

CO-CREATION IN PUBLIC SERVICES FOR INNOVATION AND SOCIAL JUSTICE

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To the memory of Sue Baines who passed
away as this book was being finalised.
We miss an inspiring colleague and even
better friend (November 2023).

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Co-governance and co-management as preliminary conditions for social justice in co-creation

Riccardo Prandini and Giulia Ganugi

Introduction

Co-creation is widely conceived as a tool to achieve innovative service and create wellbeing for all, leaving no one behind (von Heimburg et al, 2021). Indeed, it seems to answer the desire to create fairer, more sustainable and socially more inclusive societies in the face of increasingly complex challenges with which public organisations struggle (Leino and Puumala, 2021; Rossi and Tuurnas, 2021). This chapter is specifically about the social justice of co-creation processes. While raising this issue and claiming the need for more analysis about it, Verschuere et al define social justice, or the democratic quality of co-creation, as the equity and inclusion of stakeholders in the process, at the same time attending to their effective participation and empowerment (Verschuere et al, 2018). Indeed, since co-creation concerns the generation of new services or the improvement of existing services through the engagement citizens who use them, it seems obvious as discussed in Chapter 2 that a just and fair process of co-creation needs to provide for the activation of the same beneficiaries, giving them the opportunities to participate and raise their voices along the whole process. Using Claassen's words, the heart of co-creation is the concept of individuals exercising agency and 'agency becomes the normative criterion for the selection of basic capabilities required for social justice [because] in a just society, each citizen is equally entitled to a set of basic capabilities' (Claassen, 2018: 1). Within a co-creation process,

the opportunity to be included is a social justice precondition for activating individuals' capabilities. In the Co-creation of Service Innovation in Europe (CoSIE) project, indeed, all pilots emphasised issues of social justice for people who are marginalised and lack power (Fox et al, 2021).

Building on the work of Verschuere and colleagues about social justice dimensions of inclusion and participation, we argue that scholars and practitioners need to address the issue of social justice in co-creation much earlier in the process. While much research focuses on the co-production of the service, we emphasise the necessity to organise and manage the inclusion and participation of stakeholders – including but not only the beneficiaries – from the very outset in the processes of co-governance and co-management. Indeed, the quality of social justice achieved by the whole process of co-creation relies on:

1. the criteria of inclusion used to constitute the collective responsibility of the project; and
2. the way in which each stakeholder actually exercises their capabilities by participating in the process.

This chapter returns to the Italian CoSIE pilot introduced in [Chapter 4](#). Our focus is the conditions of inclusion and participation in the initial phases of the co-creative process, investigating whether and how these conditions contribute to producing – besides efficiency and effectiveness – social justice in co-creation.

Reducing childhood obesity in Reggio Emilia, Italy

The Italian pilot aimed to reduce childhood obesity in Reggio Emilia through the provision of an app facilitating the relations between parents, family paediatricians and healthcare services. As discussed in [Chapter 4](#), beneficiaries of the pilot were children (aged 3–11) diagnosed as overweight or obese, and their families. Indeed, childhood obesity is one of the most serious health challenges of the 21st century. The Italian statistics in the early 2000s showed that Reggio Emilia was the city in Emilia-Romagna with the highest rate of obesity and overweight among almost all age groups. In 2008, the concerns of the health professionals of the Primary Care Department and Reggio Emilia paediatricians triggered the first big project to address the issue: the BMInforma project (*Bambini Molto in forma* [very fit children]). It was a multisector and multilevel public health programme conducted by the Local Health Authority involving primary and secondary childhood obesity prevention interventions. The Italian CoSIE pilot built on the existing network of services initially developed in 2011, consolidating the collaboration and co-creating the new app (Prandini et al, 2021).

This chapter shows how the final version of the app was strongly influenced by the modality of the constitution of the stakeholders' collectivity and by co-governance and co-management, which included a very wide range of stakeholders and organisations. Co-governance refers to an arrangement in which the stakeholders participate in the planning and delivery of public services: it concerns mainly policy formulation of the service – its 'vision', and the actual process of decision-making. Co-management concerns primarily the interactions between organisations and refers to an arrangement in which the stakeholders decide together the rules and procedure to collaborate and produce services (Brandsen and Pestoff, 2006; Pestoff, 2012; Fox et al, 2019). In the Italian CoSIE pilot co-governance had both criticalities and strengths. Observing them through the dynamics and negotiations among diverse and various stakeholders contributes to shedding light on fundamental criteria to improve social justice and democratisation of co-creation processes.

Social justice as inclusion and participation

In the past 40 years, the public services literature has offered a variety of scholarly discussions addressing different aspects of co-creation, ranging from defining its meaning, delineating its practical aspects, and examining its growth in several policy realms. Conversely, the 'democraticity' and fairness of co-creation processes have not been analysed so deeply yet. Nonetheless, co-creation is already seen as a tool to achieve sustainable development and create wellbeing for all, leaving no one behind (von Heimburg et al, 2021). It seems to answer the desire to create fairer, more sustainable and more connected societies in the face of increasingly complex challenges with which public organisations struggle (Leino and Puumala, 2021; Rossi and Tuurnas, 2021). Despite the justice of general participatory processes being greatly observed, a critical reflection on the type of participation in and access to co-creation processes is needed. Indeed, there may be empirical differences between generic citizen participation and specific co-creation, in terms of who is in, whose voices get heard and what representativeness really means. Stakeholders are diverse and some of them have more resources – time, energy, information and networks – to participate in co-creative processes than others (Häikiö, 2010; Michels, 2011). Yet, this does not mean that those who fall outside of these processes had nothing valuable to create and share (Leino and Puumala, 2021).

According to Verschuere et al (2018), the 'democratic quality' is often conceptualised as the extent to which people from different societal groups or backgrounds are included and are capable to participate in co-creation. More specifically, it concerns concepts 'like equity, inclusion (or exclusion), (lack of) impact while participating or co-creating, and empowering participants or

co-creators' (Verschuere et al, 2018: 244). Indeed, even when all stakeholders are included in the process, there might be still a risk of inequity, if the most powerful members enforce selfish decisions or impose their identity and interests (Verschuere et al, 2018). Therefore, the justice (justice-ability) of co-creation depends on the extent to which:

1. the project leads to equity and to the fair inclusion of the greatest variety of stakeholders; and
2. the project allows for real participation, empowerment and enablement of people (Verschuere et al, 2018).

For the achievement of a just co-creative process, these elements need to be clarified and activated at the very beginning of the process, when the participating stakeholders are constituted in a collective 'We' and the decisions for the governance and management are taken.

The first condition – social justice as inclusion – relies on the capacity to map the potential stakeholders, representing the social complexity of the local context (Rosanvallon, 2011) and convening 'around the table' all the representatives of people who could influence and be influenced by the service to be produced and delivered. A high level of inclusion usually signifies a clear willingness for a fair collaboration with as many people as possible. On the contrary, a low level of inclusion usually causes 'exclusivity' as a situation where one or more stakeholders are excluded without a just reason. Moreover, the stakeholders' diverse identities need to be recognised and not assimilated into the majority (Fraser, 1998), giving each actor the voice to express her own needs, desires and values and to forge their collective 'We'-identity (Preyer and Peter, 2017). The second condition – social justice as participation – regards the possibility of each stakeholder having real agency, participation, effectiveness and legitimacy in the decision-making of the co-creative process. This legitimation means also harnessing ideation from diverse communities, fostering new relationships and innovating the welfare services (Murray et al, 2010; Moulart et al, 2013).

As discussed in Chapter 3, various 'co' elements are mentioned in the literature, typically denoting progress from weaker (less desirable) to stronger (and more desirable) levels. Participation in co-creation processes can be seen as information, consultation and decision-making. 'Information' concerns the lowest level above non-participation and although often one-way may involve initiatives of public agencies to empower citizens and to enhance their capacity to master their own lives. We use 'consultation' here as shorthand to cover a range of elements elsewhere referred to as co-implementation, co-production or co-design. This regards the voluntary work of citizens to create value for other citizens and to improve existing services through continuous adjustments, also enabling them to provide input into the design of new tasks and solutions. 'Decision-making' refers to co-governance

Table 8.1: The intersection between inclusion and participation

		Social justice as inclusion	
		Exclusivity	Inclusiveness
Social justice as participation	Information	Informed exclusivity	Informing inclusiveness
	Consultation	Consulted exclusivity	Consulting inclusiveness
	Decision-making	Decided exclusivity	Deciding inclusiveness

and co-management. This level regards the engagement of both public and private actors in a mutual dialogue aimed at designing new and better solutions and coordinating their implementation. In this case, all stakeholders participate in institutional arenas that facilitate collaborative innovation based on joint agenda-setting and problem definition, joint design and testing of new and untried solutions, and coordinated implementation.

Crossing the two conditions for social justice – inclusion and participation – the result is a combination of different possible forms of social justice, which a process of co-creation may achieve. Table 8.1 illustrates the fundamental conditions for social justice. The generation of the most socially just co-creation process lies in the intertwining of inclusiveness and decision-making types of participation. In this case, the co-creation process includes the highest number possible of stakeholders and empowers them in participating in the decision-making and the governance of the process. Here social justice is characterised as ‘deciding inclusiveness’.

All other cases can achieve social justice only partially, with different levels of inclusion and participation. The worst scenario is labelled as ‘informed exclusivity’, where there is no adequate inclusion of stakeholders and where they are not empowered to decide. Here stakeholders are only informed as beneficiaries of the service, a ‘target’, or as people only entitled to know its new development.

We proceed now in the analysis of the Italian pilot case, by applying this framework and observing what actors were included in the process and what type of participation was promoted.

Research methodology for the Italian pilot

By being one of the main partners of the Italian pilot, the academic team from the University of Bologna had the possibility to follow the development of the co-creation process from the beginning. With the support of the health authority of Reggio Emilia, the academic team developed a specific research plan to collect data from families, paediatricians and health professionals. The research was carried out by collecting mainly qualitative data, using different techniques.

- Secondary material collection, including official documents (laws enacted by the regional government; rules, regulations and standards enacted by municipalities); unofficial documents (developed by the health authority); and research evaluation reports (by health units and research institutions).
- Face-to-face interviews with children and parents, using the approach of Community Reporting, as discussed in [Chapter 7](#) (17).
- Semi-structured interviews with paediatricians (5), healthcare professionals (3) and other stakeholders participating in the consulting committee (17).
- Focus groups with parents (1) and paediatricians (1).
- Participant observation of the Consulting and Steering Committees' meetings of the pilot.

Among the material collected, the analysis conducted in this chapter focuses on specific elements to be investigated during the 'constitutional' and managerial phases of co-governance and co-management, in order to analyse what criteria of social justice have been used to include stakeholders and to manage their participation. The observed dimensions concern:

- who convenes the stakeholders;
- who is involved in the governance and on the basis of which criteria;
- how each member participates in the negotiation.

Analysis of the Italian pilot

The Italian CoSIE pilot was led and facilitated by the Epidemiology Service of the Local Health Unit (LHU), which built on the previous BMInforma project of the city of Reggio Emilia in order to systematise the existing collaboration among territorial stakeholders. The LHU aimed to co-create an app which could collect all the offered services and activities in the urban territory for the promotion of a healthy lifestyle and the prevention of obesity. The technical partners of the project were the IT company (Lepida) and the University of Bologna. The former supported the process and realised the app from a technical point of view. The latter observed and supported the process with the aim to investigate contextual conditions and evaluate the co-creation process ([Bassi et al, 2021](#)).

The territorial context as an enabler of co-creation

Concerning the political and juridical context, the projects developed in the last five years in the Reggio Emilia area are part of a regulatory-legislative process of change, which began at the regional level in the early 2000s. The Regional Law No. 29 of 23 December 2004 re-organised the structure of the Regional Health System, strengthening the role of local authorities in

planning and evaluating services, including health workers in the health system's governance, and consolidating collaboration with the region and the university in the fields of social assistance, research and teaching. Moreover, the region's Social and Health Plan for the two-year period 2017–2019 includes – with greater emphasis than in previous plans – health promotion and prevention among other priority actions. The tools suggested by the Plan to work in this direction are the integration between the health and welfare systems, the participatory planning of services and their governance, the direct involvement of the third sector and the reorganisation of services on the basis of the ever-changing needs of the population.

On a local scale, every year the Local Health Authority of Reggio Emilia publishes the Performance Report in order to give feedback on the actions implemented throughout the year regarding the strategic objectives to be achieved. Comparing the reports of the last years, the section concerning the role of citizens appears for the first time in 2014, where it is coined as the importance of citizens' participation in the evaluation of health services and the relationship with voluntary associations. In spite of the step forward, such participation still refers only to the evaluation by citizens at the end of the process of implementation of the services, while there is still no mention of their involvement in the planning and creation phases of the services. In 2018, on the other hand, the Report lists new areas of action implemented in 2017: consolidation of primary care, prevention and health promotion activities, and development of technological infrastructures. In particular, with regard to promotion and prevention activities, the Report stresses the importance of individual and collective processes that improve people's empowerment and, consequently, their lifestyle and wellbeing.

Concerning the pilot focus, the consideration of obesity, and specifically childhood obesity, has been high since the early 2000s and has been growing steadily over time. In 2010, the LHU launched a programme of research and interventions aimed at preventing obesity, adopting a multilevel strategy that develops from primary prevention, in the pre-school and school phases, to secondary prevention organised through individual monitoring and advice and support to families by paediatricians (Davoli et al, 2013; Broccoli et al, 2016). The new strategy also envisages the care of obese children by multidisciplinary teams, which can devote themselves to all spheres of the child's life (nutrition, physical activity and social relationships).

Co-governance: the constitution of the Steering and Consulting Committee

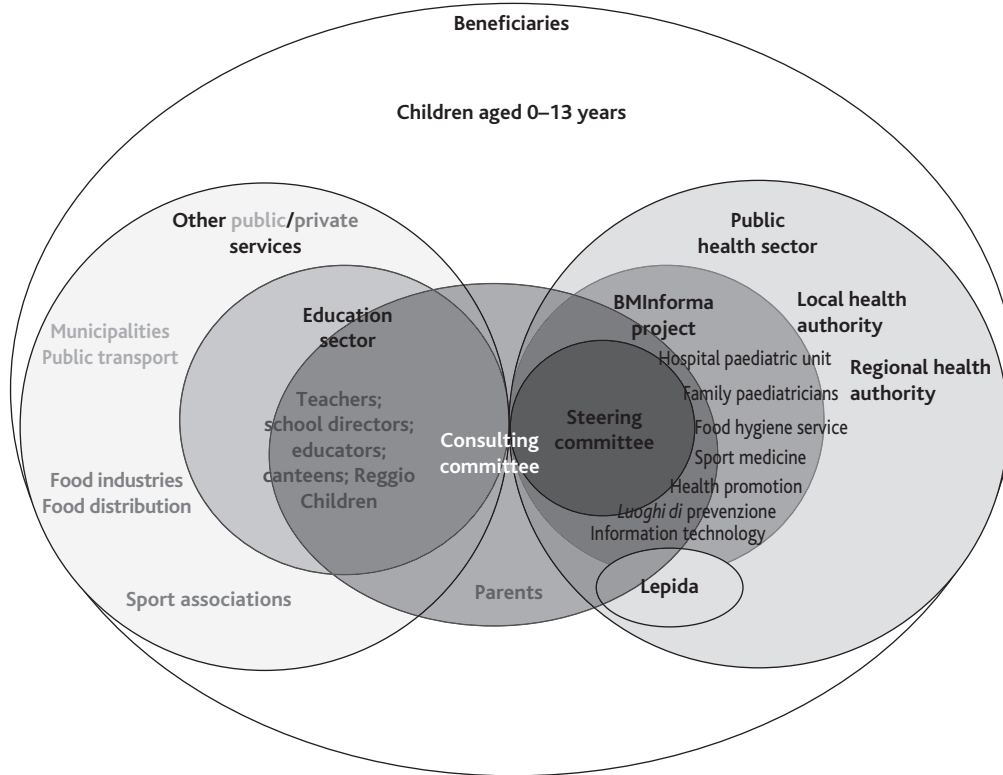
When the Italian pilot started, one of the first actions taken by the Epidemiology Service of the LHU of the Reggio Emilia pilot was the stakeholders mapping to find and engage the actors who might be interested

in and affected by the production of the app. In collaboration with the partner company of information technologies and the actors who had already participated in the BMI programme (the hospital paediatric unit, family paediatricians, the Food Hygiene Service, and others: [Figure 8.1](#)), the LHU itself drafted a list of internal and external stakeholders, decision-makers and beneficiaries of the pilot project. The list was based on two criteria: on the one hand, the professional qualification of stakeholders who had already participated in other projects about childhood obesity; on the other hand, the civic and political representativeness of stakeholders who might be interested in the project. However, the potential interest is evaluated only by LHU, according to its previous and deep knowledge of the city's stakeholders and their activities. The project coordinator did not open a call for interest to probe the willingness of other actors to participate in the process.

This activity sought to identify the contribution of each stakeholder to the process, the potential impact of the project on the stakeholders, and the potential strategies to engage each stakeholder. Based on this list, the coordinating group organised a meeting among all the selected internal stakeholders. During the meeting, the participants proceeded to another stakeholder analysis, eventually deciding on the formation of a 'Steering Committee' which included the expert stakeholders in the field of childhood obesity, informational development (for the technical creation of the app) and research (for the collection of data and the evaluation of the process).

The remaining stakeholders were included in a wider 'Consulting Committee', with the aim to represent the perspective of the actors who dealt with obesity in the city of Reggio Emilia and to provide input into the design of the app. The title 'consulting' recalls indeed the second form of participation in co-creation processes, which is precisely consultation. The Consulting Committee was composed of a high variety of stakeholders belonging to different sectors: mainly public sector organisations (for example, the city of Reggio Emilia's mobility office, the alderman for personal services, health, associations and equal opportunities of towns within the province, dieticians of the local public services, and teachers from the province) and third sector organisations (for example, sports associations). Some actors represented food industries and food distribution companies, making up the private sector contribution. Some of the LHU-affiliated members were the information technology service, the primary care department, the sports medicine sector, and the health promotion sector. This rich composition allowed the actual involvement of sectors fundamental to the children's wellbeing, such as education, municipal administrations, transport, sports associations, and food production/distribution industries, which usually are not involved in the design and production of health and social services ([Figure 8.1](#); [Rossi et al, 2020](#)). The group met twice per year. Besides collecting advice from each participant, the meetings aimed to create

Figure 8.1: Evolution of the actors and stakeholders' map



Source: Rossi et al (2020)

a network that shared experiences and suggestions about the prevention and treatment of obesity, while also supporting each other's activities or projects.

Although the mapping activity identified beneficiaries' families as one of the main stakeholders of the project, the steering actors did not find any users' association or group of parents with childhood obesity concerns to involve in the Consulting Committee and in the co-governance process. All the parents' organisations active in the city of Reggio Emilia were focused on other problems (for example, divorces or disabled children). Therefore, the families have been involved in a 'compensatory' manner in the need assessment phase – described in the following section – and in the app prototype test. However, they did not have any representatives in the Consulting Committee, therefore lacking a voice in the co-governance process. The result was an asymmetry between the Consulting Committee and the families, the main beneficiaries of the app.

Co-management of the service by the constituted groups

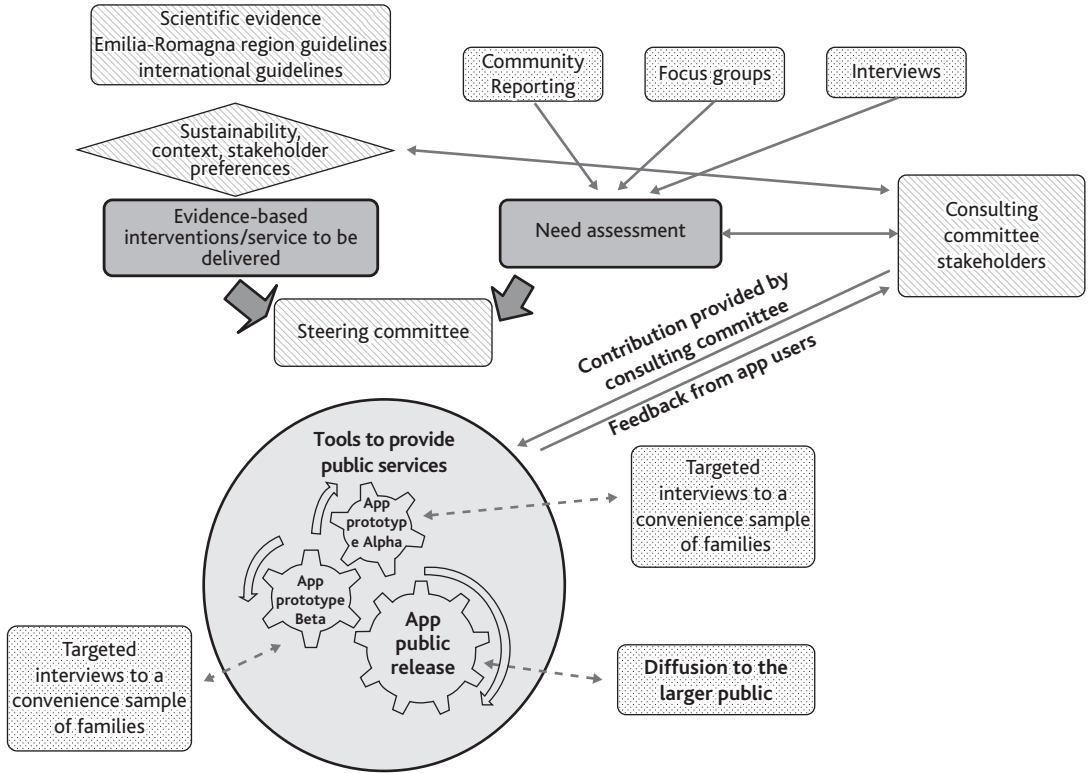
After forming the Consulting Committee, the Steering Committee developed the needs assessment phase with the beneficiaries' families. This step was conducted in collaboration with the University of Bologna, through different activities, which included interviews with paediatricians and healthcare professionals, focus groups with paediatricians and parents, and Community Reporting interviews with parents and children. This step is aimed at answering the following questions:

- Are the initiatives and services on childhood obesity prevention and care meeting the needs of parents and children?
- Are all the components of the network linked and do they share the same objectives?
- How can we improve the network?
- Can an app really improve the network?
- What should an app do to be effective?

The materials collected in this phase were organised into main topics by the social science researchers of the University of Bologna and by the curators of People's Voice Media, in order to grasp the needs, desires and claims of families and professionals.

Figure 8.2 denotes the co-creation process which led to the design and production of the app. The dotted rectangles represent the methodologies used, the rectangles filled with diagonal lines are the actors involved, and the arrows show the influences that each phase and actor had on the process. Afterwards, the members of the Consulting Committee were asked to analyse the collected materials. Based on this material, a plenary session of

Figure 8.2: Co-creation process leading to the design and production of the app



Source: Rossi et al (2020)

the Consulting Committee led to a set of unstructured ideas for the mobile app (Figure 8.2). This set was further developed in a second session by summarising the materials and the ideas in three main issues:

1. identifying all topics related to family wellbeing;
2. grouping topics into overall areas that should be covered by the app; and
3. transforming needs into content within the app.

The Consulting Committee was then reorganised into subgroups to better deal with similar topics and technical issues. Working in smaller groups helped foster greater participation of each stakeholder, because they could work more closely, communicating and showing up reciprocally individual interests and objectives. Since the work done by each subgroup was transformed into a section of the app, all stakeholders had the possibility to contribute actively to the final product, for example, by reporting their indirect experiences with families and children.

However, the interaction among the stakeholders of the Consulting Committee was not always easy during the co-management process. Within the plenary sessions, the proactive participation was limited to those stakeholders whose activities and services were more affected by the development of the app (for example, paediatricians, dieticians and the Food and Nutrition Hygiene Service) and to those who were already engaged and involved in previous projects of the LHU about childhood obesity. The stakeholders who were less directly involved in children's obesity services (for example, cultural and sports associations and school teachers) and that were not used to participating in co-creative processes, did not find the proper way to have a say and remained more isolated from the core of the committee. This behaviour might have been caused by their different levels of competence: high and legitimised by their institutional position in the first case; and lower, more informal, in the second case.

Before reaching the Beta version of the app, the Steering Committee had to take a number of important decisions about the preferences and interests previously elaborated by the Consulting Committee and about the different requests advanced by the families during the need assessment phase. To do so, the Steering Committee evaluated the coherence and the priority of each content of the app, filtering them according to criteria strictly concerned with technical and practical feasibility. One example of a technical filter was given by the language of the future app: it was originally planned to be in Italian and even if this issue raised concerns in the Consulting Committee, the technical limits imposed by the Steering Committee did not allow the translation of the content into other languages. Obviously, this decision will make it very difficult for all foreign parents not speaking Italian to use the app. Another example is given by the suggestion to include, as the families

have asked for, a chat between the family and the paediatricians. Despite the initial suggestion of the Consulting Committee, the Steering Committee opted out, fearing a huge work overload for paediatricians.

Co-creation as a way to implement social justice: strength and weaknesses of a pilot project

The chapter describes the constitution of the stakeholders' group, a collective actor who has to co-govern and co-manage an app aimed to reduce childhood obesity. We highlighted how the inclusion (or exclusion) of different stakeholders and the way in which they were allowed to participate in the management were fundamental to developing the co-production process as social justice.

We clarified that social justice in co-creation concerns two dimensions: the inclusion of the highest variety of stakeholders, who might be interested and affected by the new service; and the ways they can participate in the decision-making. Inclusion reveals the willingness and capacity to reflect social complexity, by gathering different stakeholders and by trying to sustain the formation of a collective identity: a 'We' able to orchestrate the different and sometimes conflicting social 'voices'. Participation, on the other hand, implies the capacity to empower all the stakeholders and to give them a voice in institutional arenas for collaborative innovation. The more the process is fair, the more it includes diverse stakeholders affected by the co-creation. The more the process is just, the more it sets the conditions for the full participation of stakeholders in the decision-making.

The combination of these two dimensions results in different forms of social justice, ranging from the lowest labelled as 'informed exclusivity' to the highest as 'deciding inclusiveness'. The Italian pilot achieved 'high inclusiveness' by involving and engaging a rich composition of stakeholders from different societal sectors and with different previous engagements in the design and production of health and social services. Indeed, the variety of stakeholders summoned up for the Consulting Committee is one of the most important strengths (and results) of this pilot case ([Ganugi and Russo, 2021](#)). In terms of inclusion, however, the issue was the absence of parents and family associations in this group. Since they lack representative organisations for childhood obesity, the Steering Committee had a lot of difficulties in reaching them. Finally, the families have been included in a 'compensatory' way, involving them only during the need assessment activities and the prototype test.

Regarding the stakeholders' participation, the Steering Committee played a strong and determined role. In fact, the project was already presented to the stakeholders of the Consulting Committee in a detailed and ready-made way. The Consulting Committee members were asked to participate in

two plenary meetings and in other subgroup meetings, to read the material collected by the need assessment and to send feedback and ideas. However, even if all members have been heard and took part in the design of the app, eventually the Steering Committee filtered all suggested contents primarily on the basis of technical and normative criteria. Thus, the Consulting Committee has seen its decision-making role (the 'decision-making' type of participation) greatly weakened and watered, at least if compared to what was actually possible. Its role was limited basically to consultation and advice ('consultation' type of participation). Furthermore, a relevant part of the stakeholders involved in the Consulting Committee – namely the third sector organisations, which are not experts in health services for childhood obesity but simply working with activities that could prevent the obesity conditions such as sports and cultural activities – was given little space to be heard, because they were not recognised as fully competent actors if compared with other more institutionalised actors. As already specified, the 'compensatory' and weak inclusion of families caused an asymmetry in terms of participation too. Due to all these elements, we can identify the Italian pilot case with a form of social justice as 'consulting inclusiveness', where a great variety of stakeholders were included as consultants, meaning without full participation and empowerment in the decision-making.

In order to have 'decision-making inclusiveness', which represents the highest possible form of social justice in co-creation processes, the Italian pilot should have conceived a way to represent the families of obese children in the Consulting Committee. Furthermore, their representatives should have participated in the meetings with the same role as the other stakeholders and without any asymmetry. The combination of high inclusiveness and appropriate participation modes would then enable stakeholders to act in such a way to enhance, improve and empower their potential of 'social agency' to the highest degree possible. The evidence from this case underlines also the correlation between having a socially recognised and instituted representative organisation and the possibility to be included in co-creation processes. Those stakeholders, people and social groups – often the more marginalised – who are not represented by any formal organisations and who were not previously in contact with institutions risk not being really included in co-creation processes. Therefore, when designing a co-creation process it is fundamental to reflect on the inclusion of each represented and not represented stakeholder and, consequently, on the modality of their participation. Eventually, to improve the social justice of the process, the Italian pilot should have had fewer technical restrictions to produce the app. This means, on the one hand, having more economical and professional resources, and on the other hand, beginning the process with a more 'drafted' project (instead of one already well defined) to be designed definitely by the group of stakeholders. The necessity to overcome

these two issues – including who is not represented and loosening the informative starting point of the project – is summed up by the need to develop more constitutional imagination.

Despite this lens of analysis only being applied to a single case study, the framework composed of the dimensions of social justice as inclusion and participation can be applied to all processes of co-creation. Further analysis could also take into consideration the following phases of co-creation, investigating not only the type of social justice achievable in co-governance and co-management, but also in the phase of co-production of new services.

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