff of emotional distress, how it might manifest, and how it might be addressed, should lead to a better experience for children and young people. If that normative view was materially the case, then upskilling would have had beneficial effects for local children and young people. It would have fostered an approach that shifted from a system oriented to illness and which involved attending to and ameliorating more acute cases, to a more preventative one that attempted to address issues at a “low level” of acuity rather than letting them build up to a crisis level. There was evidence that an upskilled school workforce was having positive impacts on the emotional wellbeing of children and young people. One actor reported that “I think that early intervention side of it has had a good impact with some of the children and young people ... [in] ... schools that have done it across the whole school year” [LA_Other]. These are schools that had applied some of the upskilling in their own work with children and young people over a longer period than the time-limited intervention of *Future in Mind* staff. Another actor argued that, because of upskilling, “the school can see how they can influence a young person in kind of having

a better outcome in their mental health. It's a tangible, visible impact that they can have" [Comm].

Notwithstanding these positive normative and evidenced perspectives, it is argued here that a second face to upskilling could be constructed, in which it was a reflection of a deficit model (Fenwick, 2011). Such a perspective was not expressed directly by case study participants, and it did not necessarily directly reflect the work by different players. Instead, it is argued here, it was implicit in the structure of the programme, in the status accorded to particular skills and knowledge, in the lead role of specialist mental health services in designing the content of the training offer to upskill non-specialists and in their control over how it would be delivered and administered. In Study-borough, only certain professional groupings and/or services were seen to be in possession of the skills, knowledge and practice methods (cultural capital) that were deemed essential for full participation in *Future in Mind*. Other staff were seen, implicitly at least, to have a deficit. This cultural capital came to have especial value in the game, which was reflected in the "objective positions" (Bourdieu & Wacquant, 1992) of different actors playing in it. Those players who possessed it brought it with them from their pre-existing positions in the health field in which the game was being played, and they were at a relative advantage as a result. Through upskilling, they were diffusing some of that knowledge to other professional practitioners, who were seen to be lacking in that valued cultural capital. By contrast, school-based staff entered the game from the education field. In that field, the specific pedagogic skills they possessed were valued, but that specific form of cultural capital proved to be of lower value in the game of implementing *Future in Mind*. Instead, these staff were expected to assimilate and deepen non-pedagogic skills and practices and to stretch the boundaries of their pre-existing professional knowledge, in order to free-up the time of specialist mental health workers and to help reduce the number of inappropriate referrals. In effect, on entering the game, players based in schools did not bring with them stocks of the most valued cultural capital, a position shared by actors from the VCS. These characteristics of the game pointed to players occupying locations in multiple fields, with potentially different positions in each, a context they needed to navigate reflexively by drawing on a multi-layered *habitus* (Decoteau, 2016). It also suggested that, in this part of the game at least, players in possession of valued cultural capital were the "dominant" actors. This face of upskilling is thought of here as another layer in the game, illustrative of its complexity and dynamism.

"Dominant" actors appeared to recognise the value of their cultural capital. The legitimacy that the content of the training offer had in the game provided it with a form of

symbolic value, which enabled these actors to, in effect, shape conditions in the field, extend their professional jurisdictions, and reproduce a pre-existing organisational hierarchy. As one “dominant” actor put it, “we have the skills and we’re doing the teaching and the training” [Cam_Man], while another argued of the training that “we’re the one service doing that and that’s making a big difference to the skills of universal services” [Cam_CW]. They contended that teachers were “getting an education on mental health and emotional health and wellbeing” and that “the biggest feedback we got was that they [teachers] were finally getting educated on it and how to deal with children in the classroom, and that distress” [Cam_CW].

Non-specialists, in contrast, seemed to accept that they did not possess this dominant cultural capital when they entered the game. The high level of take up of the training offer made in *Future in Mind*, even as the programme was going into its third year, provided evidence of its importance to non-specialists²¹. Given the game’s local *doxa* and a pre-existing hierarchy in cultural capital, it seemed rational for non-specialist staff to seek to improve their skills and to learn about new techniques that would help them to engage with children and young people reporting emotional distress. It was a means for them to participate fully in *Future in Mind*. This cultural capital had thereby been “endowed with a specifically symbolic efficacy” since it had been “misrecognised in its arbitrary truth as capital and recognised as legitimate” (Bourdieu, 1990, p. 112). Such misrecognition meant that “non-dominant” actors looked inward to what they saw as a knowledge and skills gap that needed to be filled if they were to fully contribute to *Future in Mind*. They reportedly felt additional confidence and a sense of practical empowerment as a result of undergoing training in *Future in Mind*. Further, compared with before they were upskilled, they changed their practice by holding more cases of children and young people reporting emotional distress, by overall referring less, and by being more likely to refer only when more appropriate to do so.

These changes seemed to be manifestations of the local *doxa* that mental health was everybody’s business, and a consequence of the work to link a young person’s emotional wellbeing with their capacity for learning and ultimately their educational attainment (see chapter six). At the same time, while one focus in the programme was on the transition between primary and secondary education, there were only limited references to how the school environment itself might be a stressor for children and young people.

²¹ According to programme documentation, close to 900 delegates reportedly attended this training in 2018.

Typically, such references were made in relation to particular points in the school year, especially in the lead up to public examinations. For example, front-line practitioners reported there was a “lot of exam stress” [Cam_CW] among children in school, and that high schools were “really receptive ... in the lead up to exams, exam stress is a huge one” [Cam_CW]. This issue seemed to be seen however, as symptomatic of the “peaks and troughs” in the school year, rather than it being questioned in any more fundamental fashion by case study participants.

Playing cultural capital in the game

The key for “dominant” actors, having legitimated their embodied cultural capital in the game, was to provide non-specialists with sufficient basic grounding to enable them to be confident enough to hold cases and to undertake an intervention, rather than immediately referring the case to specialist services. The aim was that a change in practice would facilitate a drop in the rate of inappropriate referrals, allowing CAMHS to focus in general on more acute cases. This also reflected a shared stake (*illusio*) of players in the game. As the discussion below outlines, achieving it required some balancing work by those actors who possessed dominant embodied cultural capital. They needed to diffuse enough information for non-specialists to have the skills and knowledge that “dominant” interests felt they needed, while at the same time not overwhelming non-specialists in ways that would undermine the aim to empower them to actually change their front-line behaviour. Further, and reflecting theories of professionalism, they did not want to relinquish their existing claims to this form of dominant cultural capital, the pre-existing monopoly possession of which had given them an advantageous position in this part of the game. This section explores how this cultural capital was played in the game, and its implications.

Changes to the training offered in *Future in Mind* entailed non-specialists acting, in effect, as consumers by picking topics of interest from a menu of training. This meant that what were previously cohorts of professionals going through training together, became individual consumers choosing the sessions they wanted to attend. While lamented by some, this evolution of the training suggested that, at least for actors who possessed dominant embodied cultural capital, it was better for non-specialists to have some training rather than none. That did however, raise a question of exactly what the purpose of the training was if it no longer necessarily involved the diffusion of a broad grounding in the basics of mental health. The answer for specialist mental health services was that upskilling had a symbolic value over and above the positive pedagogic and practice impacts the training was seen to have had. It provided them with kudos and was seen to

have improved perceptions of CAMHS among practitioners in other services and in users and citizens more widely. The training was said to have been “universally positively received” [Comm]. In light of all this “really good feedback”, it was generally seen to have been “successful” [Cam_CW]. That had consequences for CAMHS. One of their participants claimed it had improved the local standing of CAMHS “we’ve always had a bad press really, so I think it’s also, kind of, enabled us to actually have kind of a positive feedback” [Cam_Man].

In short, the training reportedly afforded CAMHS greater legitimacy in the community, despite the changes to the way the training was offered and delivered. VCS actors did engage in this part of the game, but they were effectively playing on the territory of dominant players by attempting to draw on their own forms and stocks of cultural capital. They did little however, to question why the cultural capital possessed by “dominant” actors was seen in this part of the game as more legitimate than other capital. As has already been noted, as new entrants into the field in which the game was being played, the particular skills and expertise VCS actors possessed did not have pre-existing value in it. This put them at a disadvantage, as it risked undermining their professional claims, given the status of valued expertise as a defining professional trait (Freidson, 2001). There was evidence from the case study that VCS actors directly sought to have their own skills and knowledge recognised and legitimated in the game, which would have provided them a valued form of cultural capital. VCS actors, and others who had been involved in developing their approach in *Future in Mind*, made claims about the knowledge base that underpinned the methods they used, in order to validate it among other players in the game. Here they appealed to the same rational, evidence-based logic of expertise used by “dominant” interests. They argued that their approach was based on “different pieces of research ... and all the literature” [LA_Other], and as such it was “an evidence-based approach, which supports children around transitions” that had been “tested out already” [VCS_Man]. In addition, the VCS model of practice was initially “embedded” in the modular training package as “the second training session” [LA_Other]. This had potential to legitimate the VCS approach by associating it with cultural capital that was valued in the game, and by taking advantage of the reach that specialist services enjoyed across the professional community in Study-borough. In contrast, the relative lack of reach of VCS actors into that community put them at a disadvantage in playing the local game. While VCS actors did seek to legitimate other forms of capital (see the next chapter), in respect of upskilling they appeared to only challenge the pre-existing hierarchy in cultural capital at the margins, and did so within the rules of a game set by actors who possessed dominant embodied cultural capital. In

consequence, the efforts of VCS players were only partially successful and were to an extent eroded as the training offer was modified.

The ways that “dominant” actors played their cultural capital in the game also pointed to a more nuanced strand in the extension of the pre-existing hierarchy of skills, knowledge and practice. In this connection, the content of the training and on-the-job coaching offered by specialist mental health services was significant not simply because it reflected what was important to “dominant” actors, but because it needed to encourage rather than deter non-specialist staff to add elements to their own professional practice. As the discussion has already highlighted, one purpose of the training and coaching was to build the confidence of non-specialist staff to do some of the things that they had previously passed on to specialist services. That necessitated specialist services balancing the amount and level of skills, knowledge and methods diffused with the aim to “empower” non-specialist staff to change their behaviour and actually use such skills and techniques as part of their professional practice. Further, in working to achieve that balance, these actors also needed to maintain their claims as the possessors of dominant cultural capital. For these varied reasons, the skills being offered to non-specialists in *Future in Mind* needed to be relatively basic in their level of complexity. Even so, the formal training required introducing non-specialist staff to medical language, therapeutic approaches to mental health and emotional wellbeing, and, to some extent, exposure to therapeutic interventions. This risked medicalising the emotional wellbeing of children and young people by promoting what might appear a medical model, which it was argued might lead to staff “essentially looking for a diagnosis” [Fieldnote: CAMHS manager, Board Meeting, 09/2018]. If the training exacerbated what was seen as medical need, or if the focus remained on medical need, then addressing it would potentially seem to non-specialists to require specific medical training. In that case, responding to such need would remain the responsibility of specialist mental health services. There would not be the change to front-line practice that upskilling was intended to elicit. Relatedly, there was the risk that the skills and techniques imparted in the training and the modelling of approaches might appear overwhelming to non-specialist staff. One consequence would be to limit their sense of “empowerment”, which would again undermine the aim to extend front-line professional engagement with children and young people in order to reduce the rate of inappropriate referrals into specialist services.

Players who possessed dominant cultural capital recognised that at least some non-specialist staff felt “an anxiety that they’re not the expert” [Cam_Man]. Non-specialists

were reported to downplay their own skills since “they just think that a CAMHS practitioner is something magical and can do something different” [Cam_Man]. There was here an explicit expression of a desire for upskilling to shift the discussion from “we’re still the expert, and we’re coming to talk to you about what you need to know ... [to] ... this is how you can take this forward” [Cam_Man]. As such, the interest of actors who possessed this dominant cultural capital was to shift practice from them doing the work to enabling others to do it. Work to balance the diffusion of therapeutic, medicalised knowledge with the motivation of non-specialists deemed necessary to make them change their behaviour included efforts to “demystify” mental health. This spoke to a wider objective of the policy as a whole, which was “reducing the stigma of mental health” [Cam_Man]. The programme attempted to emphasise to non-specialists that “low-level” emotional distress required the kind of relational skills that people would use when comforting family, friends or peers, and was “not something that you need to be a clinician, or a qualified psychologist, to deal with” [Comm]. That view is reflected in the literature, which has argued that, for co-production, “competences required from the professionals are *relational*, focussing on the ability to facilitate and mobilise others, rather than technical skills or substantive knowledge of the subject at hand” (Steen & Tuurnas, 2018, p. 83 emphasis added). Finding the balance in training to upskill non-specialists was central in this process of demystifying and opening-up of mental health knowledge to non-specialists, but without relinquishing the claims to specialist knowledge made by “dominant” actors. To a degree, it reflected changes in claims to expert knowledge, which is seen to be increasingly fragmented, multiplex and open to challenge (Brandsen & Honingh, 2013). As this chapter has argued however, while ostensibly relating in nature, the practice pursued by “dominant” actors as they played their cultural capital in this part of the game pointed as well to them exercising a doing mode of professionalism.

Conclusion: an emerging epistemic shift in non-specialist practitioners

A “genuine benefit” of upskilling was said to be that “people now realise that actually, unless it’s quite clinical and I think quite specialised, it [CAMHS] doesn’t need to be there” [Comm]. Upskilling was seen to be providing non-specialists with a new view on issues like self-harm, anxiety and depression that “if you’ve not a mental health background, you think of in a different way, and understandably so” [Cam_Man]. Non-specialists were said to have had that kind of “guidance” about a different perspective and “opportunities to put it into practice”. In effect, there was the potential for the non-specialists involved in *Future in Mind* to begin to internalise some of the perspectives of “dominant” actors in the game, which, if it was happening, would suggest a degree of epistemic shift. Their

ways of knowing issues relating to mental health were potentially being modified by upskilling. Efforts to demystify some elements of specialist mental health knowledge meant that, to a degree, the view that non-specialists had of children and young people might come to be filtered through a CAMHS perspective. Evidence of such a shift came in reports of increased confidence among non-specialist staff on mental health and emotional wellbeing issues, in changes in their front-line behaviour, and in reported changes to the language used by school staff. For example, one participant claimed that their peers in schools had:

“started to use different language, use more kind of mental health language, have a better understanding of perhaps what's happening for children, and less fearful I think of using the words ‘mental health’, you know” [Cam_CW].

This change in language was seen to reflect a shift in perspective. Upskilling of non-specialist staff was said to mean that “no teacher can pretend they don't understand, can pretend that they don't know what they should be doing, even conceptually rather than practically” [Comm]. In particular, school staff were said to be “starting to understand and kind of gain a broader language” of mental health, which they used when communicating with other staff and with parents [Cam_CW]. As a case study participant from a local school explained, when they made contact with specialist services, they:

“know that actually we're not just ringing up and we've got no clue, that ‘actually there are schools that work quite well with us, that have an understanding, that have training’. So, I think you just, you feel like you're automatically on the same page” [Sch].

Taken as a whole, these descriptions of being on the same page, of having shared responsibility, of there no longer being excuses for misunderstanding, and examples of the use by non-specialists of therapeutic language, suggested a degree at least of epistemic shift in non-specialist staff as a result of their upskilling in *Future in Mind*. To an extent, mental health had been demystified by the diffusion of skills, knowledge, and methods of practice. Some, limited expert knowledge had been opened-up to non-specialists, but only enough to foster “empowerment” while maintaining the relatively privileged positions of actors who possessed this form of dominant cultural capital. One result was that the diffusion of knowledge in *Future in Mind* was seen to have fixed into some non-specialists at least, a particular way of seeing and talking about children's mental health and emotional wellbeing that served longstanding, “dominant” interests in

the field in which the game was being played. This leaves open the question of whether upskilling would lead to more meaningful co-production in front-line services, especially once *Future in Mind* had come to an end. It did though seem evident that the legitimacy of the cultural capital possessed by specialist staff enabled them to shape the field and influence the epistemologies of non-specialist staff, even within a logic of practice that was oriented towards co-production. The advantage enjoyed by players who possessed valued cultural capital was not however entirely straightforward. They needed to finely balance the amount and type of skills and knowledge that they diffused to other local actors against the risk of overwhelming and in effect disempowering them. If they got that balance wrong, there was the risk that non-specialists would not adopt the practice space that actors who possessed dominant embodied cultural capital intended. Some of the limits in playing cultural capital in the game were thereby revealed.

This chapter has argued that, as they played their varied cultural capital in this part of the game, actors needed to attend to hybridity and complexity in professional practice. Those issues are developed and explored in more detail in the next chapter, which extends the discussion to other forms of capital in different parts of the game. It explores how those species of capital came to be legitimated, valued and played within varied modes of professionalism.

Chapter 9: Reproduction and change: social capital, symbolic capital and modes of professionalism

Introduction

The previous chapter explored evidence of a hierarchy of cultural capital (skills and knowledge) in the game, which enabled those players who possessed dominant cultural capital to expand their professional jurisdictions. As this chapter outlines, the evidence from the case study was that other species of capital, possessed by “non-dominant” as well as “dominant” actors, were also in play. Players sought to validate particular species and types of capital in which they were endowed, which they could then use to pursue their interests. This work reflected the complexity of the game, with different actors pursuing interests in ways that on one level maintained the professional hierarchy, but on another worked to challenge and even subvert it. In consequence, the rules of the game were not completely reformed but instead evolved, especially as the impact of work by VCS actors was increasingly recognised, validated and valued by other actors, including those in “dominant” field positions. That shift points to the dynamic nature of the game and the field where it was being played, in which actors have trajectories as well as social positions (Hilgers & Mangez, 2014).

“Dominant” actors in the game themselves felt the force of the field of power, and were challenged by changing field conditions, especially the game’s insertion into the health field. In consequence, at times these players adopted a distancing strategy to reproduce their pre-existing positions in the health field in which the game was being played. While there were reports of initial dissatisfaction with CAMHS in the community and among other professionals, “dominant” actors used the programme to enhance the reputation of the service as a whole, and of them as individual practitioners, by claiming the programme for themselves and by distancing other services. In this part of the game, they used their institutionalised cultural capital in pursuing a number of tactics to reproduce their interests. On occasions they called upon organisational boundaries, either by failing to recognise other actors in *Future in Mind* or the programme itself. Instead they took the opportunity to promote their own organisations and services. They also worked to maintain professional boundaries, and argued that these boundaries made it difficult at times to work cross-professionally. For example, they cited the statutory constraints to their practice and promoted the ongoing importance of their professional judgement within a complex and dynamic environment. Their “dominant” positions in the game, inherited from the health field, granted them what might be seen

as a form of “brand” recognition among other actors, which was rooted in a view of their individual and institutional expertise. They were able to lever these forms of institutionalised cultural capital, based in this attribution of expertise and stemming from their location within specialist services, to gain legitimacy and symbolic capital in the game.

Other players reported that they found some of these tactics frustrating. While to an extent they sought to challenge them, they typically did so on the terms dictated by “dominant” actors in this part of the game, which only had limited purchase at the margins of practice. There was however, evidence of an apparently more impactful challenge in accounts of work by VCS actors to legitimate and value alternative species of capital. This approach was rooted in social capital from their community embeddedness, their user focus, relations based in reciprocity and trust, and their “authenticity”, as well as in cultural capital stemming from their professional autonomy and discretion. The nature of these alternative species of capital, and how they were used in the game, is explored in this chapter. They had, in effect, a form of “use-value” (McKenzie, 2012) for VCS actors, and there was evidence that this work by VCS actors was having an impact, both in respect of service outcomes and in shifting some of the perspectives of “dominant” actors. The chapter concludes by critically reviewing that evidence.

In much of this work, players (“dominant” and “non-dominant”) were at times engaged in a doing mode of professionalism. The literature claims this involves the legitimating and defence of professional jurisdictions and the pursuit of specific professional interests, and has been contrasted with a relating mode that emphasises inter-professional collaboration and co-production with service users (Anteby, et al., 2016). Structural conditions, and tensions between players, at times problematised efforts at more collective practice and relational professionalism. It seemed that the everyday conditions of the game and the field in which was situated (itself influenced by the wider field of power), necessitated more competitive relations and the active pursuit of narrow rather than collective interests. This was not straightforward. Instead, there appeared to be layers of experience that at times were more collective and co-productive, while at others they were more competitive. That said, there was some evidence of a shift towards a relating mode of professionalism in the game, reflected in a social model of practice, and underpinned by new processes introduced in *Future in Mind*. These different strands meant that professional practice had a hybrid character, which reflected the layered structure of the game and the layered professional *habitus*. Bourdieu’s theory and thinking tools provided a distinct analytical framework for an exploration of the

professional modes in play in Study-borough. It enabled the linking of the sociology of professionalism with various modes of capital and evidence of the different strategies adopted by players as they navigated the game. This evidence was derived in the inductive coding and analysis of case study participant interviews and of the observation of their meetings. These inductively-generated data were then analysed abductively in a process of “theoretical re-description” (Fletcher, 2016, p. 188) in which they were explored in relation to Bourdieu’s theory of practice.

Limited evidence of a shift to a relating mode of professionalism in the game

The predominant mode of professionalism within public services can be seen to have been impacted by different sets of reforms (Brandsen & Honingh, 2013), although these effects have been far from linear. Using the heuristic of Osborne’s ideal types (Osborne, 2006) three public service regimes can be linked with different modes of professional practice (Anteby, et al., 2016), in order to extend the discussion in the literature review (chapter two). The traditional Public Administration (PA) public service regime was technocratic in nature (Osborne, 2006). Within it, professionals were viewed as distant and disinterested, or more precisely they espoused public rather than private interests. As was noted in chapter seven however, Bourdieu warned that this view of disinterestedness should be approached in a critical fashion (Bourdieu, 1998b). Professional practice here was a mixture of a becoming mode that focused on education and socialisation into particular professions in an occupational-based professionalism, and a doing mode that emphasised how different professions defended or sought to extend their jurisdictions in relation to other professions, workers, and managers (Evetts, 2009; Anteby, et al., 2016). Service users were characterised as passive recipients of professionally designed, constructed and provided services (Pestoff, 2018). In the NPM, professionalism was again a mixture of these two modes, but there was a greater emphasis on doing as professionals sought to negotiate top-down organisational pressures, often drawing on cultural capital as they defended their interests (Schinkel & Noordegraaf, 2011). This mode heralded a shift towards elements of a more organisational-based professionalism (Evetts, 2011), although there were continuities from the more classic occupation-based type. In consequence, public professionalism became more mixed-up and hybrid in nature (Noordegraaf, 2007). Service users were typically constructed as consumers with agency to exercise choice and exit (Pestoff, 2018), resulting in what is seen in this study as only partial “bottom-up” pressures on public professionalism. Most recent is the NPG, in which professional modes are again mixed. This regime stresses interdependencies in a relating mode of professionalism (Anteby, et al., 2016), given that co-production with users is one of this public service

regime's defining qualities (Osborne, et al., 2016). A relating mode also highlights inter-professional linkages and work across professional, service and organisational boundaries. Further, since it foregrounds collaboration and co-production, a relating mode of professionalism is based in the kind of relations that would seem to run counter to how Bourdieu conceptualised the social space of the field and the game that was played by actors within it. Evidence of the different modes of professionalism being practiced in the case study was not as clear-cut, but was instead complex and context-specific. As chapter two argued, public service reform regimes should not be seen as successive and replacing of one another, but instead they intermingle (Brandsen & Honingh, 2013). In consequence, there are likely to be traces of these different approaches to public services within the *habitus* of public professionals, for which a multi-layered conception of the *habitus* might account, and in their professional practice. Day-to-day policy implementation for example, is likely to include a dynamic mixture of modes.

Based in that brief outline of the relationship between modes of professionalism and public service regimes, table seven briefly summarises the evidence about the different modes of professionalism being pursued by players in the game in Study-borough. The main evidence in the case study of a becoming mode of professionalism was the cultural and social capital discussed in chapter eight and in this chapter. These were important underpinnings of the structural issues that were in play when other modes of professional practices were in evidence. The relative lack of a becoming mode might be reflective of what has been termed a symbolic dimension to contemporary professionalism, rooted in the importance to an individual for their practice to be recognised as professional, rather than the significance for an individual to be a member of a particular profession (Noordegraaf, 2007). There was however, evidence in the game both of a doing mode of professionalism that was an important element of NPM reforms, and a relating mode that more obviously reflected the NPG. Both of these public management reform regimes had structural dimensions that theoretically might enable or constrain a particular mode of professionalism, and each had agentic dimensions that were rooted in the professional *habitus* of actors playing in the game. Their co-existence had potential to generate everyday tension for actors as they played the game, given that "[s]ome of their artefacts sit awkwardly together" (Alford & Freijser, 2018, p. 47).

Table 7: Manifestations of different modes of professionalism in the local game

	Becoming	Doing	Relating
Definition	Socialisation into cultural values, norms, worldviews of occupational community	Ways occupational members perform occupational tasks or practices and enact claims about their scope of expertise	Ways occupational members build collaborative relations with others in, between and outside of occupational relations
Theoretical foci	Becoming: socialised; controlled; unequal	Doing: tasks; jurisdictions; emergence	Relating as: collaborating; brokering; co-producing
Actor assumptions	Little agency	Agentic and competitive	Agentic and collaborative
Bourdieuian perspectives	<i>Habitus</i> , including formation of professional layer Pre-reflexivity	Competition in social space of game/field No disinterested actions Differentiated use of types/stocks capital Practice emphasised Collaboration impeded by “claims-making” (Anteby, et al., 2016, p. 211) Agentic actors with layered <i>habitus</i> open to more everyday change	Challenges given emphasis on collaboration not conflict Dispositions in layered <i>habitus</i> Agentic actors with layered <i>habitus</i> open to more everyday change
Potential implications	Layers in professional <i>habitus</i> Structures dispositions of actors in complex ways	Why/how members occupations “take on or yield new tasks” (Anteby, et al., 2016 p. 211).	Layered experience: unity via <i>doxa</i> , logic of practice, <i>illusio</i> ; competition via use of capital Relations used by occupations “to define not just who they are, but also who they are not” (Anteby, et al., 2016, p. 220) Co-productive logic of practice

			constrained by organisational structures Some <i>habitus</i> better fits the logic of practice
Evidence from case study	Pre-existing cultural capital	Use of dominant institutionalised cultural capital Valorising and using social capital Work of recognition by VCS actors <i>Habitus</i> - agency issues	New stocks of social capital, variation in their possession Shift from formal to organic inter-professional connections The “paradox of embedded agency” seen in commissioner actions e.g. bringing in VCS
		Moving from doing to relating Processes and constructed unity in the game	
	Hybrid of professional modes, context-specific use of each mode		

Sources: Anteby, et al., 2016; case study. Adapted/created by Passey, 2020.

The literature includes an argument that reconfigurations of public services would require ever greater linkages across professions (Noordegraaf, 2016). The game, inserted as it was into a pre-existing field, was a kind of local reconfiguration. The new links it necessitated between players presented compelling evidence of a relating mode of professionalism. That might have been anticipated, given local efforts to create some degree of unity in the game’s logic of practice and a shared stake among players, which reflected the local *doxa* that mental health is everybody’s business. Structural elements of practice that suggested a relating mode of professionalism included the advent of inter-professional and cross-service meetings to foster deeper relations between the professions and organisations in the programme, which included front-line inter-professional consultations. These would seem to have potential to build social capital. Away from the front-line there were also efforts to foster more of a single team ethos across organisational boundaries, although, as participants reported, this took a long time. Again, this offered the possibility of increased social capital, but it appeared to have been constrained by the institutionalised capital being played by “dominant” actors. There was also evidence of front-line co-production with service users, although

participants did not tend to define this part of their professional practice as co-production. Agentic issues involved the role modelling of a relating mode of professionalism in the active work by some players to foster one-to-one relationships with counterparts in other services and professions working in *Future in Mind*, efforts that were underpinned by the individual dispositions inherent in the professional *habitus*. Relational work between professional practitioners was described as “an ongoing process of, kind of, planning and sorting out” [VCS_CW] that required efforts to “link up with your, the person who's in your area” [Cam_CW], examples that reflected the kind of relational skills deemed essential to foster co-production (Steen & Tuurnas, 2018). In doing that work, actors were building a particular characteristic of their social capital (Putnam, 2000), by extending professional networks and deepening inter-professional relations that potentially were becoming rooted in trust and reciprocity, rather than in more formal, organisation-centred relations.

Overall, there were some indications that the balance of practice was shifting toward a relating mode of professionalism, which might suggest that the locally-defined co-productive logic of practice had impacted the professional practice of players in the game. Any such shift was underpinned by new processes and ways of working between professionals rather, it appeared, than by the development of relations between professionals and service users. That said, there was evidence that the particular front-line practice of VCS actors, embedded in what was described as a social model of engagement with children and young people, was becoming more influential in shaping some of the perspectives of players in the game, even if it was not directly impacting wider practice. These moves were not linear. Instead, players exercised different modes of professionalism as they read the context in which they were playing specific parts of the game. That context was dynamic and complex. It did not reflect more static dichotomies, like occupational/organisational professionalism or manager/practitioner, but instead professional practice was hybridised (Noordegraaf, 2007). New ways of working were added to what pre-existed them, in ways that reflect a “complex sedimentation or layering of structural and cultural features” (Iacovino, et al., 2017, p. 78), which seems to fit well the experience in Study-borough. Further, despite evidence of a shift towards a relating mode of professionalism, there were strong indications that a doing mode remained in practice in the game. The competitive relations that Bourdieu theorised characterised the social space of the field (Bourdieu & Wacquant, 1992), were as much characteristics of the game as were relations based in collaboration and co-production. The evidence for these assertions is explored and critically discussed in the following section.

Professionalism as doing: competition within a co-productive logic of practice

The evidence of continuities in the game of a doing mode of professionalism, reflecting tenets of NPM reforms, forms the focus of the rest of this chapter. This analysis points to the dynamism of the game as it was being played by local actors, in which capital was the “energy” that motored the game’s development (Moore, 2008, p. 105). It extends the discussion of particular skills and knowledge as examples of dominant embodied cultural capital in chapter eight. The discussion here explores evidence that “dominant” actors deployed a doing mode of professionalism to defend and perpetuate existing professional boundaries and jurisdictions, which were themselves embedded in inter-organisational hierarchies and to an extent in hierarchies and structural cleavages within organisations. Those structural factors were mirrored in an agentic dimension, which was evident in accounts of competitive relations between players, reports of some players being unable or unwilling to engage with other players, and in behaviour by some players that others deemed to be “unprofessional”. The chapter then explores the work by VCS actors to legitimate other forms of capital that would help them to pursue their interests as they played in the game. Their work was, in many ways, an example of a doing mode of professionalism. At the same time, evidence from the case study suggested that some of their practice was more co-productive, as an archetype of professionalism as relating (Anteby, et al., 2016). The co-productive features of a relating mode of professionalism are explored in the concluding chapter of this thesis. In effect, VCS actors were using a doing mode of professionalism to construct a relating mode. They appeared, at least to an extent, to have been forced into this by structural constraints in the game, and by the approach adopted by other actors including those located in dominant field positions. The discussion begins with an exploration of the tactics of actors who possessed dominant forms of cultural capital, outlining the ways they sought to reproduce the professional hierarchy in the complex and dynamic context of the game to implement *Future in Mind*.

Reproducing the existing hierarchy: self-recognition and omission

One manager in specialist mental health services reported that “we have been very lucky to secure additional funding” through *Future in Mind* [Cam_Man]. The argument here is that this reported good fortune extended beyond the increase in direct resources, to provide a chance to generate additional symbolic capital for CAMHS. The extra funding was used by CAMHS to employ community-based professional practitioners, posts which had a symbolic value for specialist mental health services. They enabled provision of community-based services that were different in nature from the clinic-based services

that required children and young people to come to the professional, rather than the other way around. This presented an opportunity for CAMHS to expand its reach and to push its name at the community level across Study-borough. As they played the game of implementing *Future in Mind* in Study-borough, actors based in specialist mental services valorised and used their cultural capital to promote their interests, but here that cultural capital took an institutionalised rather than embodied form. “Dominant” actors in the local game were themselves subject to the direct force of the field of power, which influenced the amount of local discretion allowed in implementing *Future in Mind*, the level of funding provided, and the regulatory power of professional associations. Some of these actors did however gain capital in the game from their relations with the field of power, in ways that other actors, including those from the VCS, did not. Their affiliation with the lead statutory organisation for mental health service provision, the state-sanctioned powers they had to detain individuals (against their will if deemed necessary), and the awareness of the organisation in the community, combined to endow these actors with a particular status. While this was not always straightforward, or necessarily positive in respect of the views held by other actors and the wider community in Study-borough, it still potentially provided a form of institutionalised cultural capital that these actors could call upon as they played the game to implement *Future in Mind*. Instead of being rooted in the skills and expertise of “experts”, this type of cultural capital drew upon the status of the organisation and services in which these actors were employed as a source of legitimacy in the game. It became another type of dominant cultural capital, which took the form of symbolic capital. Further, in this part of the game, it enabled these actors to shift the perceptions that other local actors had of CAMHS. That, in turn, helped to shape the local game and the wider field.

Prior to the advent of *Future in Mind*, local impressions of children’s specialist mental health services were mixed, which to a degree reflected national concerns about limited access to services and long waiting lists (Anderson, et al., 2017). For example, one actor outside of the service reported why they thought that perceptions were at times negative, “I think it's because CAMHS are very insular normally” [LA_Other], whereas an actor based in CAMHS reflected that “I think in the past in Study-borough CAMHS were very much seen as perhaps sitting in their ivory towers a little bit, and quite inaccessible” [Cam_CW]. There was a local perception problem for the service, which *Future in Mind* seemed to have provided an opportunity to address. The approach included work of self-recognition by actors based in specialist mental health services, and their omission of other local actors. It appeared to have provided a dividend. Reportedly, CAMHS was able to increase its legitimacy as a result of a more outward-facing perspective in the

work of its team based in the community, which built on its pre-existing legitimacy rooted in clinical expertise and in institutionalised cultural capital. As actors based in CAMHS described it:

“We still get criticised because I think there's an unrealistic expectation of what CAMHS can deliver, but I think within the schools, especially the schools team ... I think our standing in those areas has, kind of, improved” [Cam_Man]

“[w]e're seen to be more accessible, you know, we are CAMHS, we're not just *Future in Mind* we are CAMHS, so we're kind of there, we're visible, we're accessible, we're contactable” [Cam_CW].

This section explores the evidence of how these actors were able to shape perceptions of specialist mental health services, and how this was seen to have affected other players in the game. The reports of self-recognition and promotion by CAMHS staff were read by other actors as a form of omission. In effect, while they were referencing themselves, their service and their organisation, CAMHS actors were seen to be omitting other actors in the programme, and to an extent the programme itself. This is viewed here as an active means by which particular actors might expand their professional boundaries and influence, and by extension the influence (and potentially control) exerted by their organisations. It reportedly happened most often early in the programme, as it was forming and as schools in particular were being contacted and invited to participate. It was evident as well in work to promote CAMHS itself, even though the community-based services were part of a wider programme that was providing the funding. One actor, who possessed this particular type of dominant institutionalised cultural capital, admitted that in their early engagement with schools in particular they “were selling it as workers in CAMHS. It was CAMHS” [Cam_CW], rather than specifically referencing the work as *Future in Mind*. A VCS participant agreed, arguing that the approach was to say that “we're CAMHS, we're delivering a CAMHS service” [VCS_Man]. It seemed that CAMHS had aligned existing recognition of the service (pre-existing institutionalised cultural capital) with the promotion of the new community-based offer, to bolster the visibility of the service among other actors in Study-borough. This association of the service with a new community-based approach had potential both to counter historical criticism of the service being located in “ivory towers” and to shift the perceptions of other actors.

Work by “dominant” actors to downplay the role of other actors was seen at first-hand by players outside of CAMHS. One reported “I have delivered training where they've

introduced themselves, 'I work at CAMHS' and not even mentioned *Future in Mind* [LA_Other], while another described meeting school staff where the CAMHS representative "just kept talking about CAMHS, not *Future in Mind* ... all [they] did was talk about CAMHS and the work that they were doing" [VCS_CW]. They described this form of omission as "an ongoing frustration". It is important to note that these reports tended to relate to the early stages of the programme, and that CAMHS references to other services and to *Future in Mind* were said to have become more frequent as the programme matured. It is possible however, that the views and impressions of the programme among other actors (especially those based in schools) had been fixed early in the programme. It was during that period when "dominant" actors most actively deployed a tactic of omission in relation to "partners" involved in implementing *Future in Mind*. For example, one actor reported that schools did not recognise the *Future in Mind* name when staff raised it with them, but:

"[s]oon as I've said CAMHS training it's 'oh yeah, oh you're with the CAMHS worker'. So, they didn't recognise that it were *Future in Mind* as a separate entity, they just saw it as CAMHS because they were introducing themselves as CAMHS" [LA_Other].

Efforts to break down professional and organisational boundaries were further problematised by what some actors viewed as active resistance to the fostering of a "one-team" approach in *Future in Mind*. There were reports of discussion in the nascent programme about generating a one-team identity, in order to ensure "that sort of message went out to people that this is a new thing, this is something valuable, and, you know, we're all working together" [VCS_Man]. The failure of these efforts was reportedly because many of the organisations involved in the programme were concerned about maintaining their own identities, although the root of the problem was said to be a lack of "buy-in" from CAMHS [VCS_Man]. Their resistance seemed to mystify other actors, who claimed that:

"for some reason the CAMHS team haven't allowed us to do it, like the managers ... to bring everybody together and for everybody to get to know each other. That's not been allowed to happen" [VCS_Man].

The discussion above would suggest that CAMHS had a different priority, to promote their own role, without necessarily referring to the programme or other actors involved in it. The lack of effort to foster a one-team approach, at least not until the third year of the

programme, reportedly had material impacts. It was said to have limited communication between actors, and to have kept services and professionals more distant from each other than might otherwise have been the case “because everyone kind of goes off and does their own thing” [Cam_CW]. One actor claimed that, even after three years of the programme, “our team doesn’t see itself as part of *Future in Mind*, they see themselves as part of CAMHS” [Fieldnote: CAMHS manager, Board Meeting, 09/2018]. That distancing of partners was seen to be a manifestation of “a bit, sort of, silo working” in the programme [VCS_Man]. The literature points to “silos” as a feature of the NPM, in which organisations and services are disaggregated into autonomous units and which has been seen to have a number of negative impacts. Silos are said to have made co-production more difficult, since their existence has “a tendency to foster turf wars, in which each silo fights to secure some of the territory occupied by others, or to defend it against others” (Alford & Freijser, 2018, p. 45). The metaphors of silos, and of silo working, seem to find expression in the doing mode of professionalism being practised here by “dominant” actors. It firmly anchors this set of practices to the NPM and to neoliberalism, which has shaped people’s predispositions towards competitive relations (Bourdieu, 1998a) and has even been seen to have imparted a disposition towards neoliberal policy into the *habitus* of public sector staff (Thomson, 2005). It also highlights how cultural capital is a transubstantiated form of economic capital (Moore, 2008). Here, this particular form of institutionalised cultural capital stemmed from an economic source, the new funding that was provided in *Future in Mind*. It also had economic consequences, as a means by which “dominant” actors might shape the game in order to improve their control over the service system. That would, in theory, enable them to shift economic resources elsewhere, and orient those resources to their own priorities. It appeared that even as they were pursuing a shared stake to reduce referrals, these “dominant” actors were using their institutionalised cultural capital to pursue their own organisational interests.

Although the programme was ongoing, there were expressions of regret about the lack of a one-team ethos. It was viewed as a missed opportunity, and was seen by some actors to have potential consequences for the sustainability of the services and of the approach of the *Future in Mind* programme. For one actor, “that kind of team-building ... right in the beginning I think that would have helped” [LA_Other], while another actor said that if they had the time again, they:

“would be fighting quite strongly for something that says, ‘if we’re going to do this joined up, partnership working, then it, we need to, we need to work as one team.

It doesn't matter that we work for different sectors, or in different organisations, but we need to be working for one team. We need to be wearing the same hat. And we need a, kind of, practical way of doing that" [VCS_Man].

Along with these expressions of regret, other actors sought at times to counter actors who possessed dominant institutionalised cultural capital, by making matching claims for their own cultural capital and for elements of their professionalism. This was closely linked with the competition over embodied cultural capital as part of the upskilling of non-specialists that was explored in chapter eight. It appeared here however, that VCS actors called upon a form of cultural capital that was objectified rather than institutionalised in character. That perhaps reflected the power differentials between organisations in *Future in Mind*. For example, a VCS actor claimed that "whatever they do, whatever [CAMHS provider] does, determines what, how the programme is" [VCS_Man]. Actors in the VCS sought to make claims to professionalism to match those of specialist service staff, arguing that "we are just as qualified, we have ex-social workers in our team like they have ex-social workers" [VCS_Man]. However, while community-based VCS community workers did have various qualifications, there were complaints that "dominant" actors "don't actually recognise that we have professional qualifications" [VCS_CW]. These efforts to play this part of the game on the turf of "dominant" actors, by drawing on objectified cultural capital, had limited purchase. Space remained in the game however, for players to work to legitimate other species of capital. That work is the focus of the remainder of this chapter.

Legitimizing social capital: challenging "dominant" interests

This section explores how elements in the professional *habitus* and professional practice of VCS actors came to be legitimated and valued as capital in the game, and how these actors sought to draw upon that capital as they played in it. Actors in the VCS adopted tactics to tackle what they saw as misconceptions among other actors. Relatedly, they emphasised specific practices, dispositions, and species of capital, and sought to deploy them to maintain and deepen their own interests. These should not however, be viewed in an essentialist way as traits of staff working in the VCS. Instead, they can be seen as context-specific means for VCS actors to legitimate attributes in the game, in an effort to have them valorised and vested with value as types of symbolic capital that could then be deployed as they negotiated the programme to implement *Future in Mind* in Study-borough. Here, the *habitus* generated practice relative to the current situation of actors (Bourdieu, 1984, p. 173). As the discussion will outline, there is evidence that this work had some influence in the game as the policy programme unfolded. To an extent, it

helped VCS actors challenge the pre-existing hierarchy. In their own reflections on the game, “dominant” actors proposed that community-based services based solely in the VCS might have yielded greater benefits than the CAMHS-VCS hybrid that was put into place in *Future in Mind* in Study-borough. It is important to note that this work by VCS actors effectively required them to pursue a doing mode of professionalism, even though their practice pointed towards professionalism as set of relating, and even co-productive, practices. The more co-productive features of their practice are abstracted and explored in chapter ten.

Players in the VCS recognised that the game had particular features rooted in competitive relations, which to an extent they accepted and internalised into their approach to playing it. Such an acceptance found expression in a view that “there is a bit of probably, competition, because of the nature of everybody. We are all competitors now, aren’t we?” [VCS_Man], and in an acknowledgement that “I suppose for us in the voluntary sector, or the third sector, we have to be more savvy and promote ourselves more” [VCS_CW]. The VCS approach was reflective of “boundary spanning and boundary maintenance” (Osborne, 2010, p. 414), as players worked to balance the risks of losing influence within existing professional boundaries against the development (and, in effect, harvesting) of new inter-professional linkages. The game was both a dynamic space of “unity” rooted in shared stakes among players, and an arena of “struggle” stemming from underlying competitive relations. A tension was evident here. A sense of unity was seen in boundary spanning work that reflected a relating mode of professionalism undertaken within a co-productive logic of practice, while struggle was evident in work to extend and defend professional jurisdictions that reflected a doing mode of professionalism. That tension served to reveal an apparently contradictory situation, in which VCS actors were demonstrating a doing mode of professionalism at the same time as exhibiting attributes of a relating mode. It seemed that the experience of players was layered, in ways that pointed to strands in their professional *habitus* and more broadly to the “layered realities” of the interplay of different public service reforms (Pestoff, 2018).

In exploring the evidence of this tension in how VCS actors played the game, and accounted for their experience of doing so, the game can be seen as a space of forces between players. The power of these forces was in part dependent on the types and amounts of capital each player had, and how they played the game (Bourdieu & Wacquant, 1992). Some players may play conservatively to preserve a dominant position (as was the case in the discussion of “dominant” actors above), while those in relatively

disadvantaged positions might pursue more challenging strategies to try to improve their position (Lawrence, 2004). While not explicitly aggressive, nor accounted for in any single account, the overall “strategy” of VCS actors in playing the game can be seen more as one of subversion or “heresy” than one focussed on conservation or “orthodoxy” (Bourdieu, 1993, p. 73). VCS actors sought to “valorise the species of capital they preferentially possess[ed]” (Bourdieu & Wacquant, 1992, p. 99) as traits of their own professionalism, and sought to deploy them to maintain and deepen their own interests. In effect, in this part of the game they were trying to change the rules, by playing outside of the rubrics set by “dominant” actors. That said, as Bourdieu theorised, all players had an investment in the game, and agreed with one another over the worth of what they were struggling for. Incomers to the field (including VCS actors inserted into it as players in the game to implement *Future in Mind*) needed to attend to this. In consequence, as they invested in the game, and to an extent, subverted pre-existing field relations, they did so within limits. As Bourdieu noted, the risk otherwise would be destruction of the game and potentially the field in which was being played (Bourdieu, 1993, p. 74). As the discussion below outlines, for the VCS actors *Future in Mind* was seen as an “opportunity” for the sector. While playing in the game, and at times developing their own approach, they thereby had an investment in not undermining the fundamentals of the field, even as they sought to shape it toward their own interests.

The evidence from the case study suggested that some of the means by which VCS actors sought to pursue their interests, by valorising particular species of capital, were more overt than others. Attempts to gain recognition of the legitimacy of the sector and the individuals working in it, and for the work that VCS actors had undertaken in the programme, were relatively explicit in nature. Aligned with such work were more subtle forms of linking with and distancing from other actors, which drew on pre-existing views about the VCS, on the accounts of VCS actors about their autonomy and discretion in front-line practice that spoke to theories of professionalism, and in emergent views around the importance of the “authenticity” of VCS staff. VCS actors were effectively emphasising particular relations in order “to define not just who they are, but also who they are not” (Anteby, et al., 2016, p. 220) in ways that have been seen as part of a relating mode of professionalism in the literature. In much of this, VCS actors sought to legitimate particular types of social capital which, while not predominantly comprising direct connections with “dominant” institutional actors in the game, still provided a resource that proved beneficial as they played the game. This work points to a theme in the literature, which has suggested that the sources and types of knowledge that underpin, and to an extent, provide authority in contemporary professionalism are

increasingly dispersed and contested compared with the more stable expert knowledge that was the foundations of more “classic” professionalism (Freidson, 2001; Brandsen & Honingh, 2013). That shifting context is reflected here, with multiple perspectives contesting the worth of various types and sources of knowledge (Head, 2010). Specifically, the work by VCS actors in the programme was effectively valorising lay knowledge, which helped set them apart from other players in the game. Further, as chapter five outlined, this form of social capital was complemented by that derived from the status and role of some VCS actors in the game’s co-governance and co-management processes and mechanisms.

These different elements were reflective of the layered accountability to service users within the professional work of VCS actors, which was embedded in a wider set of formal accountability relations in the service system that characterised *Future in Mind*. As such, the professional practice they constructed was rooted in multiplex, dynamic relationships between organisation/manager *and* public professional *and* service user/citizen, rather than in a dyadic relationship between organisation/manager and professional (Korczynski, 2013) that would have reflected a more static dichotomy. In combination, these different elements revealed a professional practice that, despite some tension in the lived experience of those playing in the game, shifted from locally-defined organisation-based meanings of co-production toward a form of professional practice that more fully accounted for and synthesised public management theories of co-production and sociological theories of professionalism. The evidence of this work by VCS actors, and its status as a form of symbolic capital in the game, is outlined below. The concluding chapter includes a fuller outline of features of a co-productive mode of relating professionalism.

Overcoming the “misconceptions” of other players

The first element involved VCS actors working to overcome what they viewed as misconceptions among other players. Their work here was indicative of the context of contemporary professionalism, the content of which is increasingly contested (Schinkel & Noordegraaf, 2011). Specifically, they addressed a lack of recognition among other players, referred to the nature of VCS actors and positive dispositions in their *habitus*, and highlighted evidence of the VCS contribution to the delivery of the policy programme. What they sought was an epistemic shift or “something about the statutory sector trying to understand the voluntary, what is perceived as the voluntary sector” [VCS_Man]. As a whole, these accounts reflected efforts in the VCS to develop a track record in order to overcome feelings of insecurity, which reportedly stemmed from pre-existing local

conditions in which the VCS had been marginalised. Three specific strands were evident in accounts of work to overcome perceived misconceptions, comprising:

- *Challenging a lack of recognition:* VCS actors perceived that their work, and that of the sector more widely, was not recognised by others. As one explained, when they encountered other local actors “sometimes it's better to say we're from the third sector because people have a little bit of recognition and acknowledgement” [VCS_CW]. This was especially the case in relation to actors in specialist mental health services. From a VCS perspective, the concern was that “the voluntary and community sector do so much work that goes unnoticed” [VCS_Man], a view that was reflected in specialist mental health services “I think there's loads of really positive work going on in the third sector, which we're still a little bit of a step away from” [Cam_Man]. *Future in Mind* provided the chance to redress that lack of visibility. As one VCS actor described it “we needed to bang that drum, and get that recognition” [VCS_Man], which they did in co-managing and co-governing the programme. Some actors from outside the VCS, including those in “dominant” interests, were sensitive to the need for recognition. They accepted it was important that the VCS knew that other actors “were taking them seriously” [Comm], and argued that the conditions in the game meant “that recognition is there to say, you know, they are an integral part” of the programme [Comm]. Recognition, manifested especially in being visible to other actors, was an important part of VCS legitimacy as a “partner” in *Future in Mind* in Study-borough.
- *Promoting a professional VCS:* work by VCS actors to establish their own professionalism required tackling what they perceived as a misunderstanding among other players in the game. In their accounts, VCS actors perceived that they were characterised by other actors as “volunteers and voluntary and ... playing at it” [VCS_CW] despite the fact that “you know, we're all paid” [VCS_Man]. In contrast, VCS actors sought to promote a distinct view on their professional practice rooted in the professional *habitus*. One VCS actor, reflecting on the differences between VCS actors and those in specialist services, identified traits in the professional *habitus* of VCS actors “[w]e have that capability. We have that professionalism. We're just as professional as you are” [VCS_Man]. Another described the VCS as “flexible, it's diverse” [VCS_Man]. The claim being made here was that VCS actors had the professional capabilities to work effectively in the programme, even though the wider context was shaped in ways that appeared to serve “dominant” interests.
- *Promoting an impactful VCS:* work here, which involved pointing to the material benefits of the involvement of the VCS in the programme, illustrated why *Future in*

Mind was important for the local VCS. For them, the programme's significance went beyond time-limited funding for new roles and services, which echoed some of the feelings of players in specialist mental health services. The programme was seen from within the VCS as an "opportunity, so we can demonstrate we can work in partnership, we can do certain things, we've got a track record" [VCS_Man]. In effect, the programme allowed VCS actors to deliver services and provided the potential to influence the perceptions of other players, especially those from "dominant" interests. Reflecting on the programme, VCS actors emphasised that "we've got evidence we've been linking with the young people" [VCS_CW] and that *Future in Mind* had involved "showing statutory organisations and schools in particular, that actually we can deliver a service" [VCS_Man]. Particular traits attributed to the VCS, that "it responds quickly, it just cracks on type of thing" [VCS_Man] were said to mean that, as a consequence, the VCS had "just got on with it, you know, rolled our sleeves up, went out there and did it" [VCS_CW]. VCS actors were referencing here their attempts at "the acquisition of a reputation for competence" (Bourdieu, 1984, p. 291), a form of symbolic capital that operates not because it has meaning in itself, but because other actors believe that someone possesses it (Webb, et al., 2002). Symbolic capital appears here to be context (time and place) dependent, as Bourdieu himself speculated (Bourdieu, 1984). For the VCS, the context was that the stakes in *Future in Mind* were high, not just during the lifetime of the programme, but in relation to what might come next. The symbolic capital that VCS actors might be able to obtain as players in *Future in Mind* had potential to yield a future financial return. One VCS actor saw that clearly, concluding of local commissioners that "it's almost like they're getting us commission ready" [VCS_Man]. As the concluding section of this chapter suggests, there was some basis to that notion.

Emphasising relational strengths

Different strands in accounts of the practice and dispositions of VCS actors served to emphasise their relational strengths. A particular link with service users (and wider communities) was central here, which built the legitimacy of VCS players and helped them to pursue their interests. The discussion in chapter five highlighted the ways that the VCS was portrayed as the point of access to, and conduit for, lay knowledge. In short, VCS actors were viewed as proxies for the voice of children and young people in the programme. This was an important thread in local understandings of co-production in Study-borough, especially in the co-design of services. In the programme, it suggested that users were seen as "primary stakeholders" whose own views of the risks and benefits of *Future in Mind* needed to be accounted for (Fledderus, et al., 2015). The VCS

was seen to have a particular accountability relationship with service users, which the programme needed in order to reach into particular communities and issues. This presented the VCS with an advantage over other players, and became a significant underpinning of the legitimacy of VCS players in the game. As one “dominant” actor explained about front-line VCS actors “they’re all from community organisations. So, the wealth of knowledge is, is fantastic” [Cam_Man].

At the root of this conceptualisation of the VCS were relationships between practitioner and service user based on trust and reciprocity, rather than more hierarchical relations between a professional expert and a lay service user. This kind of relation is seen as important in the literature, including research that has shown that mistrust of professionals by service users and citizens is detrimental to efforts to foster public service co-production (Steen & Tuurnas, 2018). These relations were inherent in the networks of “non-dominant” players in the game in Study-borough, and were a specific strain of social capital (Bourdieu, 1986; Putnam, 2000). The networks of relations in which VCS actors were embedded had two potential orientations. First, they might be viewed as “bottom-up” in the mode of traditional public services in which service users looked upwards to delivery organisations. That orientation seemed a narrow reflection of the particular accountability to service users that VCS players were said to have. Second, they might be viewed as horizontal, in that relations between particular organisations (VCOs) and service users were reportedly non-hierarchical in nature (or at least some of the hierarchies were smoothed out). That second perspective was broader. It suggested VCOs had characteristics that distinguished them from other organisations in the programme, since their accountability was hybrid and, in relation to service users, more peer-to-peer than principal-agent in nature. Although it seemed distinct from Bourdieu’s conceptualisation of social capital that emphasised linkages to “dominant” interests (Bourdieu, 1986; Hastings & Matthews, 2015), this social capital granted VCS players legitimacy in the game. In effect, the involvement of the VCS in the game enabled space for the social capital of the community (Callaghan & Wistow, 2006) to influence the programme in Study-borough.

While the relational nature of social capital is strongly evident here, work to legitimate and value it in the game served to imbue it with a symbolic dimension. Its possession by VCS actors was not questioned by other players, indeed many actively attributed it to the VCS. Whatever their motives for doing so, one consequence was that it became a resource that VCS actors could call upon as they negotiated the game. Besides collective reach into communities, specific evidence of the importance of trust relations was

revealed in accounts of the orientation of VCS actors towards individual service users and their admission into often sensitive experiences, and emotional wellbeing and mental health issues, of local children and young people. The literature on professionalism points more broadly to the importance of a trust relationship in human services (Taylor & Kelly, 2006). For example, a doctor needs to access sensitive health issues (physical and/or mental) in doing their work with a patient or service user, and that form of trust has typically been seen to derive from the embodied expertise of the doctor (Allsop & Saks, 2002). Here, expertise is a form of embodied cultural capital, derived from professional education and socialisation, and is similar to the cultural capital that underpinned the upskilling of non-specialist staff in Study-borough. It is hierarchical and institutionally-based. In contrast, trust has a more horizontal orientation (Tonkiss & Passey, 1999), and can be viewed as part of a conceptualisation of expertise as a “network connecting together actors, devices, concepts, and institutional and spatial arrangements” (Eyal, 2013, p. 877). VCS actors claimed, and were attributed, trust relations with service users and wider communities, in ways that set them apart from other players in the game. This was an important source of legitimacy, and reflecting back on the literature, it has been seen as important for more meaningful co-production. The VCS was seen to be (and claimed to be) embedded in a mesh of pre-existing trust relationships with members of local communities. They described their work as being about enabling and creating a space of trust with children and young people.

At the individual service user level, trust was an important part of the professionalism of VCS actors. It contributed to the goals of the programme, as one actor explained “I think it is developing them relationships, and that, the relationships and that trust between professionals and young people. And again, us going through [VCS actors] builds that” [Comm]. The orientation of VCS actors was said to reflect a “coaching” approach with service users, rather than a mode of “doing unto” or “doing for” them. In this way, the approach of VCS actors appeared to mitigate an identified risk in a more traditional public service ethos (McDonough, 2006). The argument made here by VCS actors was that, compared with statutory agencies, their orientation imbued a different relational status in their interactions with service users, which were reciprocal and trust-based. While VCS actors conceded that service users did seek their help, they argued that the VCS approach meant that children and young people:

“don't feel as though they're asking for help in that sense. They're just coming to a trusted friend really ... We already have relationships with their parents on a very non-statutory, non-stigmatised way” [VCS_Man].

This was contrasted with advice from a professional in a statutory agency, which it was claimed could be perceived as a criticism by a service user. One actor located in CAMHS juxtaposed the more regulated and structured relationships with users in that service with their previous experience as a youth worker when “you would have that relation, that relationship, that trusting. It’s a different way of working, completely” [Cam_Man]. The ability of VCS actors to build trust with individual service users was reportedly “about how they communicated with the children, how they kind of got that rapport with them” [Sch]. That aptitude to gain trust and rapport had implications in *Future in Mind*. It enabled access to sensitive issues and brought into scope young people who were previously invisible to services. As one VCS actor claimed, “we can get somewhere where you couldn’t get to much easier than if you were to try” [VCS_Man]. Another local actor pointed to how new services, including the community-based work by VCS actors, were impacting on issues relating to self-harm among local children and young people. They concluded that “the biggest success is the way of young people accessing services, and the feedback we are starting to get from young people about the support that they are getting on the ground” [Comm]. It appeared that the social capital possessed by VCS actors, which enabled reach into places and issues, had material impacts in the programme. This helped to grant it a symbolic dimension that helped build the reputation of local VCS actors.

A social model of practice

The professional practice of VCS actors was described as a social model, and contrasted with a more therapeutic approach applied by actors in specialist mental health services. The identified traits of a social model were an emphasis on relationships, work with groups of children and young people rather than with individuals, the use of relational interventions, and a highly flexible approach. This model was said to have enabled VCS actors to work in less rigid ways than other services. It meant that they were able to work with children and young people who were either excluded from “mainstream” schools and/or who were already in contact with specialist services. In Study-borough, a number of children and young people fulfilled both those criteria. Work by the VCS with children and young people outside of mainstream schools was recognised as an important role and a positive benefit of the programme. VCS actors were reported to be “dealing with kind of some of the children that are excluded from lessons, picking up on that kind of young person”, the consequence of which was “pragmatically and operationally there’s a tangible benefit” [Comm]. This work thereby had material consequences for service users. It might be viewed as a kind of “re-universalising” of services that were seen to

have become fragmented and difficult for some children and young people to access. A player based in the local authority explained how the social model used by VCS actors had a universalising impact:

“they're going in and delivering a social model, and anybody's entitled to a good emotional wellbeing and that social model of resilience. So whether you're on a waiting list, you're not a waiting list, whether you've got any mental health issues or you haven't, everybody needs to feel wanted, connected, somebody to talk to, and just feel good about themselves, even if it's just for a couple of minutes” [LA_Other].

VCS actors' own reflections on the social model pointed to dispositions inherent in their professional *habitus*, including an inclusive, universalising tendency. For one VCS actor the idea that a young person on a waiting list “couldn't have anybody working with them in between that time ... [was] ... horrendous because to me they should be able to do the soft stuff like we, you know, the wellbeing stuff” [VCS_CW]. Another claimed emphatically “actually they're young people when it comes down to it and they have as much right to access these facilities as any of the other young people” [VCS_CW]. Here, it seemed that equity of access was important to VCS actors.

CAMHS staff working in *Future in Mind* were “not supposed to do any direct work with a child whilst they're on a waiting list” [Cam_CW] and “couldn't do a consultation in school if a child was already in CAMHS, because that would be a conflict of interests of therapists” [Cam_CW]. While these actors were able to draw on their institutional affiliation to legitimate particular types of cultural capital, here their institutional connection to CAMHS seemed to act as a constraint on behaviour and practice, rather than as an enabler. Field conditions meant that VCS actors were not subject to the same structural constraints as actors in specialist mental health services. They were, in consequence, able to use their relative freedom to develop an approach that gained legitimacy as the game unfolded. VCS actors were said to be able to be “a bit more relaxed with those boundaries” [Cam_CW], in part because they were pursuing a social model of practice. In doing so, they were attributed particular expertise and their practice was associated with specific methods. The VCS approach, in primary schools especially, was to use their own tools to identify and then “work with those young people who are identified as needing support ... what they tend to get is young people that the school wouldn't have picked up” [VCS_Man]. Again, VCS actors were said to reach beyond the typical limits of statutory services. Their social model, embedded within their social

capital, effectively enabled them to overcome structural constraints imposed by clinical and organisational practices and procedures. Actors in dominant positions recognised this and reflected on it. It was reported of VCS actors that “feedback we're receiving from schools, it's that they are doing what our [CAMHS workers] can't do, due to the level of need of that young person” [Comm].

Exercising front-line discretion

VCS actors emphasised the importance of the discretion they had in their front-line work with children and young people. It was important for their professional practice, as it was for staff from different organisations and sectors, and was one reason why participants in the case study were all defined as public professionals. This evidence appeared to align with theories of professionalism, in which the exercising of discretion is a defining characteristic and is seen as a key trait of front-line professional work (Freidson, 2001; Lipsky, 1980). It did however, raise issues in relation to the potential for co-production. The limited research on links between professionalism and public service co-production has produced mixed evidence of the impacts of professional discretion on service users and thereby on co-production (Steen & Tuurnas, 2018). The relationship appears to be complex and non-linear. If the public professionals working to implement *Future in Mind* in Study-borough had regarded discretion as an important element of their practice, potentially they may have worked to protect the space they had to exercise it. This could have meant that the needs and perspectives of users would be subordinated to those of professionals (Steen & Tuurnas, 2018). In other words, professional discretion had potential to undermine user co-production. The evidence from the case study was that the discretion and autonomy of VCS actors, which they described as “flexibility”, was closely aligned with the centrality of the service user in their practice, and potentially thereby with an orientation towards co-production. For these actors, flexibility was an important source of social capital, rooted in reciprocal relations with other actors, and crucially in their relations with children and young people. As in chapter five, these meanings have been abducted from the data, but they point to what might be seen as co-productive feature in the professionalism of VCS actors.

VCS actors claimed that their social model was “very flexible”, it “can be tailored to meet the needs of the young people at that time” [VCS_Man], and that “you can tweak all the stuff in it and adapt it the best you can” [VCS_CW]. They reportedly adapted their tools when delivering front-line interventions [Fieldnote: VCS staff, VCS meeting, 12/2017]. For example, if an issue emerged during the time when VCS actors were delivering their intervention in school, they claimed that they would “totally move off that programme and

be flexible and deliver something more appropriate ... or you'd go back over something if you felt that was needed”, evidencing their claim that the approach “is very flexible in that way” [VCS_CW]. As well as this flexibility in the content of their work, they exercised discretion over the process of delivering work with children and young people. Some VCS actors were jointly delivering social model interventions in primary school settings where there were large cohorts of children. Here, they worked school-by-school even if some were not notionally one of “their” allocated schools [Fieldnote: VCS staff, VCS meeting, 12/2017].

A flexible approach to work seemed to be rooted in the professional *habitus* of these actors. For example, one VCS actor reported that “youth and community work is important ... that flexibility ... the informal learning side of it” [VCS_CW], while another was categorical about the importance of flexibility for them and their work:

“yeah, flexibility. The ability to spot and be able react to the need as well, the flexibility to be able to, to be allowed to do that, I believe very, very strongly is a massive thing, is a massive part of it for me” [VCS_CW].

It seemed that discretion, described as flexibility, was an important component in the work of VCS actors. That was recognised in the programme, as summarised in a contrast between the approach of teachers (said to be more “dictatorial”) and VCS staff who were described as being “flexible” [Fieldnote: local authority staff, VCS meeting, 01/2018]. This was reflected in frustration when VCS actors saw what they perceived was a lack of flexibility by other actors. There was however, a further element to that frustration. Here, VCS actors expressed some limits to control over their own work and time that came from what they viewed as inflexibility by other actors, including those working in schools. This was seen to have consequences, because of the limited time available to front-line VCS practitioners. It was suggestive of field conditions, including the different priorities of actors in the case study, especially how school staff prioritised working with VCS actors.

Authenticity

There was an additional strand to the professional practice and legitimacy of VCS actors, which related to what here is termed their “authenticity”. The importance of authenticity in public service co-production is only partly addressed in the academic, policy and practice literature, with the main emphasis being on ensuring that co-production produces meaningful (authentic) change and benefit to service users (Loeffler & Bovaird,

2016), as was discussed in chapter five. The emphasis in these parts of the literature is predominantly on the ends of co-production, rather than on the process itself. In mental health services, research has emphasised the authenticity of collaboration necessary for co-production (Rycroft-Malone, et al., 2016), and “stakeholders” (including service users) being able to see the difference that they had been making though their roles as co-producers of services (Cooke, et al., 2017). In respect of the importance of the authenticity of specific actors in public service co-production however, typically the focus in this literature has been on service users, emphasising the beneficial role of users with “lived experience” in working with regular producers to foster more co-production in public services. Mental health services policy literature, including texts analysed in chapter four, references the importance of including “experts by experience” as services are designed and delivered. Evidence from the case study also pointed to the importance to professional practice of the lived experience of staff themselves. For example, one front-line practitioner reflected that they had “gone back to youth work, my experience ... things I've learned over years”, which they had “got out the bag” [VCS_CW] to help in their work with children and young people in *Future in Mind*.

The public service co-production literature is mostly silent about authenticity in respect of professional staff, although work in mental health services has pointed to the need for authenticity in professional practice if co-production is itself to be “authentic” (Cooke, et al., 2017). The focus in this literature is on the embodied professional, and reference by other players in the game to what might be seen as the authenticity of VCS actors itself emphasised embodied characteristics. Actors from the VCS were attributed a “relaxed” and “informal” style to their practice and in their work with children and young people. An archetypal VCS member of staff was characterised as “this person that's got tattoos, and is just wearing you know jeans and a t-shirt, that is coming in to do this” [Comm]. That “extra bit of expressionism”, was said to have contributed to destigmatising mental health. Observation of meetings of the VCS “team” in Study-borough (which also involved commissioners and local authority staff) pointed to a lack of formality. These meetings were held, on a rolling basis, in the organisations in which the VCS actors were based. Responsibility for chairing revolved among participants, meeting by meeting. Some of these events had an explicitly social function alongside the doing of business. For example, one doubled-up as a “leaving-do” for a member of the team, and another provided the opportunity to celebrate the forthcoming Christmas break with cake and soft drinks. This evidence suggested that VCS actors had not been especially formalised in their interactions by becoming part of *Future in Mind*, but instead they brought with them pre-existing behaviour and ways of engaging with other actors. That is not to suggest

they were “unprofessional”. On the contrary, they could be said to be practising a particular mode of professionalism.

More widely however, work in health ethics has included efforts to develop a more relational notion of authenticity, arguing that it is not simply a sovereign property of individuals but is instead “an ability to participate in a dialogue in which the subjectivity of both partners is respected” (Arnason, 1994, p. 227). Such an ability is based in relations of mutual trust and reciprocity, which are defining elements in some conceptualisations of social capital (Putnam, 2000) and which might be seen as prerequisites for the kind of relational skills necessary for co-production (Steen & Tuurnas, 2018). Despite the relative paucity of attention in the literature on the importance of professional authenticity for co-production, the argument here is that authenticity is closely linked with trust, which the evidence suggests was an important element in the VCS approach in *Future in Mind*. Authenticity would seem as well to be implicit in accounts of the demystification of expert and professional knowledge in contemporary professionalism, which might help overcome boundaries and hierarchies between professional practitioners and service-users. As one education-based actor described the relationship between the VCS staff delivering *Future in Mind* and the children in their school, “[t]hey’re more like a friend really, like a friendly relationship” [Sch]. That was important for the programme, which was geared towards increasing access to services, and to an extent, in demystifying them. One consequence was said to be that “the [VCS staff] build that confidence with our young people to then engage in future services. They make it a less scary place to be” [Comm]. In effect, this argument proposed that the authenticity of VCS actors, and the trust relations they had with service users, had helped to facilitate a wider relationship between services and children and young people.

Conclusion: shifting perceptions and challenging the rules of the game

In summary, VCS actors claimed for themselves, and were ascribed by others, a number of characteristics and elements to their professional practice. These were used by VCS actors as sources of legitimacy, from which they could derive symbolic capital as they played the game. This work was relational in nature, but not necessarily within a relating mode of professionalism. VCS actors both staked out their own space in the game (a form of distancing from other players that involved a doing mode of professionalism) and sought increased collaboration and richer working links with players from outside the VCS and, the evidence suggested, with children and young people (a form of linking with others in a relating mode). There were reports that the involvement of VCS actors had

had tangible, material benefits for children and young people, and by extension, the programme in Study-borough. VCS actors were able to shift the service back towards universalism by including in *Future in Mind* children and young people previously outside of scope or who had been missed by services. This is seen here as reflective of a public service ethos in their *habitus*, which potentially reinforced such an ethos among other players in the game. Their work also served to challenge pre-existing professional and service distinctions, reflecting an argument that “the professional boundaries probably become a bit blurred if we’re working with a young person who’s on a waiting list” [VCS_Man].

Evidence of the impacts of the work of VCS actors came not just from the VCS, but also from other actors who had “dominant” positions on account of their pre-existing positions in the field in which the game was being played. Such impacts were revealed in reflections by these actors about the make-up of community-based services, particularly in an emerging view among them that services based solely in the VCS, rather than the hybrid instigated in *Future in Mind*, would have had greater impact. This is read here as a sign that attempts by VCS actors to challenge what they saw both as misrecognition and a lack of recognition by other actors, as well as efforts to distinguish their approach and professionalism and to evidence a “track record” of delivery, had shifted perspectives among other players, including “dominant” actors. For example:

“people have been really recognising the fact that someone who actually we probably would have sneered at three years ago as being a poor relation to our high fallutin clinical service, is actually now doing as much, if not more good, in a really dynamic and an engaged way. And people want that” [Comm].

It seemed that players from the VCS had successfully shifted not just perceptions, but to some extent the rules of the game. Their particular mode of professionalism had gained a symbolic dimension, and as it came to be legitimated in the local game it became a form of symbolic capital. The dynamic nature of the game, and the energy that capital provides in analysis of social fields, are revealed in the nature of professionalism. In effect, “[p]rofessionalism as symbolic capital entails the idea that professionalism is constantly at stake, that the content of professionalism is continuously contested within the limits of a context which, in turn, it is a defining characteristic” (Schinkel & Noordegraaf, 2011, p. 84). In the case study, the contest over professionalism was taking place in a co-productive logic of practice, which provided some space for the mode of practice of VCS actors. Cautious and limited views of the VCS that were reflected by

many “dominant” actors early in the programme, had morphed into views that set out the potential of VCS players to have done more, and potentially to do more in the future. The model pursued in *Future in Mind*, of a hybrid community-based team of CAMHS and VCS community-based practitioners, was itself viewed as limiting on the potential of VCS actors. Some “dominant” actors suggested instead that a set of services located outside of CAMHS and in the VCS would have had greater potential for the kind of systemic change the programme had sought to instil and embed. They drew contrasts with models in other areas of the country. Those that did not have community-based primary intervention teams in CAMHS instead “probably have them within other aspects of universal services, say like the third sector” [Cam_CW]. In reflecting on models elsewhere, they argued “it’s much clearer what their offer is and what their intervention is ... some people would argue that works better because it’s clear it’s not CAMHS” [Cam_Man]. These perspectives on the limits to the Study-borough model led some “dominant” actors to reflect on alternatives. One intimated that they “would separate CAMHS and, and the work” [Comm] if they did the programme again, while another claimed:

“it would be great if the, if the primary practice team perhaps weren’t part of CAMHS ... I think it would work a little bit better, because they would be able to be less boundaried” and would work more fluidly with other organisations as a result of being “independent from CAMHS” [Cam_CW].

A social model, practised by the VCS, appeared to have gained traction as the game to implement *Future in Mind* was played out in Study-borough. The work by VCS actors effectively valorised forms of social capital, which extended beyond a Bourdieusian conceptualisation of the importance of links to “dominant” interests. That said, for some VCS actors those links were important, given that they enabled a representative function for the interests of the VCS in Study-borough. The nature of the programme, which was being played in a logic of practice rooted in local definitions co-production, provided space for other links to become significant. In a sense, it was the very circumstance that VCS actors were seen to have links to “non-dominant” actors in the field, such as “hard to reach” communities and individuals, which enabled alternatives to the dominant modes of cultural capital. The game can be viewed as a complex of “layered realities” (Pestoff, 2018, p. 29) comprising artefacts of different public service regimes and reforms, elements of different modes of professional practice, and different species and types of capital that had value in particular parts of the game, but less so in others. Far from being static, Bourdieu’s theory of practice and thinking tools provided a rich

analytical framework for exploring and reading a dynamic case study. These points are further reflected upon in the concluding chapter of this thesis.

Chapter 10: Conclusions and implications

The overarching objective of this study was to critically examine the relationship between co-production and professional practice in public services, in order to develop new theoretical and empirical insights into that relationship. This concluding chapter reflects on how that objective was met, by directly returning to the study's research questions that were introduced in the first chapter of this thesis. Each question is responded to in turn, by reviewing the key findings of the study, and by drawing out the study's implications for the theory of public service co-production. This chapter also extends the methodological discussion in chapter three, by further reflecting, in the light of this study, on the benefits and limits of a single, qualitative case study research strategy. That consideration attends to the specific context of Study-borough, including how it might have impacted the case study's findings. In so doing, it considers what the case study might have revealed about the intrinsic nature of Study-borough itself, and how that context impacted the case study's instrumental potential for the production of in-depth understanding of complex social issues that might have import in other contexts (Punch, 2013). The chapter considers as well the purchase that Bourdieusian theory provided in a critical exploration of a game that was, on the face of it, being played within a co-productive logic of practice. Finally, the chapter draws on the study's empirical findings to critically develop links between different bodies of theory used in this study by outlining the potential parameters of a mode of co-productive professionalism. Much of the discussion in this concluding chapter is thereby based on abstracting from the case study in Study-borough through a form of analytic generalisation (Yin, 2003, p. 32).

Research question 1: How do professionals from different organisations and sectors understand public service co-production in the case study?

The evidence from the case study pointed to a number of understandings of co-production within what might be seen as a co-productive logic of practice in the game to implement *Future in Mind* in Study-borough. This range of meanings, inductively generated from the accounts of case study participants, reflected a mix of what in the literature have been described as group and collective modes of co-production (Brudney & England, 1983; Pestoff, 2014), and which are practised away from front-line services (Lindsay, et al., 2018). The key thread running through these locally-defined modes of co-production was an emphasis on links between the public professionals involved in *Future in Mind* in Study-borough. These were the meanings that participants made when they were asked in the interviews what the local commitment to co-production meant to

them. As has already been outlined, these understandings were close to what has been called cross-sector partnership working in the literature (Loeffler & Bovaird, 2016), rather than public service co-production, which emphasises the roles of service users. The argument in this study has been that these meanings fell on the co-production side of that theoretical divide, because of the role played by local VCOs in the programme. These organisations were viewed as proxies for children and young people, and their families (the service users). While such a positioning provided local VCS actors with status and particular sources of capital in the local game, it also underpinned local meanings of co-production. In effect, it was a key reason as to why local actors saw examples of co-production in *Future in Mind*. In addition, features ascribed to the VCOs involved (that they were small in size, strongly embedded in local communities, and run by and governed by members of the community) were foundational in local organisation-based understandings of co-production. This view suggested that citizens were co-producing the programme because of their engagement with local VCOs. As well as these inductively-derived local meanings of co-production, the ways that actors described their front-line work with service users pointed to elements of how user co-production has been defined in the literature. This meaning was derived however, through a process of abduction.

Taken as a whole, the evidence from the case study pointed to a number of modes of co-production in *Future in Mind* in Study-borough. That said, the meanings that were directly offered by participants did not emphasise the direct role of service users, but instead pointed to the role of users being mediated by local VCOs. These findings suggest a gap between local meanings and understandings and how much of the academic literature has defined and conceptualised co-production, especially in more recent work that has sought to refine concepts, problematise linear models of co-production, and challenge normative understandings (see for example Osborne, et al., 2018). That issue, of gaps in understanding, is explored in detail later in this chapter, when the discussion directly considers the study's third research question.

There remains however, the question of how the specific local context might have impacted on the ways that case study participants understood co-production. The literature review in chapter two argued for co-production to be understood as a contingent concept, an orientation that foregrounds the significance of the context in which co-production is explored. Study-borough was chosen as the case study area because it had unusual characteristics, such as the significant role played by the VCS in *Future in Mind*, which had potential to make it a rich case (Yin, 2003; Danermark, et al.,

2005). Further, the approach adopted in the case study drew upon different theories and disciplines, which the literature has suggested might help to further enrich a case study (Flyvberg, 2006). The range of local meanings of co-production, and the evidence of front-line co-production that was abductively derived from descriptions of professional practice with service users, were reflective of the richness of the case study. This all provided evidence about the intrinsic nature of *Future in Mind* in its own right as it was implemented in Study-borough (Punch, 2013).

There were, in addition, some significant local factors that seemed to structure the meanings that local actors made of co-production. The first related to the history of cross-organisation working, including across organisations and services, and work that spanned different sectors. The evidence from the case study pointed to new actors coming together in Study-borough to implement *Future in Mind*. These linkages were relatively recent, with limited time to mature, and in consequence players had to move quickly from “forming” to “performing” (Bonebright, 2010). Despite this, as the discussion below in relation to research question two reveals, new inter-professional linkages had matured, and to an extent, had been normalised. This would seem one possible explanation of why local actors emphasised their links with other public professionals when they were asked what co-production meant to them. Recently-formed professional connections were amongst the novel features of *Future in Mind* in Study-borough, given that it inserted actors from other public services, and from voluntary and private sector organisations, into the health field. As earlier chapters have explored, the programme included new processes and mechanisms to foster, support and help deepen such linkages. In addition, there was the role and positioning of the VCS in the programme, as summarised above. Taken as a whole, these seem a strong set of factors that would orientate local actors towards group and collective meanings of co-production rooted in new inter-professional relationships.

Alongside the explicit meanings of co-production presented by case study participants, was an abductively-derived meaning, which related to front-line professional practice. This was a non-mediated mode of co-production, which existed in the relationships between service users (and their families) and front-line practitioners. It has been termed “pure co-production” in the literature (Osborne, et al., 2018, p. 22). The discussion in chapter five noted that participants tended to use other terms when describing their front-line practice, such as child-centred, family-centred and collaborative. All seemed to point towards the potential, at least, for elements of meaningful front-line co-production. They also appeared however, to be used as

alternatives to the language of co-production. A further example was “personalisation”, which emerged late in the study in a workshop with local actors to share initial findings of the study held in July 2019. Participants at that session expressed a view that the language of co-production had moved on, in the NHS at least, to that of personalisation. This was offered as an explanation of the lack of explicit description of front-line work as co-production in the accounts of local actors. Personalised care (personalisation) is a significant current issue in the NHS. In the January 2019 *NHS Long Term Plan*²², personalised care was one of what the NHS termed five “practical changes” to the NHS in the five years to 2023/24. The claims made by the NHS for personalisation²³ suggest that it would share many features with co-production, which might help explain why it was becoming the new terminology. It would allegedly offer service users “choice and control ... based on ‘what matters’ to them and their individual strengths and needs”. More fundamentally, the NHS claims that personalisation entails “a positive shift in power and decision making” toward service users. The Plan included the ambition for personalised care to reach 2.5 million people over five years. While this all appears to position the user (or patient) in the centre of the gaze of front-line professionals, it does not do so by referencing the language of co-production. It was also implicit in the interviews, which contained traces of an orientation toward personalisation, although that tended to be limited to NHS-based participants. They claimed that in *Future in Mind* “[t]here's a layer of services now brought together around this young person that's new and as a result of what we've been doing” [Comm], and that:

“with mental health, every individual needs a different way of being approached, and I think that's just what us as professionals, our clinicians, need to have is that it's a varied, not one, you can't put a square peg in a round hole. We've got to change the service to meet each individual's needs. And I know that's not always possible” [Comm].

Nationally, the NHS has also argued that a “whole-system approach” is critical in personalised care, which related to the meanings local actors had of co-production. That might suggest that co-production, defined locally as a group or collective concept and which was rooted in collaboration between professionals, was itself a facilitator of

²² <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [Accessed 28 October 2019]

²³ <https://www.england.nhs.uk/personalisedcare/what-is-personalised-care/> [Accessed 28 October 2019]

personalisation in front-line services. Similar evidence has been reported in welfare to work services in Scotland, where local voluntary organisations and public sector providers have reportedly “facilitated co-production at street-level resulting in personalised services and a sense of voice and empowerment” for service users (Lindsay, et al., 2019, p. 648). There are echoes here of a view of co-production as a set of processes that generates value propositions, but which can only (co)-create value through interactions with service users.

Research question 2: How are these understandings of public service co-production impacting on professional practice in the case study?

The analysis of the case study revealed evidence of changes in the front-line practice of non-specialist staff as a result of *Future in Mind*, but questioned how far it had shifted towards more meaningful co-production with children and young people. The suggestion here is that, while *Future in Mind* had definitely led to change in professional practice, change at the front-line was not directly the consequence of how local actors defined and understood co-production. That said, it was possible that the game’s co-productive logic of practice, underpinned by a *doxic* belief that mental health was everybody’s business, was having more indirect effects at the front-line. For example, it could be seen to have provided space for the introduction of the social model practised by VCS actors. That point is explored below, as part the response to research question three.

The particular local meanings of co-production as a group and collective concept enabled professionals to work across organisational and sectoral boundaries, in ways that were novel in Study-borough. These new professional connections, fostered both by the new processes and mechanisms introduced in *Future in Mind* and by the mix of organisations involved, can be viewed as impacts of co-production (as locally-defined) on professional practice. The case study presented evidence that some of these changes were being embedded in “threads of continuity” [Comm], which had potential to sustain once *Future in Mind* came to an end. It appeared that a locally-defined co-productive logic of practice had taken root in ways that might outlive the *Future in Mind* programme itself.

At a service programme level, one actor identified a “multi-disciplinary team approach” as what would be “left as a legacy for *Future in Mind*” [LA_Other]. The intent was that this approach would be rooted in new “ways of working”, which would mean that “practically and operationally day-to-day we are reminded of how to work together” [Comm]. The logic of this argument was that relationships would be developed and

deepened through systematic, formal interactions, and become self-sustaining as they took on an everyday nature. Actors reported progress towards achieving a shared stake (*illusio*) to improve the quality of referrals into specialist services, and attributed that improvement to *Future in Mind*. Here, early inter-professional discussion, embedded in new processes introduced by the programme, was seen as a contributory factor. Actors claimed that “[w]e have done a lot of work, and *Future in Mind* has gone a long way to doing this, around appropriate referrals. So, we get a lot less appropriate, inappropriate referrals than we used to do” [Cam_Man], and that new processes “meant that the referral was timely, and it also meant that the referrals going in weren’t inappropriate” [LA_Other].

Positive views on new ways of working were fostering linkages beyond formal mechanisms and processes introduced in *Future in Mind*. As one actor explained, “[w]here you’ve got that relationship there, I think they [colleagues] feel more able to just run something by you” [LA_Other]. The processes instituted by *Future in Mind* were seen here to be stimulating ongoing, regular interactions that may not have happened beforehand. They were seen to go beyond formal set-piece engagement between those involved in the programme to changes in the everyday experience and expectations and, according to some accounts, potentially the culture of organisations as well (or at least the individual public professionals directly involved in *Future in Mind*). New stocks of social capital were developing and growing as novel relationships matured and to an extent were normalised in the programme.

Changes in professional practice were also evident at the front-line. These stemmed predominantly from the application of particular skills, knowledge and practice, the diffusion of which was discussed in chapter eight. It was at the front-line where the degree to which school staff had been upskilled and “empowered” to step into new practice spaces emerged as an important factor in whether or not changes in practice had become rooted. One actor claimed that, as a result of upskilling, “there are a number of [school] staff who have a desire to understand that and to embed that, that are in a better place” [Comm], while another argued that:

“I think where we’ve seeing some examples of, where kind of work might be finishing in certain schools but schools are kind of maintaining a lot of it themselves ... that really demonstrates that the work that’s gone on has been really valued and appreciated, so much that schools are then, you know, carrying [it] on” [Comm].

Front-line practitioners in particular provided a number of examples that illustrated these more general claims. Taken as a whole, these accounts reflected an aim for schools to mainstream the new front-line approaches and methods introduced in *Future in Mind*. For front-line actors, this seemed a fundamental route to embed changes in practice. No longer would attention to children's emotional wellbeing be peripheral or an add-on to the timetable, but it would instead be integrated into it. As one practitioner explained, "the idea is that this sort of work, this sort of low-level emotional wellbeing and resilience work is embedded in, so that it's not a specific programme but it's embedded in as part of the timetable" [VCS_CW]. There seemed to be pockets of that change at the front-line. One actor reported that "I did three sessions alongside the learning mentor, and then she continued that with advice from me. And that's still going now, and that's 18 months later" [Cam_CW]. Another noted of schools that "they might use the prescribed programme that we've worked with, but they might develop their own emotional resilience programme, which I suppose is a good thing in itself" [VCS_CW]. These kinds of changes in front-line practice were said to be "great, because the more they keep doing it, the more embedded it's going to become" [Cam_CW].

School staff themselves seemed to echo those reflections. Referring to a colleague, one reported that "I'm sure she did some training actually, and she used some of the activities that were given I think from *Future in Mind*" [Sch]. Another felt of the approach provided by *Future in Mind* "it's useful to, sort of, have a bit of a framework to hang everything on" [Sch]. School staff also referenced how they were integrating *Future in Mind* tools into the timetable. One school for example, which worked on specific "values" over the school year, reported that "we took the *Future in Mind* sessions and then we linked them up to where we thought they would work best" [Sch], and another felt that the programme had helped to embed approaches to emotional wellbeing "I feel that us now, more than ever as a school, we recognise that has got to be a priority ... *Future in Mind*, promotion of any intervention like that ... that's having good results" [Sch].

A concern remained however, that there had not been sufficient time to embed new skills and shift front-line approaches across all the schools in scope of the programme. This issue emerged in accounts that stressed the need for reiterating and re-running work to diffuse skills to non-specialist staff working with children and young people in Study-borough. The root of this concern was that new forms of practice had not become "business as usual". This was exacerbated by the inevitable turnover of school staff, and the temptation for schools to shift focus as new issues and pressures emerged. It was

predominantly actors based in specialist mental health services who raised this concern. For example, one reported that “I don't think we're at a stage now where we can pull back, because it's not you know, it's not business as usual” [Cam_Man]. There was a feeling that, even after three years of the programme, many schools “still need reminding, handholding, encouraging” [Cam_CW] and their staff required “constant reinforcement ... revising, reviewing, reinforcing, learning, developing” [Cam_Man]. The pedagogical and subjective intent of upskilling was evident here. Schools were reported to have “an anxiety that we're withdrawing ... the fear [is] that if we're not as visible what does that look like?” [Cam_Man]. These concerns were exacerbated by changes in schools themselves. One actor was concerned that, because of wider environmental pressures on schools, “I could see it [emotional wellbeing] very quickly dropping off the agenda if there wasn't a driving force in there saying, you know ‘this is still a focus’” [Cam_CW], while another was worried that, when “people who have got a passion for particular things, when they move on, you know, nobody picks up that [work]” [Cam_Man].

In addition, a number of other issues that emerged in Study-borough pointed to the ongoing importance of professional culture as an influence on professional capacity and propensity to co-produce (Tuurnas, 2015). As discussed previously, the literature suggests that professional autonomy is related to a disposition to co-produce with service users, but not in any linear or uni-directional way. Further, there is limited evidence of professionals learning from users, or even of them considering if and what they might learn from them (Stomski & Morrison, 2017). In Study-borough, the co-design phase of the programme suggested that professionals did learn from service users, since the new services that ensued were provided closer to home and were reportedly more comfortable for children and young people compared with that had gone before. To an extent, from the perspective of public professionals involved in *Future in Mind*, users had helped to frame the policy “problem”, and the application of their situated knowledge might have helped respond to it (Verschuere, et al., 2012).

Reviews of the literature have also identified organisational factors in co-production (Voorberg, et al., 2015), which might impact professional practice. Structural factors are said to involve organisational capability for co-production and incentives for staff to co-produce, while more subjective elements related to the attitudes of professional staff in respect of their willingness to take risks and how far they legitimated service users as active co-producers. Given that co-production was understood as an inter-professional concept in the game in Study-borough, the first two, more structural factors, were most obviously evident although subjective elements did feature. Staff were able to engage in

the inter-professional processes, in effect co-governing and co-managing the programme. It appeared that their organisations had some capability for co-production, although in a specific local context with its own particular meanings of co-production. These processes can be seen as means to assist players as they navigated an environment oriented towards co-production, and to help them understand what they might need to do differently as they did so. Further, there was evidence that these linkages were maturing from formally-bound processes into more everyday and organic connections, in ways that might sustain once *Future in Mind* came to an end. Players in *Future in Mind* were creating new stocks of social capital from these new relations with one another, and they were normalising a co-productive logic of practice, at least in this layer of the game. There were limits to organisational capability however, including structures that were said to constrain the degree of inter-organisational interaction that was possible for staff working in statutory mental health services. Those constraints were reportedly not shared by other actors. In this study, incentives to co-produce were considered broadly as “structures and procedures” (Steen & Tuurnas, 2018, p. 87) designed to foster co-production. The identified incentives to co-produce in the case study related to the shared stake among players to reduce the number of referrals into specialist mental health services and to improve the quality of those that were being made, as part of building the service system’s sustainability.

There was, in addition, some evidence of the more subjective strands to organisational factors in co-production. The engagement of the VCS was not only novel, to a degree it was viewed as a risk, given the lack of a delivery track record and the absence of pre-existing inter-professional relationships. Partners at the national level saw the role being played by the VCS in Study-borough as atypical compared with other areas, and locally this was described as “a punt, if you like” [VCS_Man] and as a “leap of faith to buy into the voluntary sector, and believe in the voluntary sector” [VCS_Man]. It seemed that the local commissioning organisation enabled staff to take some risks in their approach to *Future in Mind*, in ways that did not appear typical when compared with other areas. This work reflected the “paradox of embedded agency” (Anteby, et al., 2016, p. 219), in that the embeddedness of particular actors helped them identify when (and to an extent how) to act in order to effect change. Finally, the question of how far the public professionals involved in *Future in Mind* legitimated service users as active co-producers remains open to debate, given that direct relationships with service users were not the basis of local meanings of co-production. That said, other ways that front-line practice was described did suggest an orientation towards service users, a feature that was most clearly evident

in the accounts of VCS actors. The implications of this are briefly explored below in response to this study's third research question.

A different lens into the subjective impacts of local meanings of co-production can be seen in the layered professional *habitus* of those involved in *Future in Mind*. As well as structuring the ways that individuals comprehended the game, the *habitus* was also structured by the experiences of actors as they played the game. Locally, the VCS was seen as the route into, and a proxy voice for, service users and local communities more widely. This attribution was a significant factor in how co-production was understood by players in the game. VCS actors were seen to practice a social model in their work with children and young people, and they had gained legitimacy as well from an emerging track record of delivery in the programme. The experience of engaging with the VCS seemed to influence, to some extent at least, dispositions in the *habitus* of other players. Work by VCS actors with children and young people previously out of scope of the programme, because they were already on a CAMHS waiting list, potentially helped to reinforce a universalising public service ethos among players. The engagement of VCS actors with these particular service users challenged pre-existing professional and service distinctions. More profoundly, the dispositions of "dominant" actors seemed to have shifted in ways that led to a preference for the VCS to provide community-based services, rather than the existing CAMHS-VCS hybrid. This suggested that the locally-defined co-productive logic of practice, one layer of which was reflected in the work of VCS actors, had not only impacted professional practice but had also structured dispositions in the professional *habitus*.

Research Question 3: What does this reveal about theoretical understandings of public service co-production and public professionalism?

A gap between local meanings of co-production and "elite narratives"

As outlined above and in other parts of this study, local meanings of co-production typically reflected one specific theme in the academic literature that has focussed on group and collective modes (Pestoff, 2012). That local emphasis also appeared to be at variance with the national policy literature, which has tended to emphasise the importance of relations with service users and to describe them as experts by experience who could make contributions to services. As such, there is potential for co-production to become an "elite narrative" (Crompton, 2019), both of policy makers and possibly of academics alike. This reflection points to some of the instrumental value (Yin, 2003) of

this case study. First, it might suggest a gap between the ways that staff involved in implementing public policy understood co-production and how it is conceptualised in parts of the academic literature. If academics are looking to increase their impact beyond the academic field, they might need to consider how they could root the latest conceptual work into practitioner debate about co-production in professional practice. Second and relatedly, there is a risk that the ways that co-production is understood at the national policy-making level is decoupled from more front-line meanings. If policy makers were aiming to foster increased service user co-production, they would need to tackle what appeared at times a lack of awareness of the concept as a description of front-line practice. The literature has pointed to the longstanding problem of an implementation gap in public policy and public service delivery (Osborne, 2010). Despite concerted managerial efforts to constrain front-line autonomy (Sehested, 2002; Tummers & Bekkers, 2014) the problem still appears to be evident. Although there is some evidence that autonomy is necessary to stimulate front-line innovation, it brings with it a perceived loosening, or even a lack, of central managerial control (Brodin, 2012). If, in turn, co-production requires innovation, but as a concept has no purchase in front-line services, efforts to foster it would potentially fall short in the translation from national policy intent to local implementation. In tackling these issues, policy makers would need to address different interpretations of the concept, some of which might be at variance with the policy intent. However, they also need to be cognisant of a viewpoint reflected by some participants in Study-borough that the lack of a single definition was a strength. For them, it freed up the space to innovate. Policy makers have themselves argued for co-production's innovative potential, often in a normative fashion. They, and public managers, will need to balance these seemingly opposing forces of (i) local innovation but drift of the policy intent and (ii) centrally-defined models of implementation but little or no innovation, to be able to harness more fully the perceived benefits of co-production. The picture of co-production that has emerged in this study suggests that, as a contingent concept, it is more complex and context-bound than policy makers might at times think, or wish it, to be. Policy needs to reflect those characteristics if it is to have more success in fostering co-production in public services, perhaps by deliberately leaving policy design more open to enable space for change, learning and innovation (Durose & Richardson, 2015).

As well as acknowledging the importance of the specific case study context in any reflection of the veracity of these gaps, it is necessary to consider whether and how the specific approach in this study might have impacted. The local area did not itself seek to impose a specific definition of co-production on those involved in *Future in Mind*,

although local documentation did point to the programme's "asset-based" principles. Likewise, participants in this study were not working within a specific definition of co-production. The information sheet that they were provided when they were invited to participate (and again before they were interviewed), did outline that the study was interested in how service providers and children and young people might be working together, as well as in how service providers were themselves working together. That said, the study was rooted in the meanings that local actors themselves made of co-production and not in how they might react to and reflect upon a definition imposed by the study. In light of that, it would appear that there is potential more widely for gaps between local understandings, and those held more centrally in the policy-making environment and the academic community.

Reflecting on the use of Bourdieu's thinking tools in a co-productive logic of practice
It was necessary as well, to be reflexive about Bourdieu's theory of practice and his key thinking tools. This involved turning Bourdieu's concepts back onto themselves in a critical fashion, similar to this study's stance towards professionalism and co-production. One example was an extended view of social capital that emphasised horizontal linkages between the VCS and communities, as well as more vertical linkages to "dominant" actors in the field and those situated in the field of power. That fuller conceptualisation accounted for the significant role played by the VCS, and for the position assigned to it in the programme in relation to local children, young people and their parents and carers.

This study involved a novel application of Bourdieu's theory to a game being played within a co-productive logic of practice. This had the potential to problematise Bourdieu's view that relations between actors in social space were predominantly based in competition. The conclusion here is that Bourdieu's theory, and the application of his key thinking tools in a relational fashion, were appropriate and effective. They provided a strong degree of analytical purchase, despite the game being described as a space of collaboration. The key thinking tools helped to account for the subjective meanings that participants attached to co-production, influenced by the game's *doxa* and the *habitus* of individual actors. They also provided a route to explore how meanings of co-production shaped local practice, including what species of capital were deployed by actors as they negotiated the game of policy implementation. Further, the thinking tools enabled an examination of whether the local, co-productive logic of practice challenged or reproduced the dominant neoliberal *doxa* in the local game.

Two explanations of the effectiveness of Bourdieu's theory are posited briefly here. First, and perhaps most obvious, is that the game's logic of practice was not straightforwardly co-productive in the ways that local documents and actors described it. Players in the game defined co-production in *Future in Mind* through an inter-professional lens and by emphasising the role of the VCS as the programme's conduit to children and young people. That orientation immediately opened up pre-existing organisational and service issues and hierarchies in Study-borough. Those issues were manifested in the *habitus* of players, in differences in the degree to which they possessed and could deploy valued capital in the game, and in their approaches to front-line work with children and young people. A state of organisational flux was exacerbated by the game's encroachment into field autonomy (Dubois, 2014) as it inserted new actors into the health field with the potential to disturb pre-existing relations within it.

Second, Bourdieu's concepts themselves helped to resolve, or at least account for, the disjuncture between relations based in competition and those rooted in co-production (and collaboration). Specifically, two concepts were helpful in exploring how the game was constructed in ways that effectively forged a degree of unity among those playing in it. First, in conceptualising as a local *doxic* belief the notion expressed by local actors that mental health was the business of all players and not just specialist mental services, the "taken for granted" was manifested. Second, viewing a commitment to reduce the number and increase the quality of referrals as the *illusio* of players in the game revealed how they might have a shared interest in pursuing particular practices. These efforts at unity underpinned players' stake in the game, and a co-productive logic of practice that they typically saw through a professional, service-based lens. The notions of "relating as collaborating" or "as co-producing" (Anteby, et al., 2016 p. 227) were somewhat blurred however, as discussed in chapter five. Further, this study drew upon theoretical work that has sharpened a model of change in Bourdieu's theory. This meant that the professional *habitus* of players in the game was viewed as layered and open to more everyday change than Bourdieu himself contended (Decoteau, 2016; Mendoza, 2019), stemming in part from a recognition that individuals have different positions in different fields, which themselves might have varying logics of practice. In effect, the *habitus* is necessarily reflexive in order for individuals to be capable of navigating this complexity (Decoteau, 2016). These perspectives on the *habitus* were accepted here, and the evidence from the case study pointed strongly to the layered professional *habitus*, and to how elements in it appeared to be shifting in consequence of playing in *Future in Mind*.

Exploring co-productive features of a relating mode professionalism

The discussion in chapter nine pointed to a hybrid of doing and relating professional modes in the case study, which was reflective of the literature on contemporary professionalism (Noordegraaf, 2007; Evetts, 2009; Anteby, et al., 2016). That chapter also explored evidence from the case study of how strands in the professional *habitus* and professional practice of VCS actors came to be legitimated, valued and deployed as capital in the game. The argument was that this approach appeared to have had some success, and that the rules of the game had been influenced by the front-line work, and inter-professional collaboration, of VCS actors. In this concluding chapter, those elements are placed in a different frame, in which inductively-derived data about the professional practice of VCS actors are abductively analysed in relation to existing theories of professionalism and co-production. The purpose here is to ask whether the case study revealed co-productive features in a relating mode of professionalism, which would attest to the instrumental value of this study. This is not undertaken however, in an essentialising or reductive way to suggest that these are *the* traits of what an embodied co-productive professionalism is or should be, nor to suggest that all VCS actors will have these traits in their professional practice. Instead, it is context-specific, and in Study-borough, it became a form of symbolic capital, given that the content of professionalism was contested within the local game (Schinkel & Noordegraaf, 2011). That context-bound perspective requires consideration of a co-productive professionalism in a relational way, against a backdrop of other modes (becoming and doing) and other elements of relating professionalism itself (collaborating and brokering). In effect, a co-productive mode will share strains of other modes, but will have more or less of them (Atkinson, 2011).

This part of the discussion begins by exploring what one participant thought community-based workers in the VCS needed in order to undertake their work successfully:

“they need to be good communicators to ... everybody in the school”, “really clear about what the offer is, what they’re going to do”, “really good at engaging children and young people ... good at participation, involving them in decision making, engaging with them through the activities”, “great at engaging with ... CAMHS and other professionals”, “have a wide knowledge of their community”, “good at engaging with parents, good at managing conflict”, “work within a multidisciplinary team” “good at reporting, because if we can’t demonstrate what we’re doing we’re not going to get the, we’re not to be getting any further funding”, “got to be really good advocates” [VCS_Man].

This quote points to the complexity of the role and of the context in which it is being undertaken. The literature on professionalism has argued that contemporary, complex environments require interactive and relational skills (Noordegraaf, 2007), and that co-production itself foregrounds relational competences (Steen & Tuurnas, 2018), all of which is apparent in the quote above. The characteristics identified also encapsulate the three strands of a relating mode of professionalism (Anteby, et al., 2016). The practice of “relating as collaborating” is evident in references to working with other professionals and across organisational boundaries, and the need for good communication skills in doing that work. Features of “relating as brokering” can be seen in references to managing conflict, VCS actors providing clarity about what they will be doing, and an advocate role that suggests a public service ethos in the *habitus* of VCS actors (see chapter seven).

The idea of “relating as co-producing” is rooted in references to engagement with children and young people, in being participative and sharing decision making, and in the need for community knowledge. As the review of literature in chapter two outlined, there are a number of theoretical elements to a co-productive professionalism. Here, they are located alongside features of the practice of VCS actors in *Future in Mind*, to propose a co-productive mode of relating professionalism. It is important to reiterate that, notwithstanding the quote above, this outline was not contained in any single account. Instead, it is a compilation of descriptions of professional practice from several players in the game. The aim is to generalise analytically from a specific context, while acknowledging that the veracity and intensity of its features are relational and will be context-specific.

Table 8: Conceptualising a co-productive mode of relating professionalism in *Future in Mind*

Theoretical elements	Characteristics of VCS actors in Study-borough	Examples of practice in the case study
Dispersed and mixed sources and types of authority	Enabled “space for the social capital of the community alongside the cultural capital of professionals” (Callaghan & Wistow, 2006, p. 594) Brought services closer to service users	Led co-design of services with local communities Socialised community knowledge within public services

		Approach legitimated in the creation and funding of new community-based VCS roles
Citizen/user role in pluralised professional accountability	Voice of CYP and parents/carers in the game Provided means by which user views of risks and benefits were accounted for by professional staff	Qualitative reporting through individual front-line case study stories Greater focus on CYP and outcomes than other actors
Autonomy of individual staff, who exercise discretion	Front-line “flexibility” Emphasised relationships between CYP and between CYP and staff Rooted in professional <i>habitus</i> , e.g. youth and community work	Seen as “very flexible” by teachers Asserted own approach: outcomes not just about statistics; working round lack of peers in specialist services Often more or less “left to it”
Relational strengths	Embedded in local communities Situated in web of pre-existing trust and reciprocity at community and individual levels Ability to reach into sensitive issues	Practice is about creating “space” of trust Users said to feel they were coming to a “trusted friend” Coaching CYP, not “doing unto” or “doing for” Enabling increased access to services for CYP on issues relating to self-harm, who were getting new support on the ground as a result
Front-line work in social model	Non-stigmatising or medicalising Opening up access (“universalising”)	Identified CYP who school would not have picked up Worked with CYP already on CAMHS waiting lists “Picked-up” on issues through relationships with CYP CYP felt valued, confident to come forward not sit on fence
Authenticity of individual staff	Relaxed, informal Embodied and relational elements to authenticity Importance of own lived experience	Professional <i>habitus</i> geared towards informal learning side Practice was very relaxed, did not come across as being “prescribed”

	Lack of formality cut professional/user distance	School staff noted that VCS actors were relaxed in classroom
--	--	--

Sources: Brandsen & Honingh (2013); Tuurnas (2015); case study. Adapted/created by Passey, 2020.

In table eight above, evidence from the case study about the potential characteristics of a co-productive mode of relating professionalism, and examples from the practice of VCS actors, are linked with key theoretical elements drawn from the literature. The literature's emphasis on the increasingly *dispersed and mixed sources and types of authority* that underpin professionalism was strongly visible in the local game, especially in relation to claims to the value of different knowledge by various actors. Community-based and lay knowledge found value in the game through the work of VCS actors, especially in the co-design phase, which led to new services that were "closer to home", and to the creation and funding of new VCS roles in the community to fill gaps in services and to provide a link between the programme and service users. VCS actors were new entrants into the health field, and brought with them an authority rooted in their access to lay knowledge. The game's insertion into the field, in the context of complex public service systems, was emblematic of the heterogeneity of sources and types of authority in contemporary professionalism. The effect was that the community's social capital became influential alongside the cultural capital possessed by longstanding professional actors in the field (Callaghan & Wistow, 2006).

In addition, once new services were up and running, user knowledge was manifested and valued in the game. There was evidence here of the literature's emphasis on *citizen and/or user roles in a pluralised professional accountability*. VCS actors were constructed as the "voice" of children and young people, and their parents and carers, in a mediated version of co-production. They provided the means by which user views of the risks and benefits of the programme were accounted for by professional staff. A particular orientation in the practice of VCS actors towards qualitative accounts by children and young people of their experiences of services, and the co-creation of case studies that were then reported "upwards" to the regional and national levels, were reflective of this more horizontal relationship between professionals and the users of services. An important limit to a logic of practice defined locally as co-production was evident here, reflected in the discomfort expressed at times by VCS actors in respect of their role as mediators of lay perspectives in the game.

Common to definitions of professionalism, the *autonomy of individual staff* and their *exercising of discretion* was an important feature of a more co-productive mode, despite mixed evidence elsewhere about the relationship between discretion and co-production (Steen & Tuurnas, 2018). VCS actors however, described their own front-line discretion as “flexibility”, an attribute that other actors ascribed to them as well. There was here a question of how far the autonomy of VCS actors and their discretion in front-line practice was the result of choice or the consequence of schools, in particular, at times taking a relatively arms-length approach. In some schools, VCS actors reported they had “more or less been left to it” [VCS_CW], pointing to an argument in the literature that street-level (front-line) discretion is not really voluntary (Hupe & Hill, 2007).

Three additional, and interconnected strains in the theoretical literature were especially evident in the practice of VCS actors in Study-borough. As a whole, they reiterated the importance of social capital to the work of these actors, which provided them legitimacy and significant points of difference compared with actors from other sectors and organisations. These features point as well to the particular relational basis of their professional practice. They have been seen as key to the competences and skills necessary for co-production (Steen & Tuurnas, 2018), and suggest as well a shift from the embodied practice of the “classic” professions towards a network of expertise (Eyal, 2013) that attends to the connections between professionals and users and between professional themselves.

The reach attributed to VCS actors into often sensitive experiences and issues highlighted their *trusting relationship with the service user*. The VCS was seen to be (and claimed to be) embedded in a mesh of pre-existing trust relationships with members of local communities, and they described their work as being about enabling and creating a space of trust with children and young people. These more horizontal links, more typical between peers, seemed to set VCS actors apart from other players in the game. Reflecting back on the literature, this kind of relationship is seen as important for more meaningful co-production (Howlett, et al., 2017).

VCS actors undertook front-line work within a *social model of practice*, which emphasised the relationships and social contexts in which children and young people were situated. VCS actors were said by school staff to have “picked-up” on issues that teachers had been aware of in school, not because they had alerted to them by staff, but on account of their model of practice and relationships with children and young people. Children were reported by school staff to feel that they had really been valued as

individuals in the sessions run by VCS actors, and children who would usually “sit on the fence” came forward because they felt confident in that space to take more of a lead role.

Further, the *authenticity of individual staff* emerged as an important relational factor in a more co-productive mode of relating professionalism, in ways that recognised the subjectivities of different actors (Arnason, 1994). The professional *habitus* of VCS players was geared towards the “informal learning side” and they were said to be relaxed in their front-line work which, in consequence did not come across as feeling prescribed. That lack of formality was said to have reduced the distance between professional and service user and between services and users, and to have challenged pre-existing hierarchies. While there is little specifically in the literature on this aspect of professionalism in relation to co-production, it seemed significant in Study-borough and to be closely linked with trusting and reciprocal relationships. The “relational advantages” that appear to accrue to VCS actors should be viewed in the light of the structural constraints placed on staff in statutory services. These were seen as a limit on the capacity to work in new ways, and while there is a question of how far that is a perception or a material reality, it was seen locally as a contingency within the game. That said, it potentially contributed to a view among “dominant” actors that solely VCS-based community services, rooted in a social model, would have had more impact than the hybrid in Study-borough.

Ideas for future research

There remain significant gaps in our understanding of the “regular producer” (Ostrom, 1996) in public service co-production (Passey, in press). Filling that gap might involve more exploration of what professionals actually do in service co-production, and research to examine the ways that individual professions influence the motivations and means for public professionals to co-produce services (Steen & Tuurnas, 2018). As this study has noted, we only have a limited understanding of how public professionals might be able to orientate their practice towards co-production. The evidence suggests they will require help and guidance as they attempt to do so (Tuurnas, 2015). This points to a need to better understand structural constraints, including those from professional cultures, and to explore the means by which they might be addressed. There is a need here to draw on wider social theory, which has only had limited import into the public management literature on co-production. Finally, reflecting the most recent strain in the public management literature, there is a need to consider how theories of professionalism as a relating practice might support a view that service users, not professionals or organisations, are the (co)-creators of value in public services.

Summary

The responses to these three research questions outline the contribution that this study has made towards filling the research gap on what co-production means to public professionals, and how co-production impacts their professional practice. Within the acknowledged limits to a single case, this study reveals the dynamic links between how participants understood co-production and its effects on their work to implement *Future in Mind*.

The two-level research strategy enabled the local case study to be embedded in a wider political, social and economic context. This revealed how neoliberal discourses have colonised the policy space and set limits to what local actors deemed was possible from playing in the game of policy implementation. The micro-level research explored how local actors typically understood co-production in inter-professional terms and not in relation to front-line work. Bourdieu's theory and thinking tools pointed to a layered and dynamic game, in which different actors worked to valorise and deploy their stocks of capital. In one part of the game, "dominant" actors were able to extend their professional jurisdictions. In another, new actors were able to legitimate an alternative mode of professional practice.

It is possible to generalise from this case study in an analytical rather than statistical manner. The research has made theoretical contributions, by outlining the features of a co-productive mode of professionalism, and through a novel synthesis of theories from public management, the sociology of professions and Bourdieu's theory of practice. This study also situates public management theory of co-production within social theory in a way that is not typical in the literature. Further, empirical findings highlight gaps between high-level policy discourse on co-production and front-line implementation, and between the debate in academia and how co-production is understood in the practice of staff working in public services. These gaps potentially have implications for a number of professional communities, and for the design and delivery of public policy beyond the scope of this study.

References

Abbott, A. (1988) **The system of professions: An essay on the division of expert labor**. Chicago, Chicago University Press.

Ackroyd, S. and Karlsson, J. C. (2014) Critical realism, research techniques, and research designs. In: Edwards, P. K., O'Mahoney, J. and Vincent, S. (Eds.): **Studying organizations using critical realism: A practical guide**. Oxford, Oxford University Press, pp.21-45.

Adams, M. (2006) Hybridizing habitus and reflexivity: Towards an understanding of contemporary identity? **Sociology**, 40(3), pp.511-528.

Adler, P. S., Kwon, S.-W. and Heckscher, C. (2008) Professional work: The emergence of collaborative community. **Organization Science**, 19(2), pp.359-376.

Alford, J. (2016) Co-production, interdependence and publicness: Extending public service-dominant logic. **Public Management Review**, 18(5), pp.673-691.

Alford, J. and Freijser, L. (2018) Public management and co-production. In: Brandsen, T., Steen, T. and Verschuere, B. (Eds.): **Co-production and co-creation: Engaging citizens in public services**. London, Routledge, pp.40-48.

Ali, S. and Kelly, M. (2018) Ethics and social research. In: Seale, C. (Ed.): **Researching society and culture 4th edn**. London, Sage, pp.43-62.

Allen, A., Forst, R. and Haugaard, M. (2014) Power and reason, justice and domination: A conversation. **Journal of Political Power**, 7(1), pp.7-33.

Allsop, J. and Saks, M. (2002) Introduction: The regulation of the health professions. In: Allsop, J. and Saks, M. (Eds.): **The regulation of the health professions**. London, Sage.

Andersen, A. B., Frederiksen, K., Kolbæk, R. and Beedholm, K. (2017) Governing citizens and health professionals at a distance: A critical discourse analysis of policies

of intersectorial collaboration in Danish health-care. **Nursing inquiry**, 24(4). DOI: 10.1111/nin.12196.

Anderson, J. K., Howarth, E., Vainre, M., Jones, P. B. and Humphrey, A. (2017) A scoping literature review of service-level barriers for access and engagement with mental health services for children and young people. **Children and Youth Services Review**, 77, pp.164-176.

Anteby, M., Chan, C. K. and DiBenigno, J. (2016) Three lenses on occupations and professions in organizations: Becoming, doing, and relating. **The Academy of Management Annals**, 10(1), pp.183-244.

Appleby, J. (2013) **Spending on health and social care over the next 50 years: Why think long term?** London, The King's Fund.

Archer, M. S. (2010) Can reflexivity and habitus work in tandem? In: Archer, M. S. (Ed.): **Conversations about reflexivity**. London, Routledge, pp.123-143.

Arnason, V. (1994) Towards authentic conversations. Authenticity in the patient-professional relationship. **Theoretical Medicine**, 15(3), pp.227-242.

Arnstein, S. R. (1969) A ladder of citizen participation. **Journal of the American Institute of Planners**, 35(4), pp.216-224.

Askheim, O. P., Christensen, K., Fluge, S. and Guldvik, I. (2017) User participation in the Norwegian welfare context: An analysis of policy discourses. **Journal of Social Policy**, 46(3), pp.583-601.

Atkinson, W. (2011) From sociological fictions to social fictions: Some Bourdieusian reflections on the concepts of 'institutional habitus' and 'family habitus'. **British Journal of Sociology of Education**, 32(3), pp.331-347.

Atkinson, W. (2012) Where now for Bourdieu-inspired sociology? **Sociology**, 46(1), pp.167-173.

Atkinson, W. (2013) Some further (orthodox?) Bourdieusian reflections on the notions of 'institutional habitus' and 'family habitus': A reply to Burke, Emmerich, and Ingram. **British Journal of Sociology of Education**, 34(2), pp.183-189.

Beresford, P. (2019) Public participation in health and social care: Exploring the co-production of knowledge. **Frontiers in Sociology**, 3, DOI: 10.3389/fsoc.2018.00041.

Bevir, M. (2008) **Key concepts in governance**. London, Sage.

Bøgh Andersen, L. and Holm Pedersen, L. (2012) Public service motivation and professionalism. **International Journal of Public Administration**, 35(1), pp.46-57.

Bonebright, D. A. (2010) 40 years of storming: A historical review of Tuckman's model of small group development. **Human Resource Development International**, 13(1), pp.111-120.

Bourdieu, P. (1977) **Outline of a theory of practice**. Cambridge, Cambridge University Press.

Bourdieu, P. (1984) **Distinction: A social critique of the judgement of taste**. London, Routledge.

Bourdieu, P. (1986) The forms of capital. In: Richardson, J. G. (Ed.): **Handbook of theory and research in the sociology of education**. Westport: CT, Greenwood Press, pp.241-258.

Bourdieu, P. (1989) Social space and symbolic power. **Sociological Theory**, 7(1), pp.14-25.

Bourdieu, P. (1990) **The logic of practice**. Cambridge, Polity Press.

Bourdieu, P. (1993) **Sociology in question**. London, Sage.

Bourdieu, P. (1996) **The state nobility: Elite schools in the field of power**. Stanford CA, Stanford University Press.

Bourdieu, P. (1998a) **Acts of resistance: Against the new myths of our time**. Cambridge, Polity Press.

Bourdieu, P. (1998b) **Practical reason: On the theory of action**. Cambridge, Polity Press.

Bourdieu, P. (2000) **Pascalian meditations**. Cambridge, Polity Press.

Bourdieu, P. and Wacquant, L. J. (1992) **An invitation to reflexive sociology**. Cambridge, Polity Press.

Bovaird, T., Flemig, S., Loeffler, E. and Osborne, S. P. (2019) How far have we come with co-production—and what's next? **Public Money & Management**, 39(4), pp.229-232.

Bowers-Brown, T. (2015) 'It's like if you don't go to uni you fail in life': The relationship between girls' educational choices and the forms of capital. In: Thatcher, J., Ingram, N., Burke, C. and Abrahams, J. (Eds.): **Bourdieu: The next generation**. Abingdon, Routledge, pp.55-72.

Bowling, A. (2014) **Research methods in health: Investigating health and health services**. Maidenhead, Open University Press.

Boyle, D. and Harris, M. (2009) **The challenge of co-production**. London, New Economics Foundation.

Boyte, H. C. (2005) Reframing democracy: Governance, civic agency, and politics. **Public Administration Review**, 65(5), pp.536-546.

Brandsen, T. and Honingh, M. (2013) Professionals and shifts in governance. **International Journal of Public Administration**, 36(12), pp.876-883.

Brandsen, T. and Honingh, M. (2016) Distinguishing different types of coproduction: A conceptual analysis based on the classical definitions. **Public Administration Review**, 76(3), pp.427-435.

Brandsen, T. and Pestoff, V. (2006) Co-production, the third sector and the delivery of public services. **Public Management Review**, 8(4), pp.493-501.

Brandsen, T., Pestoff, V. and Verschuere, B. (2012) Co-production as a maturing concept. In: Pestoff, V., Brandsen, T. and Verschuere, B. (Eds.): **New public governance, the third sector, and co-production**. New York, Routledge, pp.1-9.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. **Qualitative Research in Psychology**, 3(2), pp.77-101.

Brinkmann, S. and Kvale, S. (2015) **Interviews: Learning the craft of qualitative research interviewing**. Los Angeles, Sage.

Brodin, E. Z. (2012) Reflections on street-level bureaucracy: Past, present, and future. **Public Administration Review**, 72(6), pp.940-949.

Broom, A., Hand, K. and Tovey, P. (2009) The role of gender, environment and individual biography in shaping qualitative interview data. **International Journal of Social Research Methodology**, 12(1), pp.51-65.

Brudney, J. L. and England, R. E. (1983) Toward a definition of the coproduction concept. **Public Administration Review**, 43(1), pp.59-65.

Burke, C. (2015) Bourdieu's theory of practice: Maintaining the role of capital. In: Thatcher, J., Ingram, N., Burke, C. and Abrahams, J. (Eds.): **Bourdieu: The next generation**. Abingdon, Routledge, pp.8-24.

Burke, C. T., Emmerich, N. and Ingram, N. (2013) Well-founded social fictions: A defence of the concepts of institutional and familial habitus. **British Journal of Sociology of Education**, 34(2), pp.165-182.

Buscetto, M. (2016) Practising reflexivity in ethnography. In: Silverman, D. (Ed.): **Qualitative research 4th edn**. London, Sage, pp.171-185.

Busfield, J. (2001) **Rethinking the sociology of mental health**. Oxford, Wiley-Blackwell.

Byrne, B. (2018) Qualitative interviewing. In: Seale, C. (Ed.): **Researching society and culture 4th edn**. London, Sage, pp.217-235.

Callaghan, G. D. and Wistow, G. (2006) Publics, patients, citizens, consumers? Power and decision making in primary health care. **Public Administration**, 84(3), pp.583-601.

Callaghan, J. E., Fellin, L. C. and Warner-Gale, F. (2017) A critical analysis of child and adolescent mental health services policy in England. **Clinical Child Psychology and Psychiatry**, 22(1), pp.109-127.

Cambridge dictionary (n.d.) [Online] Available from:
<<https://dictionary.cambridge.org/dictionary/english/executive-summary>> [Accessed 10 December 2019].

Care Quality Commission (2018) **Are we listening? Review of children and young people's mental health services**. Available at
<https://www.cqc.org.uk/sites/default/files/20180308b_arewelisting_report.pdf> [Accessed 6 June 2018].

Carr, S. (2016) **Position paper: Are mainstream mental health services ready to progress transformative co-production?** Bath, NDTi.

Chaebo, G. and Medeiros, J. J. (2017) Conditions for policy implementation via co-production: The control of dengue fever in Brazil. **Public Management Review**, 19(10), pp.1381-1398.

Chandler, D. and Munday, R. (2011) **A dictionary of media and communication**. Oxford, Oxford University Press.

Chopra, R. (2003) Neoliberalism as *doxa*: Bourdieu's theory of the state and the contemporary Indian discourse on globalization and liberalization. **Cultural Studies**, 17(3-4), pp.419-444.

Clark, M. (2015) Co-production in mental health care. **Mental Health Review Journal**, 20(4), pp.213-219.

Collyer, F. (2018) Envisaging the healthcare sector as a field: Moving from Talcott Parsons to Pierre Bourdieu. **Social Theory & Health**, 16(2), pp.111-126.

Cooke, J., Langley, J., Wolstenholme, D. and Hampshaw, S. (2017) "Seeing" the difference: The importance of visibility and action as a mark of "authenticity" in co-production. Comment on "collaboration and co-production of knowledge in healthcare: Opportunities and challenges". **International Journal of Health Policy and Management**, 6(6), pp.345-348.

Creswell, J. W. and Clark, V. L. P. (2017) **Designing and conducting mixed methods research**. London, Sage.

Crinson, I. (2007) Nursing practice and organisational change within the NHS: A critical realist methodological approach to the analysis of discursive data. **Methodological Innovations Online**, 2(2), pp.32-43.

Crompton, A. (2019) Inside co-production: Stakeholder meaning and situated practice. **Social Policy & Administration**, 53(2), pp.219-232.

Crosby, B. C., 't Hart, P. and Torfing, J. (2017) Public value creation through collaborative innovation. **Public Management Review**, 19(5), pp.655-669.

Crossley, N. (2003) From reproduction to transformation: Social movement fields and the radical habitus. **Theory, Culture & Society**, 20(6), pp.43-68.

Cummins, J. and Miller, C. (2007) **Co-production, social capital and service effectiveness**. London, OPM.

Currie, G., Lockett, A., Finn, R., Martin, G. and Waring, J. (2012) Institutional work to maintain professional power: Recreating the model of medical professionalism. **Organization Studies**, 33(7), pp.937-962.

Danermark, B., Ekstrom, M. and Jakobsen, L. (2005) **Explaining society: An introduction to critical realism in the social sciences**. London, Routledge.

Decoteau, C. L. (2016) The reflexive habitus. **European Journal of Social Theory**, 19(3), pp.303-321.

Deer, C. (2008) Doxa. In: Grenfell, M. (Ed.): **Pierre Bourdieu: Key concepts**. Durham, Acumen, pp.119-130.

Denhardt, R. B. and Denhardt, J. V. (2000) The new public service: Serving rather than steering. **Public Administration Review**, 60(6), pp.549-559.

Dent, M. and Pahor, M. (2015) Patient involvement in Europe – a comparative framework. **Journal of Health Organization and Management**, 29(5), pp.546-555.

Department of Health (2015) **Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing**. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf> [Accessed 7 March 2017].

DH & DfE (2017) **Transforming children and young people's mental health provision** [Online report]. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf [Accessed 6 July 2018].

Dopson, S. (2009) Changing forms of managerialism in the NHS: Hierarchies, markets and networks. In Gabe, J. and Calnan, M. (Eds.): **The new sociology of the health service**. London, Routledge, pp.37-55.

Dubois, V. (2014) The fields of public policy. In: Hilgers, M. and Mangez, É. (Eds.): **Bourdieu's theory of social fields: Concepts and applications**. London, Routledge, pp.199-220.

Dunston, R., Lee, A., Boud, D., Brodie, P. and Chiarella, M. (2009) Co-production and health system reform – from re-imagining to re-making. **Australian Journal of Public Administration**, 68(1), pp.39-52.

Durose, C., Needham, C., Mangan, C. and Rees, J. (2014) Evaluating co-production: pragmatic approaches to building the evidence base. Paper presented at **Political Studies Association Conference, Manchester 14-16 April 2014**.

Durose, C., Needham, C., Mangan, C. and Rees, J. (2017) Generating 'good enough' evidence for co-production. **Evidence & Policy: A Journal of Research, Debate and Practice**, 13(1), pp.135-151.

Durose, C. and Richardson, L. (2015) **Designing public policy for co-production: Theory, practice and change**. Bristol, Policy Press.

Dzur, A. W. (2008) **Democratic professionalism: Citizen participation and the reconstruction of professional ethics, identity, and practice**. University Park PA, Pennsylvania University State Press.

Eriksson, E. M. (2019) Representative co-production: Broadening the scope of the public service logic. **Public Management Review**, 21(2), pp.291-314.

Eriksson, K. and Vogt, H. (2013) On self-service democracy: Configurations of individualizing governance and self-directed citizenship. **European Journal of Social Theory**, 16(2), pp.153-173.

Evans, T. (2011) Professionals, managers and discretion: Critiquing street-level bureaucracy. **British Journal of Social Work**, 41(2), pp.368-386.

Evans, T. (2016) Street-level bureaucracy, management and the corrupted world of service. **European Journal of Social Work**, 19(5), pp.602-615.

Evetts, J. (2009) New professionalism and new public management: Changes, continuities and consequences. **Comparative Sociology**, 8(2), pp.247-266.

Evetts, J. (2011) A new professionalism? Challenges and opportunities. **Current Sociology**, 59(4), pp.406-422.

Eyal, G. (2013) For a sociology of expertise: The social origins of the autism epidemic. **American Journal of Sociology**, 118(4), pp.863-907.

Fairclough, N. (2001) Critical discourse analysis as a method in social scientific research. In: Wodak, R. and Meyer, M. (Eds.): **Methods of critical discourse studies**. London, Sage, pp.121-138

Fairclough, N. (2003) **Analysing discourse: Textual analysis for social research**. London, Routledge.

Fairclough, N. (2010) **Critical discourse analysis: The critical study of language**. London, Routledge.

Fairclough, N. (2015) **Language and power 3rd edn**. London, Routledge.

Farr, M. (2016) Co-production and value co-creation in outcome-based contracting in public services. **Public Management Review**, 18(5), pp.654-672.

Farr, M. (2018) Power dynamics and collaborative mechanisms in co-production and co-design processes. **Critical Social Policy**, 38(4), pp.623-644.

Farrugia, D. (2013) The reflexive subject: Towards a theory of reflexivity as practical intelligibility. **Current Sociology**, 61(3), pp.283-300.

Farrugia, D. and Woodman, D. (2015) Ultimate concerns in late modernity: Archer, Bourdieu and reflexivity. **The British Journal of Sociology**, 66(4), pp.626-644.

Fenwick, T. (2011) Policies for the knowledge economy: Knowledge discourses at play. In: Malloch, M., Cairns, L., Evans, K. et al. (Eds.): **The Sage handbook of workplace learning**. Los Angeles, Sage, pp.319-330.

Ferlie, E. and Geraghty, K. J. (2005) Professionals in public service organizations. In: Ferlie, E., Lynn, L. and Pollitt, C. (Eds): **The Oxford handbook of public management**. Oxford, Oxford University Press, pp.442-445

Filipe, A., Renedo, A. and Marston, C. (2017) The co-production of what? Knowledge, values, and social relations in health care. **PLoS Biology**, 15(5), DOI: <https://doi.org/10.1371/journal.pbio.2001403>.

Fisher, P. (2016) Co-production: What is it and where do we begin? **Journal of Psychiatric and Mental Health Nursing**, 23(6-7), pp.345-346.

Fledderus, J., Brandsen, T. and Honingh, M. E. (2015) User co-production of public service delivery: An uncertainty approach. **Public Policy and Administration**, 30(2), pp.145-164.

Fletcher, A. J. (2016) Applying critical realism in qualitative research: Methodology meets method. **International Journal of Social Research Methodology**, 20(2), pp.181-194.

Flyvbjerg, B. (2006) Five misunderstandings about case-study research. **Qualitative inquiry**, 12(2), pp.219-245.

Forde, C. (2019) Book Review Eds T. Brandsen, T. Steen and B. Vershuere: Co-production and co-creation: Engaging citizens in public services. **Voluntas: International Journal of Voluntary and Nonprofit Organizations**. DOI: <https://doi.org/10.1007/s11266-019-00182-9>.

Fotaki, M. (2011) Towards developing new partnerships in public services: Users as consumers, citizens and/or co-producers in health and social care in England and Sweden. **Public Administration**, 89(3), pp.933-955.

Fotaki, M. (2015) Co-production under the financial crisis and austerity. **Journal of Management Inquiry**, 24(4), pp.433-438.

Fournier, V. (1999) The appeal to 'professionalism' as a disciplinary mechanism. **The Sociological Review**, 47(2), pp.280-307.

Freidson, E. (2001) **Professionalism, the third logic: On the practice of knowledge**. Chicago, University of Chicago Press.

Furedi, F. (2006) The end of professional dominance. **Society**, 43(6), pp.14-18.

Gaspar, D. (2004) **The ethics of development**. Edinburgh, Edinburgh University Press.

Gershlick, B. (2018) **NHS funding settlement: 'A change of gear' for the NHS?** [Online blog]. Available from <<https://www.health.org.uk/blogs/nhs-funding-settlement-a-change-of-gear-for-the-nhs>> [Accessed 9 May 2019].

Gill, L., White, L. and Cameron, I. D. (2011) Service co-creation in community-based aged healthcare. **Managing Service Quality: An International Journal**, 21(2), pp.152-177.

Gioia, D. A., Corley, K. G. and Hamilton, A. L. (2013) Seeking qualitative rigor in inductive research: Notes on the Gioia methodology. **Organizational Research Methods**, 16(1), pp.15-31.

Glover-Thomas, N. (2013) The health and social care act 2012: The emergence of equal treatment for mental health care or another false dawn? **Medical Law International**, 13(4), pp.279-297.

Grenfell, M. (2008a) Interest. In: Grenfell, M. (Ed.): **Pierre Bourdieu: Key concepts**. Durham, Acumen, pp.153-170.

Grenfell, M. (2008b) Methodological principles. In: Grenfell, M. (Ed.): **Pierre Bourdieu: Key concepts**. Durham, Acumen, pp.219-227.

Grint, K. and Nixon, D. (2015) **The sociology of work: 4th edn**. Malden, MA, Polity.

Guest, G., MacQueen, K. M. and Namey, E. E. (2011) **Applied thematic analysis**. London, Sage.

Gunasekara, I., Patterson, S. and Scott, J. G. (2017) "What makes an excellent mental health doctor?" A response integrating the experiences and views of service users with critical reflections of psychiatrists. **Health & Social Care in the Community**, 25(6), pp.1752-1762.

Ham, C., Baird, B., Gregory, S., Jabbal, J. and Alderwick, H. (2015) **The NHS under the coalition government. Part one: NHS reform**. London, The King's Fund.

Harington, P. R. and Beddoe, L. (2014) Civic practice: A new professional paradigm for social work. **Journal of Social Work**, 14(2), pp.147-164.

Harvey, D. (2005) **A brief history of neoliberalism**. Oxford, Oxford University Press.

Hastings, A. and Matthews, P. (2015) Bourdieu and the big society: Empowering the powerful in public service provision? **Policy & Politics**, 43(4), pp.545-560.

Haveri, A. (2006) Complexity in local government change: Limits to rational reforming. **Public Management Review**, 8(1), pp.31-46.

Hawkins, J., Madden, K., Fletcher, A., Midgley, L., Grant, A., Cox, G., Moore, L., Campbell, R., Murphy, S. and Bonell, C. (2017) Development of a framework for the co-production and prototyping of public health interventions. **BMC Public Health**, 17(1) DOI: 10.1186/s12889-017-4695-8.

Head, B. W. (2008) Three lenses of evidence-based policy. **Australian Journal of Public Administration**, 67(1), pp.1-11.

Head, B. W. (2010) Public management research: Towards relevance. **Public Management Review**, 12(5), pp.571-585.

HEE (2017) **Stepping forward to 2020/21: The mental health workforce plan for England**. [Online report]. Available at
<<https://www.hee.nhs.uk/sites/default/files/documents/Stepping%20forward%20to%202021%20-%20The%20mental%20health%20workforce%20plan%20for%20england.pdf>>
[Accessed 24 June 2019].

Hendriks, W. and van Gestel, N. (2017) The emergence of hybrid professional roles: GPs and secondary school teachers in a context of public sector reform. **Public Management Review**, 19(8), pp.1105-1123.

Hilgers, M. (2013) Embodying neoliberalism: Thoughts and responses to critics. **Social Anthropology**, 21(1), pp.75-89.

Hilgers, M. and Mangez, E. (2014) Introduction to Pierre Bourdieu's theory of social fields. In: Hilgers, M. and Mangez, E. (Eds.): **Bourdieu's theory of social fields: Concepts and applications**. London, Routledge, pp.1-36.

HM Government (2017) **The Government's response to the five year forward view for mental health**. Available at:

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582120/FYFV_mental_health__government_response.pdf> [Accessed 6 July 2018].

HM Treasury (2015a) **Spending review and autumn statement 2015** [Online policy paper]. Available at: <<https://www.gov.uk/government/publications/spending-review-and-autumn-statement-2015-documents/spending-review-and-autumn-statement-2015>> [Accessed 9 May 2019].

HM Treasury (2015b) **Department of health's settlement at the spending review 2015**. Available at: <<https://www.gov.uk/government/news/department-of-healths-settlement-at-the-spending-review-2015>> [Accessed 9 May 2019].

HM Treasury (2018) **Policy paper: Budget 2018** [Online policy paper]. Available at: <<https://www.gov.uk/government/publications/budget-2018-documents/budget-2018>> [Accessed 9 May 2019].

Hodgkinson, I. R., Hannibal, C., Keating, B. W., Chester Buxton, R. and Bateman, N. (2017) Toward a public service management: Past, present, and future directions. **Journal of Service Management**, 28(5), pp.998-1023.

Hood, C. (1991) A public management for all seasons? **Public Administration**, 69(1), pp.3-19.

Horne, M. and Shirley, T. (2009) **Co-production in public services: A new partnership with citizens**. London, Cabinet Office.

Horwitz, A. (2013) The sociological study of mental illness: A critique and synthesis of four perspectives. In: Aneshensel, C., Phelan, J. and Bierman, A. (Eds.): **Handbook of the sociology of mental health 2nd edn**. London, Springer, pp.95-112.

Howlett, M. (2009) Governance modes, policy regimes and operational plans: A multi-level nested model of policy instrument choice and policy design. **Policy Sciences**, 42(1), pp.73-89.

Howlett, M., Kekez, A. and Poocharoen, O-O. (2017) Understanding co-production as a policy tool: Integrating new public governance and comparative policy theory. **Journal of Comparative Policy Analysis: Research and Practice**, 19(5), pp.487-501.

Hupe, P. and Buffat, A. (2014) A public service gap: Capturing contexts in a comparative approach of street-level bureaucracy. **Public Management Review**, 16(4), pp.548-569.

Hupe, P. and Hill, M. (2007) Street-level bureaucracy and public accountability. **Public Administration**, 85(2), pp.279-299.

Hyatt, D. (2005) Time for a change: A critical discursial analysis of synchronic context with diachronic relevance. **Discourse & Society**, 16(4), pp.515-534.

Hyatt, D. (2013) The critical policy discourse analysis frame: Helping doctoral students engage with the educational policy analysis. **Teaching in Higher Education**, 18(8), pp.833-845.

Iacovino, N. M., Barsanti, S. and Cinquini, L. (2017) Public organizations between old public administration, new public management and public governance: The case of the Tuscany region. **Public Organization Review**, 17(1), pp.61-82.

Ibrahim, J. (2015) **Bourdieu and social movements: Ideological struggles in the British anti-capitalist movement**. Basingstoke, Hampshire, Springer.

Institute for Government (2018) **Adult social care** [Online report] Available from <<https://www.instituteforgovernment.org.uk/publication/performance-tracker-2018/adult-social-care>> [Accessed 9 May 2019].

Jessop, B. (2013) Putting neoliberalism in its time and place: A response to the debate. **Social Anthropology**, 21(1), pp.65-74.

Kekez, A., Howlett, M. and Ramesh, M. (2018) Varieties of collaboration in public service delivery. **Policy Design and Practice**, 1(4), pp.243-252.

King, D. (2017) Becoming business-like: Governing the nonprofit professional. **Nonprofit and Voluntary Sector Quarterly**, 46(2), pp.241-260.

Kleinhans, R. (2017) False promises of co-production in neighbourhood regeneration: The case of Dutch community enterprises. **Public Management Review**, 19(10), pp.1500-1518.

Klijn, E.-H. (2008) Governance and governance networks in Europe: An assessment of ten years of research on the theme. **Public Management Review**, 10(4), pp.505-525.

Korczynski, M. (2013) The customer in the sociology of work: Different ways of going beyond the management–worker dyad. **Work, Employment and Society**, 27(6), pp.NP1-NP7, DOI: 10.1177/0950017012464424.

Lawrence, T. B. (2004) Rituals and resistance: Membership dynamics in professional fields. **Human Relations**, 57(2), pp.115-143.

Le Grand, J. (2010) Knights and knaves return: Public service motivation and the delivery of public services. **International Public Management Journal**, 13(1), pp.56-71.

Leemeijer, A. and Trappenburg, M. (2016) Patient centered professionalism? Patient participation in mental health professional frameworks. **Professions and Professionalism**, 6(2), DOI: <http://dx.doi.org/10.7577/pp.1474>.

Lindsay, C., Pearson, S., Batty, E., Cullen, A. M. and Eadson, W. (2018) Co-production as a route to employability: Lessons from services with lone parents. **Public Administration**, 96(2), pp.318-332.

Lindsay, C., Pearson, S., Batty, E., Cullen, A. M. and Eadson, W. (2019) Street-level practice, personalisation and co-production in employability: Insights from local services with lone parents. **Social Policy and Society**, 18(4), pp.647-658.

Lino, A. F., Busanelli de Aquino, A. C., de Azevedo, R. R. and Brumatti, L. M. (2019) From rules to collaborative practice: When regulatory mechanisms drive collective co-production. **Public Money & Management**, 39(4), pp.280-289.

Lipsky, M. (1980) **Street-level bureaucracy: Dilemmas of the individual in public services**. New York, Russell Sage Foundation.

Lipsky, M. (2010) **Street-level bureaucracy, 30th anniversary edition: Dilemmas of the individual in public service**. New York, Russell Sage Foundation.

Local Government Association (2015) **Spending review and autumn statement 2015: On the day briefing** [Online briefing]. Available at: <<https://www.local.gov.uk/sites/default/files/documents/spending-review-and-autum-bd6.pdf>> [Accessed 22 November 2019].

Loeffler, E. and Bovaird, T. (2016) User and community co-production of public services: What does the evidence tell us? **International Journal of Public Administration**, 39(13), pp.1006-1019.

Loyal, S. and Quilley, S. (2017) The particularity of the universal: Critical reflections on Bourdieu's theory of symbolic power and the state. **Theory and Society**, 46(5), pp.429-462.

Lukes, S. (2005) **Power: A radical view**. Basingstoke, Palgrave MacMillan.

Lwembe, S., Green, S. A., Chigwende, J., Ojwang, T. and Dennis, R. (2017) Co-production as an approach to developing stakeholder partnerships to reduce mental health inequalities: An evaluation of a pilot service. **Primary Health Care Research & Development**, 18(1), pp.14-23.

Lyons, S. T., Duxbury, L. E. and Higgins, C. A. (2006) A comparison of the values and commitment of private sector, public sector, and parapublic sector employees. **Public Administration Review**, 66(4), pp.605-618.

MacLeod, M. A. and Emejulu, A. (2014) Neoliberalism with a community face? A critical analysis of asset-based community development in Scotland. **Journal of Community Practice**, 22(4), pp.430-450.

Maton, K. (2003) Reflexivity, relationism, & research: Pierre Bourdieu and the epistemic conditions of social scientific knowledge. **Space and Culture**, 6(1), pp.52-65.

Maton, K. (2008) Habitus. In: Grenfell, M. (Ed.): **Pierre Bourdieu: Key concepts**. Durham, Acumen, pp.49-65.

Maxwell, J. A. (2012) **A realist approach for qualitative research**. London, Sage.

Maxwell, J. A. and Mittapalli, K. (2010) Realism as a stance for mixed methods research. In Tashakkori, A. and Teddlie, C. (Eds.): **Handbook of Mixed Methods in Social & Behavioral Research, 2nd edn**, London, Sage, pp.145-168.

Maynard-Moody, S. and Portillo, S. (2010) Street-level bureaucracy theory. In: Durant, R. (Ed.); **The Oxford handbook of American bureaucracy**. Oxford, Oxford University Press, pp.252-277.

McDonough, P. (2006) Habitus and the practice of public service. **Work, Employment and Society**, 20(4), pp.629-647.

McDonough, P. and Polzer, J. (2012) Habitus, hysteresis and organizational change in the public sector. **Canadian Journal of Sociology**, 37(4), pp.357-380.

McKenzie, L. (2012) A narrative from the inside, studying St Anns in Nottingham: Belonging, continuity and change. **The Sociological Review**, 60(3), pp.457-475.

McManus, S., Bebbington, P., Jenkins, R. and Brugha, T. (2016) **Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014**. Available at <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/556596/apms-2014-full-rpt.pdf> [Accessed 19 February 2019].

Meijer, A. (2016) Coproduction as a structural transformation of the public sector. **International Journal of Public Sector Management**, 29(6), pp.596-611.

Membride, H. (2016) Mental health: Early intervention and prevention in children and young people. **British Journal of Nursing**, 25(10), pp.552-557.

Mendoza, M. (2019) To mix or not to mix? Exploring the dispositions to otherness in schools. **European Educational Research Journal**, DOI: 10.1177/1474904119830846.

Mental Health Taskforce (2016) **The five year forward view for mental health** [Online report]. Available at <<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>> [Accessed 8 March 2017].

Moore, R. (2008) Capital. In: Grenfell, M. (Ed.): **Pierre Bourdieu: Key concepts**. Durham, Acumen, pp.101-117.

Morton, M. and Paice, E. (2016) Co-production at the strategic level: Co-designing an integrated care system with lay partners in north west London, England. **International Journal of Integrated Care**, 16(2), pp.1-4.

Muzio, D., Brock, D. M. and Suddaby, R. (2013) Professions and institutional change: Towards an institutionalist sociology of the professions. **Journal of Management Studies**, 50(5), pp.699-721.

National Audit Office (2018a) **Financial sustainability of local authorities 2018. Hc: 834, session 2017–2019**, Ministry of Housing, Communities and Local Government London.

National Audit Office (2018b) **Improving children and young people’s mental health services. HC: 1618, session 2017–2019**. Department of Health & Social Care, NHS England and Health Education England.

National Audit Office (2018c) **Rolling out Universal Credit. HC: 1123, session 2017–2019**, Department of Work and Pensions.

Nederhand, J. and Meerkerk, I. (2018) Activating citizens in Dutch care reforms: Framing new co-production roles and competences for citizens and professionals. **Policy & Politics**, 46(4), pp.533-550.

Needham, C. and Carr, S. (2009) **Co-production: An emerging evidence base for adult social care transformation**. London, Social Care Institute for Excellence.

NHS Digital (2018) **Mental health of children and young people in England, 2017: Summary of key findings** [Online report] Available at: <<https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>> [Accessed on 16 May 2019].

NHS England (2014) **Five year forward view**. Available at <<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>> [Accessed 28 March 2017].

NHS England (2015) **Terms of reference. Mental health taskforce: A five year strategy for mental health**. [Online briefing] Available at: <<https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2015/10/mh-tor-fin.pdf>> [Accessed 9 May 2019].

NHS England (2016a) **NHS five year forward view: Recap briefing for the health select committee on technical modelling and scenarios**. [Online briefing]. Available at <www.england.nhs.uk/wp-content/uploads/2016/05/fyfv-tech-note-090516.pdf> [Accessed 9 May 2019].

NHS England (2016b) **Implementing the five year forward view for mental health**. [Online paper] Available at <www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf> [Accessed 9 May 2019].

NHS England (2018) **Mental health** [Online]. Available at <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/mental-health> [Accessed 16 May 2019].

NHS England and NHS Improvement (2016) **Delivering the five year forward view for mental health: Developing quality and outcomes measures**. [Online guidance]. Available at: <<https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/02/mh-quality-outcome.pdf>> [Accessed 28 March 2017].

Noordegraaf, M. (2007) From “pure” to “hybrid” professionalism: Present-day professionalism in ambiguous public domains. **Administration & Society**, 39(6), pp.761-785.

Noordegraaf, M. (2011) Risky business: How professionals and professional fields (must) deal with organizational issues. **Organization Studies**, 32(10), pp.1349-1371.

Noordegraaf, M. (2016) Reconfiguring professional work. **Administration & Society**, 48(7), pp.783-810.

Nuffield Trust (2015) **Impact of the 2015 spending review on health and social care: Written evidence for the health select committee**. [Online policy paper]

Available at <<https://www.nuffieldtrust.org.uk/files/2017-01/2015-spending-review-inquiry-joint-submission-web-final.pdf>> [Accessed 9 May 2019].

Numerato, D., Salvatore, D. and Fattore, G. (2012) The impact of management on medical professionalism: A review. **Sociology of Health & Illness**, 34(4), pp.626-644.

O'Flynn, J. (2007) From new public management to public value: Paradigmatic change and managerial implications. **Australian Journal of Public Administration**, 66(3), pp.353-366.

O'Mahoney, J. and Vincent, S. (2014) Critical realism as an empirical project: A beginner's guide. In: Edwards, P., O'Mahoney, J. and Vincent, S. (Eds.): **Studying organizations using critical realism: A practical guide**. Oxford, Oxford University Press, pp.1-20

OECD (2015) **Fiscal sustainability of health systems: Bridging health and finance perspectives**. Paris, OECD.

Osborne, S. P. (2006) The new public governance? **Public Management Review**, 8(3), pp.377-387.

Osborne, S. P. (2010) **The new public governance: Emerging perspectives on the theory and practice of public governance**. London, Routledge.

Osborne, S. P. (2018) From public service-dominant logic to public service logic: Are public service organizations capable of co-production and value co-creation? **Public Management Review**, 20(2), pp.225-231.

Osborne, S. P., Radnor, Z., Kinder, T. and Vidal, I. (2015) The service framework: A public-service-dominant approach to sustainable public services. **British Journal of Management**, 26(3), pp.424-438.

Osborne, S. P., Radnor, Z. and Strokosch, K. (2016) Co-production and the co-creation of value in public services: A suitable case for treatment? **Public Management Review**, 18(5), pp.639-653.

Osborne, S. P. and Strokosch, K. (2013) It takes two to tango? Understanding the co-production of public services by integrating the services management and public administration perspectives. **British Journal of Management**, 24, pp.S31-S47, DOI: 10.1111/1467-8551.1201.

Osborne, S. P., Strokosch, K. and Radnor, Z. (2018) Co-production and the co-creation of value in public services: A perspective from service management. In: Brandsen, T., Steen, T. and Verschuere, B. (Eds.): **Co-production and co-creation: Engaging citizens in public services**. London, Routledge, pp.18-26.

Ostrom, E. (1996) Crossing the great divide: Coproduction, synergy, and development. **World Development**, 24(6), pp.1073-1087.

Padfield, M. and Procter, I. (1996) The effect of interviewer's gender on the interviewing process: A comparative enquiry. **Sociology**, 30(2), pp.355-366.

Parks, R. B., Baker, P. C., Kiser, L., Oakerson, R., Ostrom, E., Ostrom, V., Percy, S. L., Vandivort, M. B., Whitaker, G. P. and Wilson, R. (1981) Consumers as coproducers of public services: Some economic and institutional considerations. **Policy Studies Journal**, 9(7), pp.1001-1011.

Passey, A. (In press) Challenging co-option: From co-production by organisations to co-creation of value by users. In: Raffay, J., McKeown, M. and Thornton, T. (Eds.): **Co-production in mental health: Lighting up dark places**. Monmouth: PCCS Books.

Pearson, C., Watson, N. and Manji, K. (2018) Changing the culture of social care in Scotland: Has a shift to personalization brought about transformative change? **Social Policy & Administration**, 52(3), pp.662-676.

Peillon, M. (1998) Bourdieu's field and the sociology of welfare. **Journal of Social Policy**, 27(2), pp.213-229.

Penny, J., Slay, J. and Stephens, L. (2012) **People powered health: Co-production catalogue**. London, NESTA.

Pestoff, V. (2006) Citizens and co-production of welfare services: Childcare in eight European countries. **Public Management Review**, 8(4), pp.503-519.

Pestoff, V. (2012) Co-production and third sector social services in Europe: Some concepts and evidence. **Voluntas: International Journal of Voluntary and Nonprofit Organizations**, 23(4), pp.1102-1118.

Pestoff, V. (2014) Collective action and the sustainability of co-production. **Public Management Review**, 16(3), pp.383-401.

Pestoff, V. (2018) Co-production at the crossroads of public administration regimes. In: Brandsen, T., Steen, T. and Verschuere, B. (Eds.): **Co-production and co-creation: Engaging citizens in public services**. London, Routledge, pp.27-36.

Pilgrim, D. (2000) The real problem for postmodernism. **Journal of Family Therapy**, 22(1), pp.6-23.

Pilgrim, D. (2009) **Key concepts in mental health**. London, Sage.

Pilgrim, D. (2012) The British welfare state and mental health problems: The continuing relevance of the work of Claus Offe. **Sociology of Health & Illness**, 34(7), pp.1070-1084.

Pilgrim, D. (2018) Co-production and involuntary psychiatric settings. **Mental Health Review Journal**, 23(4), pp.269-279.

Pilgrim, D. and Ramon, S. (2009) English mental health policy under new Labour. **Policy & Politics**, 37(2), pp.273-288.

Pilgrim, D. and Rogers, A. (2005) **A sociology of mental health and illness**. Buckingham, Open University Press.

Pollitt, C. and Bouckaert, G. (2017) **Public management reform: A comparative analysis - into the age of austerity**. Oxford, Oxford University Press.

Punch, K. F. (2013) **Introduction to social research: Quantitative and qualitative approaches**. London, Sage.

Putnam, R. D. (2000) **Bowling alone: The collapse and revival of American community**. New York, Simon and Schuster.

Roberts, A., Townsend, S., Morris, J., Rushbrooke, E., Greenhill, B., Whitehead, R., Matthews, T. and Golding, L. (2013) Treat me right, treat me equal: Using national policy and legislation to create positive changes in local health services for people with intellectual disabilities. **Journal of Applied Research in Intellectual Disabilities**, 26(1), pp.14-25.

Roper, J., Ganesh, S. and Inkson, K. (2010) Neoliberalism and knowledge interests in boundaryless careers discourse. **Work, Employment and Society**, 24(4), pp.661-679.

Rowlands, J. and Rawolle, S. (2013) Neoliberalism is not a theory of everything: A Bourdieuan analysis of illuso in educational research. **Critical Studies in Education**, 54(3), pp.260-272.

Ryan, B. (2012) Co-production: Option or obligation? **Australian Journal of Public Administration**, 71(3), pp.314-324.

Rycroft-Malone, J., Burton, C. R., Bucknall, T., Graham, I. D., Hutchinson, A. M. and Stacey, D. (2016) Collaboration and co-production of knowledge in healthcare: Opportunities and challenges. **International Journal of Health Policy and Management**, 5(4), pp.221-223.

Saks, M. (2012) Defining a profession: The role of knowledge and expertise. **Professions and Professionalism**, 2(1), DOI: <https://doi.org/10.7577/pp.v2i1.151>.

Saldaña, J. (2015) **The coding manual for qualitative researchers**. London, Sage.

Schinkel, W. (2007) Sociological discourse of the relational: The cases of Bourdieu & Latour. **The Sociological Review**, 55(4), pp.707-729.

Schinkel, W. and Noordegraaf, M. (2011) Professionalism as symbolic capital: Materials for a Bourdieusian theory of professionalism. **Comparative Sociology**, 10(1), pp.67-96.

Scott, J. ed. (2014) **A dictionary of sociology**. Oxford, Oxford University Press.

Scourfield, P. (2015) Even further beyond street-level bureaucracy: The dispersal of discretion exercised in decisions made in older people's care home reviews. **British Journal of Social Work**, 45(3), pp.914-931.

Seale, C. (2018) Philosophy, politics and values. In: Seale, C. (Ed.): **Researching society and culture 4th edn**. Durham, Acumen, pp.9-24.

Sehested, K. (2002) How new public management reforms challenge the roles of professionals. **International Journal of Public Administration**, 25(12), pp.1513-1537.

Slay, J. and Stephens, L. (2013) **Co-production in mental health: A literature review**. London: New Economics Foundation.

Smith, C. and Elger, T. (2012) **Critical realism and interviewing subjects**. School of Management, Royal Holloway University of London, Working Paper Series: SoMWP–1208.

Soares da Silva, D., Horlings, L. and Figueiredo, E. (2018) Citizen initiatives in the post-welfare state. **Social Sciences**, 7(12), DOI: <https://doi.org/10.3390/socsci7120252>.

Speed, E. and Gabe, J. (2013) The health and social care act for England 2012: The extension of "new professionalism". **Critical Social Policy**, 33(3), pp.564-574.

Steen, T. and Tuurnas, S. (2018) The roles of the professional in co-production and co-creation processes. In: Brandsen, T., Steen, T. and Verschuere, B. (Eds.): **Co-production and co-creation: Engaging citizens in public services**. London, Routledge, pp.80-92.

Stomski, N. J. and Morrison, P. (2017) Participation in mental healthcare: A qualitative meta-synthesis. **International Journal of Mental Health Systems**, 11(1), DOI: DOI 10.1186/s13033-017-0174-y.

Taylor, I. and Kelly, J. (2006) Professionals, discretion and public sector reform in the UK: Re-visiting Lipsky. **International Journal of Public Sector Management**, 19(7), pp.629-642.

Thatcher, J., Ingram, N., Burke, C. and Abrahams, J. (2015) **Bourdieu: The next generation**. Abingdon, Routledge.

Thomson, P. (2005) Bringing Bourdieu to policy sociology: Codification, misrecognition and exchange value in the UK context. **Journal of Education Policy**, 20(6), pp.741-758.

Thomson, P. (2008) Field. In: Grenfell, M. (Ed.): **Pierre Bourdieu: Key concepts**. Durham, Acumen, pp.67-81.

Timmermans, S. and Oh, H. (2010) The continued social transformation of the medical profession. **Journal of Health and Social Behavior**, 51, pp.S94 –S106, DOI: 10.1177/0022146510383500.

Timmins, N. (2012) **Never again? The story of the health and social care act 2012: A study in coalition government and policy making**. London, Institute for Government and the King's Fund.

Tommasetti, A., Troisi, O. and Vesce, M. (2017) Measuring customer value co-creation behavior: Developing a conceptual model based on service-dominant logic. **Journal of Service Theory and Practice**, 27(5), pp.930-950.

Tonkiss, F. (2018) Focus groups. In: Seale, C. (Ed.): **Researching society and culture 4th edn**. London, Sage, pp.237-256.

Tonkiss, F. and Passey, A. (1999) Trust, confidence and voluntary organisations: Between values and institutions. **Sociology**, 33(2), pp.257-274.

Torring, J., Sørensen, E. and Røiseland, A. (2019) Transforming the public sector into an arena for co-creation: Barriers, drivers, benefits, and ways forward. **Administration & Society**, 51(5), pp.795-825.

- Torring, J. and Triantafillou, P. (2013) What's in a name? Grasping new public governance as a political-administrative system. **International Review of Public Administration**, 18(2), pp.9-25.
- Tummers, L. and Bekkers, V. (2014) Policy implementation, street-level bureaucracy, and the importance of discretion. **Public Management Review**, 16(4), pp.527-547.
- Tummers, L., Vermeeren, B., Steijn, B. and Bekkers, V. (2012) Public professionals and policy implementation. **Public Management Review**, 14(8), pp.1041-1059.
- Turakhia, P. and Combs, B. (2017) Using principles of co-production to improve patient care and enhance value. **AMA Journal of Ethics**, 19(11), pp.1125-1131.
- Tuurnas, S. (2015) Learning to co-produce? The perspective of public service professionals. **International Journal of Public Sector Management**, 28(7), pp.583-598.
- Tuurnas, S. (2016) **The professional side of co-production: Academic disseration** Tampere: Finland, Tampere University Press.
- Tuurnas, S. (2016a) Looking beyond the simplistic ideals of participatory projects: Fostering effective co-production? **International Journal of Public Administration**, pp.1-11.
- Tuurnas, S., Stenvall, J. and Rannisto, P.-H. (2016) The impact of co-production on frontline accountability: The case of the conciliation service. **International Review of Administrative Sciences**, 82(1), pp.131-149.
- Tuurnas, S. P., Stenvall, J., Rannisto, P.-H., Harisalo, R. and Hakari, K. (2015) Coordinating co-production in complex network settings. **European Journal of Social Work**, 18(3), pp.370-382.
- Unger, J., Wodak, R. and KhosraviNik, M. (2016) Critical discourse studies and social media data. In: Silverman, D. (Ed.): **Qualitative research 4th edn**. London, Sage, pp.277-293.

United Nations (1990) **The United Nations convention on the rights of the child**. Available at: <<https://www.unicef.org.uk/rights-respecting-schools/wp-content/uploads/sites/4/2017/01/UNCRC-in-full.pdf>> [accessed 9 November 2018].

van Eijk, C., Steen, T. and Torenvlied, R. (2019) Public professionals' engagement in coproduction: The impact of the work environment on elderly care managers' perceptions on collaboration with client councils. **The American Review of Public Administration**, 49(6), pp.733 –748.

Vandenberghe, F. (1999) "The real is relational": An epistemological analysis of Pierre Bourdieu's generative structuralism. **Sociological Theory**, 17(1), pp.32-67.

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), pp.1083-1101.

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), pp.1333-1357.

Vrangbæk, K., Scheele, C. E. and Kriegbaum, M. (2018) Voluntary associations and co-production of health promoting activities for older adults: Experiences and policy lessons from Denmark. **Health Policy**, 122(11), pp.1255-1259.

Wacquant, L. (2012) Three steps to a historical anthropology of actually existing neoliberalism. **Social Anthropology**, 20(1), pp.66-79.

Wacquant, L. (2014) Crafting the neoliberal state: Workfare and prisonfare in the bureaucratic field. In: Hilgers, M. and Mangez, É. (Eds.): **Bourdieu's theory of social fields: Concepts and applications**. London, Routledge, pp.238-256.

Wacquant, L. and Akçaoğlu, A. (2017) Practice and symbolic power in Bourdieu: The view from Berkeley. **Journal of Classical Sociology**, 17(1), pp.55-69.

Walsh, D. and Seale, C. (2018) Doing ethnography. In: Seale, C. (Ed.): **Researching society and culture 4th edn**. London, Sage Publications, pp.257-274.

Walsh, M., Kittler, M. G. and Mahal, D. (2018) Towards a new paradigm of healthcare: Addressing challenges to professional identities through community operational research. **European Journal of Operational Research**, 268(3), pp.1125-1133.

Waring, J. and Crompton, A. (2019) The struggles for (and of) network management: An ethnographic study of non-dominant policy actors in the English healthcare system. **Public Management Review**, pp.1-19, DOI: 10.1080/14719037.2019.1588360.

Webb, J., Schirato, T. and Danaher, G. (2002) **Understanding Bourdieu**. London, Sage.

Whicher, A. and Crick, T. (2019) Co-design, evaluation and the Northern Ireland innovation lab. **Public Money & Management**, 39(4), pp.290-299.

Wodak, R. and Meyer, M. eds. (2001) **Methods of critical discourse studies**. London, Sage.

Yin, R. K. (2003) **Case study research and applications: Design and methods 3rd edn**. London, Sage.

Appendix 1: Participant information sheet (example)



Co-production and public service sustainability: a case study of early intervention in the mental health and wellbeing of children in the north of England [working title]

I am a PhD student at Leeds Beckett University, and am undertaking a study of the Future in Mind programme in Study-borough. The study has the support of the local NHS commissioners. I am inviting you to participate in the next stage of the project by agreeing to participate in an interview.

What is the study about?

It is about how service providers and children and young people might be working together to plan and deliver services within the Future in Mind programme in Study-borough, how service providers are themselves working together, and what impacts that might be having. This is not a clinical review, but instead is focussed on interdependencies between different people within the services and children and young people.

What will I be asked to do?

You will be asked to discuss your work, and your views and experiences of the programme. The interview will take around 45 minutes, at a time and location that is most convenient for you. Ideally it would be done face to face, but it could be done by telephone if that was your preference.

What data will be collected?

As well as the interview discussion, you will be asked to provide some basic information about yourself (demographics), your job, and qualifications/experience by completing a short form.

Why am I being asked to take part?

I am keen to learn from your expertise and experience, which would be really helpful for me in understanding more about the programme and about your work within it.

Do I have to take part?

No, your participation is entirely voluntary. If you do agree to take part, you will be asked to sign a consent form to show that you have agreed to do so.

What if I change my mind?

You have the right to stop the interview at any point if you want to and you do not have to give a reason why. In addition, if you change your mind about taking part afterwards, you can also withdraw what you have said up until the point at which I have started to analyse the findings. This is because it becomes very difficult to separate everything out from then onwards.

What will you do with the information you collect?

I may use some of the things that you say and write it in my PhD thesis and research papers. Your personal details will be kept private, and the interview data will be kept confidential within the research team, comprising myself, and the supervisors of my PhD. All recordings, notes and information that you provide will be stored securely. Paper copies will also be stored in a locked filing cabinet at Leeds Beckett University. Should you disclose information that raises concerns relating to safeguarding, I would be obliged to seek advice from my supervisory team and depending on that advice to contact the person in your organisation who has a safeguarding role.

What if I have further questions?

If you have any further questions about this study, please contact me direct at the email address below.

Andrew Passey

[Details removed in this example]

What if I have concerns about the study?

If you have a concern about any aspect of this research, please contact either my director of studies or a member of Leeds Beckett's ethics local ethics committee at the email addresses below

[Details removed in this example]

Appendix 2: Interview topic guide (example)

1. About the job

- Ask participant what they do as part of Future in Mind
Prompt – tell me about a typical day
- Ask who else they work with in their job
Prompt – how does working together with them work?
Prompt – in what ways has working with them changed over time?
- Ask how much flexibility and autonomy they have in their role
Prompt – ask for examples / ask if this is different from previous roles
- Ask participant how they got into this role
Prompt – what experience, training and qualifications did you need?
Prompt – what training have you had to do since you started?

2. About children and young people

- Ask participant about their contact with CYP in their role
Prompt - what skills and behaviours does your job require of you when working with them?
Prompt - what things do you need from them to do your job / ask when worked well and why?
- Ask what they have learned from working with CYP
Prompt - how do you think your work with children and young people has changed?
Examples? Why do you think that is the case? What impacts have these changes had on your own job?
Prompt - how much flexibility and autonomy do you have? Examples?

3. About co-production. Local plan includes a specific local aim to co-produce services with all relevant stakeholders

- Ask participant what they think this means
Prompt - would you say there are certain key principles associated with co-production / what are these?
Prompt - in what ways would you describe your current work as co-production / how well do you think it is working in your role?
Prompt - what longer-term impacts do you think that it might have for children and young people / how to make it work better?

Prompt – do you think this way of working should continue / how can that happen?

4. Reflections on the Future in Mind programme in Study-borough

- Ask what they would say are the aims of Future in Mind in Study-borough

Prompt – what they see as aims for their service

- Ask participant what impacts they think FiM is having

Prompt - what do you see as it benefits?

Prompt – what do you see as its limitations / how might they be overcome?

- Ask how they would describe their own experience of FiM so far?

Prompt - what have they liked best/found most rewarding

Prompt - what have they liked least/found most challenging

Before we finish, I was wondering

- Is there anything that you think I might have missed or things you would like to add? Have you any questions of me?

Interviewer sign-off and debrief

Appendix 3: Consent form



Co-production and public service sustainability: a case study of early intervention in the mental health and wellbeing of children in the north of England [working title]

INFORMED CONSENT FORM

Participant consent

Please read this form. If you agree with the statements please confirm by signing and dating the form at the end

1. I confirm that I have read and understand the information about the research for the above study
2. I have had the opportunity to consider the information and ask any questions
3. I am aware that my participation is entirely optional and that I can withdraw from the study at any time until the end of data collection, without being disadvantaged in any way
4. If I withdraw, I understand that all relevant information will be destroyed
5. I have been briefed on Leeds Beckett University's confidentiality and data protection policy
6. I give permission for the researcher to record the interview
7. I consent that the things that I say may be quoted directly in reports and publications. I understand that personal details will be anonymised so that individuals cannot be identified.

I fully agree to take part in the above study.

Name

Date

Signed

.....

.....

.....

Appendix 4: Basic participant information




Co-production and public service sustainability: a case study of early intervention in the mental health and wellbeing of children in the north of England [working title]

BASIC INFORMATION FORM

It would be very helpful if you could please provide some basic information about yourself, your job, and your qualifications/experience by completing this short form. All information will be anonymised so that individuals cannot be identified in reports and publications.

Demographic Information		
Name	Age	Gender (please circle) Female / Male / Other
Ethnicity (please circle) White Asian / Asian British Other ethnic group	Mixed / multiple ethnic groups Black / African / Caribbean / Black British	
About your job		
What is your job title?	What experience and qualifications do need to do it?	
How long have you been doing it?	What did you do before?	
Professional associations		
If you are a member of any professional association, please note details here		
Is membership obligatory for you to do your job?		

Appendix 5: Local ethics approval



LEEDS
BECKETT
UNIVERSITY

Research Ethics Online




My Applications

New Application
If you wish to submit a new application, click on 'New Applications' above.

Existing applications
If you wish to edit an existing application prior to submission, click on the Application Title or select the 'Edit/Continue' button.
If you have submitted an application and now need to make changes to it, click on the 'Make Revision/Copy' button. Please add to the title the version number (for example, v2).

10 records per page

Search:

Title	Risk Category	Status	Date Created	Action
Co-production and public service sustainability: a case study of early intervention in the mental health and wellbeing of children in the north of England	Risk Category 2	Approved by LREC	10-JUL-17	  

Showing 1 to 1 of 1 entries

Previous

1

Next