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CO-PRODUCTION OF CHILDCARE AND ADDICTION TREATMENT IN SWEDEN: THE SAME CO-PRODUCTION IN VERY DIFFERENT SERVICE AREAS?

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INTRODUCTION

Sweden is the birthplace of perhaps the best-known system of co-production in the world. The Swedish furniture retailer IKEA uses a business model according to which the customer becomes a co-producer of goods by assembling pieces of furniture from the flat, brown cardboard boxes that have made the company famous – or infamous – among homemakers around the world. Co-production has a much less prominent position in the production and provision of Swedish welfare services. The Swedish welfare state has traditionally relied heavily on the public sector to both fund and provide professional and uniform welfare services universally to all Swedish citizens. The public service providers have typically relied more on research and professional expertise and less on interaction with service users in their development of these services. The concept of co-producing services together with the users has, until recently, been almost unknown in the Swedish public sector; co-production is the most developed among alternative, private service providers.

These constitute a significant share of some service areas, but they only make up a small percentage of the total welfare sector in Sweden. Interest in co-production is growing due to skepticism of the market-oriented, neo-liberal reforms that have challenged and significantly altered the social democratic welfare state in the last 20 years. Quasi-markets and for-profit service providers have – for better or worse – replaced the public monopoly on welfare services in many areas, and there is neither any political will nor any economic possibility to reverse this development.

The neo-liberal reforms have been said to have led both to increased inequality and to a draining of public funds to venture capitalists, but it is difficult at the same time to envision a return to the type of one-size-fits-all public service provision that once characterized much of the Swedish welfare state. Co-production could therefore be a viable strategy for the continued individualization of welfare services that is less market oriented. Some of the incentives behind the quasi-market, freedom of choice systems, such as individualization and greater user influence, can be achieved by co-production (Vamstad 2015).

This paper collects research on co-production in two different service areas in an attempt to recognize the possibilities and limitations of the co-production of welfare services. Childcare is most likely the single service area with the most extensive use of co-productions, due almost entirely to the relatively large share of preschools that are organized as parent cooperatives. Co-production is considerably less common in addiction treatment, but such treatment has, in itself, elements of co-production, since active participation by the user of the service is incremental to its success.

METHODS AND DATA

Childcare and addiction treatment are clearly two different service areas and the purpose of this paper is not to compare them as if these differences did not exist. The purpose is – to the contrary – to highlight the differences and draw conclusions about co-production through what might be described as a “least likely” design. Any similarities or common conclusions

from these two service areas gain significance from the fact that they exist in spite of the said differences between the two service areas. The two service areas will be presented through a rich description assembled from existing research on co-production in those areas.

Much of the research on co-production in Swedish childcare has been carried out by the author of this paper, and the data is gathered primarily from a PhD thesis project performed in 2003–2007. Most of the data on co-production of addiction treatment comes from a large case study of the worker cooperative Basta that was performed in the late 1990s and early 2000s. This data is, in other words, around 15 years old but a recent, much smaller, study indicates that little has changed at the cooperative in this time (Alm 2015).

THEORETIC FRAMEWORK

Co-production can be motivated by self-interest on the part of the user and it might in fact work best if founded on something other than sheer altruism. The user might enjoy the influence that comes with being part of the production, co-producing might lower cost, and it might make possible production of services of a kind that had otherwise not been available. Co-production is, however, a long-term engagement and to participate might be contrary to short-term rationality. Co-production requires trust and one of the theoretical foundations of co-production is therefore the assumption that voluntary cooperation through collective action is possible.

This assumption is contrary to the basic assumption of rational choice theory, where individual actors are assumed to act according to their own self-interest rather than cooperate. This is what Ostrom calls a “zero contribution” theory of collective action, which she, in a quote from Mancur Olsen, describes as meaning that *rational, self-interested individuals will not act to achieve their common or group interests* (Ostrom 2000).

Co-production lies closer to Ostrom’s own ideas on collective action, best known through her famous work on the governance of common pool resources. In this she differ from the rational choice principles of the market and quasi-market by assuming that not all actors are “rational egoists” and that *at least some individuals in social dilemma situations follow norms of behavior – such as those of reciprocity, fairness and trustworthiness – that lead them to take actions that are directly contrary to those predicted by contemporary rational choice theory* (Ostrom 2000). People can, in other words, cooperate towards common goals even if it means sacrificing short term benefit maximization according to self-interest.

It could be argued that co-production is especially well suited for the provision of welfare services. Welfare services such as education, health- and eldercare are often long-term services that benefit from a trusting and constructive relationship between user and provider of the service. This lies near theoretically to what Mol (2008) calls the “care logic”. The care logic gives the user an opportunity to interact in a process with a professional, in which the service can be designed and redesigned according to actual care needs (Mol 2008).

Tronto (1993) makes a similar differentiation between choice based on preferences and interests and care based on needs and dependence. *Humans are*

not fully autonomous but must be understood in a condition of interdependence, she argues, while describing care services, much like Mol (2008), as an ongoing process (Tronto 1993).

PREVIOUS RESEARCH ON CO-PRODUCTION

The concept of co-production was formulated, in its present interpretation, in the late 1970s and the early 1980s by Elinor Ostrom and her colleagues at Indiana University (Alford 2013). Their pioneering work dealt with the empirical field of citizen participation in crime prevention, a sort of co-production of public safety (Ostrom, et al. 1978). In their simple, but clarifying, model they show how police work with input (staff, materials) to create output (police actions, arrests) that, in turn, leads to both objective outcomes (less crime) and subjective outcomes (trust and approval from public). Co-production with citizens means adding their input (time, work, information) in activities like neighborhood watches to create these outputs and both objective and subjective outcomes (Ostrom, et al. 1978).

Co-production of public safety is still studied, as seen in Freise (2012) but the concept has also been applied to such a variety of empiric fields as public education (Porter 2012), housing (Brandsen, Heldeman 2012), social work (Brown, et al 2012), urban regeneration (Schlappa 2012), local governance (Dezuere, de Rynck 2012), childcare (Vamstad 2007; 2012; 2015; Pestoff, Vamstad 2014; Pestoff 2012; Vancoppenolle and Verschuere 2012) business administration (Jakob and Rettinger 2011) research methods (Orr and Bennet 2012; Burns, et al. 2012; Durose, et al. 2012) and many more.

The use of the term co-production in this paper is limited empirically to welfare services, services that have a relatively long duration and where the user has a high level of need and dependency in relation to the service providers. These are services like education, child and eldercare, services that differ from more short term commercial services like car repairs and haircuts in that they require a continuous relationship between user and provider and that the services are of greater personal significance for those receiving them.

CHILDCARE – THE MAIN AREA OF CO-PRODUCTION IN SWEDEN

Sweden has a near universal coverage of organized childcare and 84 percent of all children ages one to five attend a preschool. These include children of the unemployed and people on disability leave, which illustrates how far the social right to childcare is extended. As many as 80 percent of all of Sweden’s 9863 pre-schools are public, run at the local level by Sweden’s 290 municipals (Skolverket 2014). The remaining twenty percent are about evenly split between parent cooperatives and other types of organizations, including worker cooperatives and for-profit companies. Co-production of childcare could be said to take place in all types of preschools but it is mainly practiced among the parent cooperatives.

A survey of 271 parents with children in preschools showed that a majority (53%) of those in public preschools had participated in meetings with staff and as many as 44 percent said that they had participated in cleaning and repairs (Vamstad 2007). The survey did not ask how often this cleaning and repairs took place but it would typically be just once or twice a year.

Almost all parents with children in parent cooperatives had participated in meetings as well as cleaning and repairs, and they typically do so on a regular basis.

Co-production is, in other words, practiced and considered a positive influence at all or most preschools, but they fill mainly a social function at the public pre-schools. The cooperative pre-schools rely on co-production as a key component in their organization.

Motives for co-producing

The first parent cooperatives in Sweden were founded in the 1970s by parents who, for various reasons, were not satisfied with the childcare provided by the public. In many cases they promoted a different pedagogic approach to childcare, like Montessori or Waldorf. The general shortage of preschools later became another important motive; parents started their own preschools because there were not enough public ones, a development that accelerated significantly once parent cooperatives (but not for-profit preschools) became eligible for public funding in 1985.

Lack of preschools is no longer a major incentive for founding preschools or for choosing a cooperative for your child. Instead it is the high quality of the co-operative preschools that motivate parents, not least the quality aspects associated with co-production. A good indication of this is the fact that parent cooperatives remained equally popular among parents even after the Swedish government imposed a ceiling on childcare fees in 2002 (Strandbrink, Pestoff 2006). Parent cooperatives used to be a little less costly than municipal preschools since parents contributed with work at the preschool, instead of just money. This cost advantage was removed when the government standardized the fees for all preschools, municipal, cooperative and for-profit. It was feared among some cooperatives that parents would be less likely to choose their preschools when they would have to pay the same monthly fee as at the public preschools and also contribute with work.

These fears proved to be mainly unwarranted; instead the additional work and involvement at the preschool was shown to be an important reason for choosing a parent cooperative (Vamstad 2007). Parents, in other words, want to co-produce their childcare because of the insight and control they gain, even without the cost incentive.

WHO CO-PRODUCES?

More or less all parent cooperatives have professional staff and the work provided by the parents is usually light and rather simple. Still, co-production requires both time and some ability to organize and run a preschool. The severity of these requirements should not be overstated, but it is clear that parent cooperatives attract parents who not only want more insight and control but parents who are able to actually gain it through co-production. Parents at cooperatives have greater incomes, better education and they – perhaps most importantly – more often live in two parent households (Vamstad 2007). The parent co-operatives seldom have children and parents with an immigrant background and when they do, they most often originate from neighboring countries and they are usually well educated (Vamstad 2007).

Co-production of childcare might, in other words, not be for everybody but it is, on the other hand, based on communication between and among staff and parents and it can work as an equalizer between people, through dialogue. This element of empowerment of “weaker” groups is less evident in the case of childcare but it is – as we shall see – essential in addiction treatment.

Parents and staff in a constant dialogue

The different roles assigned to the different participants in co-production of childcare vary significantly from one preschool to another. The most challenging aspect of assigning roles is to draw up a line between tasks to be performed by professional staff and tasks that parents can take care of. Managers of public preschools interviewed for a 2007 study found the idea of having the parents being in charge problematic, mainly because their parental concerns and emotional thinking would get in the way of the professional work of the staff (Vamstad 2007).

One example that was brought up was that a parent might not be willing to accept that their child has special needs and therefore not give it proper care. A counterargument brought up by a manager of a parent cooperative was that parents at cooperatives are more likely to realize that their child has special needs because they take an active part in the care for them at the preschool and because they have a continuous dialog with the staff (Vamstad 2007). This constant exchange of information between staff and parents can take up a lot of time, especially for members of the staff who have to explain their work at the preschool to the parents.

Another problem is that the job of teaching the parents is never done since there is a constant flow of new parents coming to the preschool, as other parents leave when their children gets older. It is important to remember, however, that the communication goes both ways and that the staff learns more about the children and the job in general by having a lot of contact with the parents. The dialogue consumes resources but it also leads to a better service when the professional skill of the staff is integrated with the insights of active parents (Vamstad 2007).

Co-production and service quality

There is no simple way of measuring service quality in childcare. Simple measures like staff density and the skill and education level of the staff only give a rather limited understanding of quality. There are also no significant differences between the cooperative preschools and the municipal ones when it comes to these measurements. Another way of measuring quality is to ask the parents about how satisfied they are with their childcare. Parents at cooperatives are generally more satisfied with their childcare but they are, of course, also less likely to express criticism of a preschool that they are running themselves (Vamstad 2007).

The 2007 study asked parents if they had previous experience of another preschool, which 105 parents said that they had. About half (48%) of the parents at municipal preschools said that they were more satisfied with their current childcare than their previous one, while almost all of the parents at parent cooperatives (94%) said the same (Vamstad 2007). The staffs at cooperatives are also more satisfied; they rate their

physical work environment higher than staff at municipal preschools, in spite of the fact that the municipal preschools usually are larger and equipped with more resources (Vamstad 2012).

The difference between cooperatives and the municipal preschools is even greater when it comes to the psychosocial work environment, the staff at the cooperatives enjoy their workplace more (Vamstad 2012). The reason for this difference is that co-production gives a sense of being part of the management and development of the preschool to all involved and being in control of one's situation at the workplace is a powerful influence on work environment (Pestoff, Vamstad 2014). Understanding and having a hold of the situation at work have been shown to compensate for other shortcomings in work environment and the aforementioned dialogue and the flat hierarchy at the cooperatives provides such conditions (Pestoff, Vamstad 2014).

In conclusion, co-production at preschools is a way to provide high quality childcare but it comes with certain requirements on both the professional staff and the parents, requirements that can be met jointly through dialogue. This dialogue is at the center of co-production of childcare and its benefits are not limited to the parents and children; they are also extended to the staff.

ADDICTION TREATMENT – THE CASE OF BASTA WORKER COOPERATIVE

Addiction treatment is clearly a welfare service that is very different from childcare and co-production fills a partly different purpose in this area. There are also, however, some similarities among the challenges and limitations of co-production. The following descriptions come from one example of such addiction treatment based on co-production of the service. The Basta worker cooperative is an example that shows how co-production can lead to personal growth that is a basic condition for a lasting independence from both drugs and paternalistic social services. The Basta worker cooperative is facilitated at three rural locations outside Stockholm and Gothenburg.

The idea behind Basta comes from a worker cooperative in San Patrignano in Italy and its basic components are milieu therapy combined with other self-help techniques such as 12-step treatment. The users live on the facilities where they perform work under ordered conditions, usually simple work in areas like construction and gardening but also such different tasks as running a dog kennel and performing IT services. The worker cooperative is financed both by income from such work performed in a regular business manner and from and funding from the municipal in return for the addiction treatment. It depends on both these sources of income, neither one is in itself enough (Hansson, Wijkström 2001).

The Basta model integrates regular work with therapy and the work and the scheduled and ordered conditions at the facility provides the users with a sense of responsibility and self-worth that empowers them to gain even more responsibility and control over their life situation. The co-production lies not in the work efforts in themselves, the work performed by the users is only one part of the therapy, although an important one. The co-production instead occurs between users when they provide structure and support for each other in a mutual effort to create a drug free day-

to-day life. Each user of the service also contributes to the services of the others by creating a stable environment and support for all the other co-producers (Carlberg 2006).

Co-production among peers

All users at Basta are also staff and vice versa, but it is not an entirely horizontal organization, there is a hierarchy in which privileges and responsibilities grow depending on how long you have stayed at Basta. Everyone at Basta is recovering from drug abuse and there is among the users a shared understanding of addiction.

This shared understanding and experience makes certain aspects of the treatment easier, not least those that might come into conflict with personal integrity, such as drug tests (Meeuwisse 2001). A drug test at a conventional addiction clinic is a way for a grown person to prove to a professional staff member that he or she has "behaved" and the results of the test can have significant consequences for the treatment and future of that person. A drug test at a worker cooperative that practices co-production has more of the character of a social contract between co-producers who all have the same requirements to stay sober. Everyone agrees to take tests as show of commitment to the shared treatment, the tests builds rather than challenges trust in co-production (Meeuwisse 2001).

The users at Basta are people which relatively serious addiction problems and it is according to founder Alec Carlberg important that the worker cooperative is not perceived by them as one in what might be a long row of institutions to fail at (Carlberg 2001). These are users who in many cases have long and varied experiences of social services, clinics and other authorities like the police, and their trust in institutions can be low. Being an active participant in co-production, rather than a passive receiver of paternalistic care, has proven to be a viable way to rebuild trust in other and oneself at Basta (Carlberg 2001). Co-production of addiction treatment, like co-production of childcare, does not fit all users. Basta has a trial period for new arrivals and a significant portion of new arrivals decide to not continue past it. There are, however, no clear socio-economic patterns suggesting who stays on or not, as in the case of childcare.

Co-production and self-improvement

Basta is run in accordance to strict rules of conduct, rules that are both followed and supervised by all users. There is, for instance, rules against "prison-talk", where you talk down to those with more privileges and greater responsibilities than yourself, like inmates at a prison might talk about the wardens (Meeuwisse 2001). Communication should instead be characterized by mutual respect and, not least, proper language since the use of language is considered to be an important aspect of one's identity and hence a factor in self-improvement. Another rule is that you should always do your work, even if – in fact especially if – you are not feeling well. This has not just to do with just work ethics in itself, the treatment centers around the structure and the sense of accomplishment that comes from working (Meeuwisse 2001).

The care philosophy entails re-shaping ones identity and work is an important component in this. Carlberg

argues that the quality of the work performed at Basta is important; the sense of doing something really well and paying attention to quality has a therapeutic value according to this care philosophy, even if might come at the cost of production goals and cost-benefit considerations (Carlberg 2001). Doing something you like can be a good approach to doing something well and the users at Basta are encouraged to integrate their own interests and talents into the work at the cooperative. This is a way to personalize the co-production, each participant gets to develop their own identity within the joint co-production effort (Carlberg 2001; 2006).

In conclusion, co-production of addiction treatment is a creative approach to overcoming some of the traditional difficulties in caring for people with addiction problems. One such difficulty is social stigma and another one is negative influence from the environment and the general circumstances that the addicted person lives under. Both these difficulties are helped by co-production of treatment among peers in an ordered and relatively secluded environment. The participatory norm for co-production encourages users to take part, develop their interests and in doing so grow in ability and sense of self-worth, which is the foundation on which to base a drug free life.

CONCLUSION

Co-production in both childcare and addiction treatment is a way for users of a service to define, extend and raise quality and effectiveness of that service by actively participating in the provision of it. This is done in different manners in the two service areas, but it holds true for both of them that the co-production in itself makes a difference, in most aspects for the better. The childcare is better because of the ongoing dialogue between staff and users and the addiction treatment benefits from the fact that the user is empowered to be an active partner in the therapy. One of the basic ideas underlying co-production is that users are able to combine self-interest with cooperation with other users also motivated by self-interest, as shown by Ostrom et al (1978; 1981).

The question of the exclusion of some users might be seen as a matter of having compatible self-interests, the users of worker cooperative addiction treatment that stay beyond the initial trial period have a genuine "interest" in getting sober and parents at parents cooperatives have a general idea of what constitutes good childcare or perhaps a shared understanding of the shortcomings of the municipal childcare.

One aspect of co-production that differs between the two service areas is the relation between users and professional staff. This relationship is at the center of co-production of childcare since a relatively large proportion of the work is performed by professionals. The addiction treatment at Basta has no professional staff at all and the co-production takes place among peers.

Co-production in childcare is therefore, in large part, a mutual exchange of information between staff and users that both raise influence, insight and satisfaction for the latter and the professional knowledge of the former. Co-production in addiction treatment is, to the contrary based on a relatively equal level of knowledge and knowledge shared and experienced by all co-producers, which creates the social dynamic that upholds the structure of the cooperative.

Co-production seems to have several positive effects on service quality in both service areas. Childcare

is constantly developing and adjusting to the needs of users and staff through the co-production dialogue between co-producers. Quality is achieved by co-production through a prolonged interaction among the co-producers in both service areas. Public service providers have in Sweden traditionally tried to improve quality through training of and professionalism among staff.

This strategy has in recent years been complemented by a growing trust in quasi-markets ability to raise quality through freedom of choice and competition. Both of these approaches have their limitations; the lack of influence of users in the public sector prevents important feedback to be channeled to the public services and welfare services are often too difficult for the user to switch to be improved by market solutions. Welfare services are usually long-term services that should be produced in cooperation between what Fotaki (2009) call *partners in a continuing process of inquiry*.

There are, as we have seen, both great similarities and significant differences in the use of co-production in childcare and addiction treatment. The perception of the service as a lasting relation between co-producers might be the overarching principle which, more than anything, unites co-production in service areas as different as these.

REFERENCES

- Alford J. (2013), *The Multiple Facets of Co-production: Building on the Work of Elinor Ostrom*, "Public Management Review", Vol. 16, Issue 3, p. 299–316.
- Alm P. (2015), *Empowerment ut brukarnas perspektiv: En kvalitativ studie gjord på Basta [Empowerment from the perspective of the users: A Qualitative Studie of Basta]*, Ersta Sköndal University College, Stockholm.
- Brandtsen T., Heldermaun J.-K. (2012), *The Conditions for Successful Co-production in Housing: A Case Study of German Housing Cooperatives*, in: T. Brandtsen, V. Pestoff, B. Verschuere (eds.), *New Public Governance, the Third Sector and Co-production*, Routledge, New York, p. 169–191.
- Brown K., Keast R., Waterhouse J., Murphy G., Mandell M. (2012), *Co-management to Solve Homelessness: Wicked Solutions for Wicked Problems* in: T. Brandtsen, V. Pestoff, B. Verschuere (eds.), *New Public Governance, the Third Sector and Co-production*, Routledge, New York, p. 211–226.
- Burns D., Hyde P., Killett A., Poland F., Gray R. (2012), *Participatory Organizational Research: Examining Voice in the Co-production of Knowledge*, "British Journal of Management", No 25, p. 133–144.
- Burrows P. (1993), *Patronising paternalism*, "Oxford Economic Papers", Vol. 45, Issue 4, p. 542–571.
- Carlberg A. (2001), *Socialt företagande: Om den sociala ekonomins dynamik, exemplet Basta Arbetskooperativ [Social Enterprise: About the dynamic of social economy, the example Basta Worker Cooperative]*, Socialstyrelsen, Stockholm.
- Carlberg A. (2006), *A Better Life is Possible: On Empowerment and Social Mobilization*, NUTEK, Stockholm.
- Dezeure K., de Rynck F. (2012), *Don't bite the hand that feeds you? On partnerships between private citizen initiatives and local government* in: T. Brandtsen, V. Pestoff, B. Verschuere (eds.), *New Public Governance, the Third Sector and Co-production*, Routledge, New York, p. 245–263.
- Durose C., Beebeejaun Y., Rees J., Richardson J., Richardson L. (2012), *Towards co-production in research with communities*, Arts and Humanities Research Council, London.
- Fotaki M. (2009), *Are all Consumers the Same? Choice in Health, Social Care and Education in England and Elsewhere*, "Public Money and Management", Vol. 29, Issue 2, p. 87–94.
- Freise M. (2012), *Co-producing Safety or Participative Window Dressing? Regulation Partnerships in German Local Governance Arrangements*, in: T. Brandtsen, V. Pestoff,

- B. Verschuere (eds.), *New Public Governance, the Third Sector and Co-production*, Routledge, New York, p. 264–280.
- Hansson J-H., Wijkström F. (2001), *Civilt samhälle, social ekonomi eller nonprofit? Fallet Basta Arbetskooperativ – slutrapport från ett forskningsprojekt [Civil Society, Social Economy or Nonprofit – the Final Report from a Research Project]*, Sköndalsinstitutets skriftserie, Stockholm.
- Jakob F., Rettinger B. (2011), *The Value of Customer Co-production in Value Creation*, ESCP Europe Campus, Berlin.
- Meeuwisse A. (2001), *Ett högriskprojekt: Om missbrukarrehabilitering på Basta Arbetskooperativ [A High Risk Project: Addiction rehabilitation at Basta Worker Cooperative]*, Sköndalsinstitutets skriftserie, Stockholm.
- Mol A. (2008), *The Logic of Care: Health and the Problem of Patient Choice*, Routledge, New York.
- Orr K., Bennet M. (2012), *Down and Out at the British Library and other Dens of Co-production*, "Management Learning", Vol. 43, Issue 4, p. 427–442.
- Ostrom E. (2000), *Crowding out Citizenship?*, "Scandinavian Political Studies", Vol. 23, Issue 1, p. 3–16.
- Ostrom E., Parks R.B., Whitaker G.P., Percy S.L. (1978), *The Public Service Production Process: A Framework for Analyzing Police Services*, "Policy Studies Journal", Vol. 7, Issue 1, p. 381–389.
- Parks R.B., Baker P.C., Kiser L., Oakerson R., Ostrom E., Ostrom V., Percy S.L., Vandivort M.B., Whitaker G.P., Wilson R. (1981), *Consumers as Co-producers of Public Services: Some Economic and Institutional Considerations*, "Policy Studies Journal", Vol. 9, Issue 7, p. 1001–1011.
- Pestoff V. (2012), *New Public Governance, Co-production and Third Sector Social Services in Europe: Crowding in and Crowding out*, in: T. Brandsen, V. Pestoff, B. Verschuere (eds.), *New Public Governance, the Third Sector and Co-production*, Routledge, New York, p. 361–380.
- Pestoff V., Vamstad J. (2014), *Enriching Work Environment in the Welfare Service Sector: the Case of Social Enterprises in Swedish Childcare*, "Annals of Public and Cooperative Economics", Vol. 85, Issue 3, p. 353–370.
- Porter D.O. (2012), *Co-production and Network Structures in Public Education*, in: T. Brandsen, V. Pestoff, B. Verschuere (eds.), *New Public Governance, the Third Sector and Co-production*, Routledge, New York, p. 145–169.
- Schlappa H. (2012), *Co-management in Urban Regeneration: New Perspectives on Transferable, Collaborative Practice*, in: T. Brandsen, V. Pestoff, B. Verschuere (eds.), *New Public Governance, the Third Sector and Co-production*, Routledge, New York, p. 227–245.
- Skolverket (2014), *Privata aktörer inom förskola och skola [Private Actors in Preschool and School]*, Rapport 410, Stockholm.
- Strandbrink P., Pestoff V. (2006), *Small-scale Welfare on a Large Scale: Social cohesion and the politics of Swedish childcare*, Södertörn University College, Stockholm.
- Tronto J. C. (1993), *Moral Boundaries: A Political Argument for an Ethic of Care*, Routledge, New York.
- Vamstad J. (2007), *Governing Welfare: The third Sector and the Challenges to the Swedish Welfare State*, Mid-Sweden University, Östersund.
- Vamstad J. (2012), *Co-production and service quality – the case of cooperative childcare in Sweden*, "Voluntas", Vol. 23, Issue 4, p. 1173–1188.
- Vamstad J. (2015), *En annan väg till individualisering av välfärdstjänster? Medskapande av barnomsorg i Sverige [Another Path to Individualization? Co-production of Childcare in Sweden]*, "Politica", Vol. 47, Issue 2, p. 202–215.
- Vancoppenolle D., Verschuere B. (2012), *The challenge of co-management for public accountability: Lessons from Flemish child care* in: T. Brandsen, V. Pestoff, B. Verschuere (eds.), *New Public Governance, the Third Sector and Co-production*, Routledge, New York, p. 337–360.

SUMMARY

Co-production is a term that has been used to describe arrangements where receivers of services are also involved in producing them. This type of arrangements can be found in a wide range of services and situations, which has stretched the concept of co-production to a point where its meaning is becoming less clear. This paper presents research on co-production from two very different service areas that will show both commonalities and differences in the interpretation of the concept. What is at the core of the concept and how can co-production be transferred from one service area to another? These are questions addressed in this paper, using existing research on childcare and addiction treatment in Sweden.

Keywords: co-production, public services, childcare, addiction treatment