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Shaping change **together:** co-producing innovation in social care

November 2025



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The Social Care Institute for Excellence (SCIE) is an independent social care charity, collaborating and innovating with a wide range of partners and people with lived experience, to improve people's lives. Working across social care, health and related services such as housing, for adults, children and families, we contribute to the development and implementation of better care, support and safeguarding at local and national level.

As we are not-for-profit, our income goes towards improving social care, delivered through our four offers: innovative **consultancy**, expert **training**, extensive **resources** and information, and evidence-based **insights**.

Co-production with people with lived experience underpins and informs what we do, and with over twenty years' experience we bring a wealth of trusted, evidence-based expertise to work together to help transform care.

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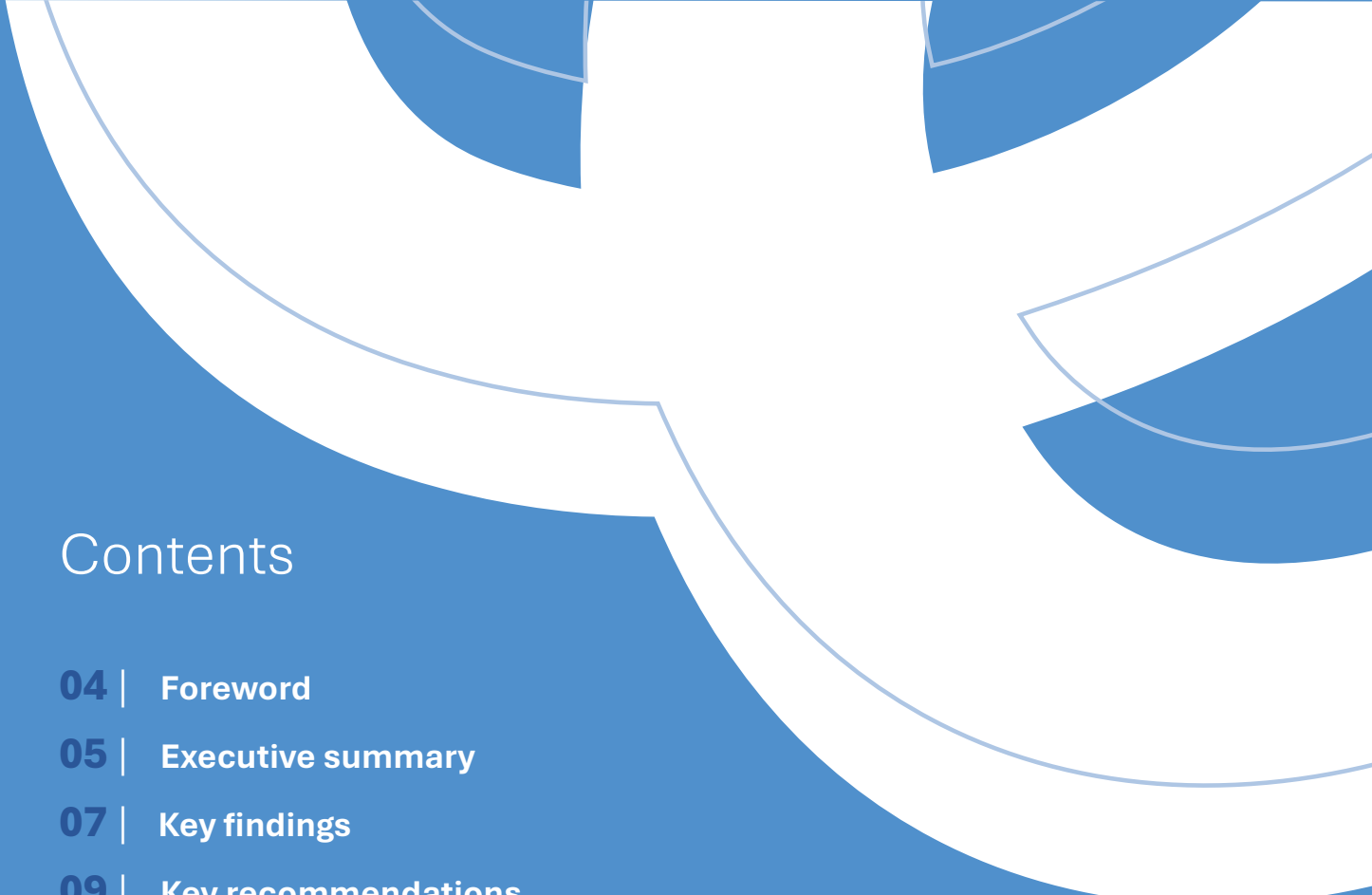
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Foreword

“As we say in the key findings of this report, co-production works best when it is inclusive, well-supported and everyone’s input is truly valued.

Even though time was tight and resources were limited, people with lived experience were meaningfully involved at every stage of the research that led to the production of this report. We helped to shape the survey questions, we were involved in analysing the data and we contributed to the production of the final report. We made a real difference to the way that the work was carried out and the lead researcher’s commitment to enacting co-production values was key in enabling this to happen.

For me, the most striking feature of the research relates to the finding of mixed views on the real-world impact and innovative potential of co-production. There was a marked difference between the perceptions of professionals and people with lived experience, including family carers, when it came to considering the question of whether or not co-production is actually changing services. Ultimately, co-production and innovation are all about change for the better, such as testing new ideas, opening up different perspectives, and generating solutions that would not otherwise be tried. It’s a cause for concern that only half of the people who access care and support and just a quarter of family carers who responded to the survey felt that co-production was making a difference.

The report highlights the importance of acting on people’s ideas to create visible outcomes. It also stresses the need to let people know about the difference that their contributions have made. Addressing the key recommendations contained in the report should help organisations and co-producers to maximise the radical potential and real-world impact of innovation through co-production, and I hope they will act as a spur for further conversations and activities that lead to change in practice. ”



Patrick Wood

Chair, SCIE’s Co-production Steering Group

Executive summary

Innovation is critical to the reform and sustainability of social care, and it must be built in partnership with those who draw on, provide and support care.

This report shows that co-production (working in equal partnership with people who draw on care and support, carers, and frontline staff) is essential for making new ideas work in practice.

Innovation in social care isn't just about creating something new. It's about making changes that improve people's lives. Co-production helps by bringing in real-life experience, identifying what matters most, and making sure solutions are practical, fair and focused on people. Evidence shows that without trust and involvement, new technologies often fail to be adopted. By involving people from the outset, co-production ensures that innovations, whether new care models or digital tools, are usable, inclusive and relevant.

This report sets out findings from SCIE's 2025 Co-production and Innovation in Social Care Survey which explored four key areas: how co-production supports innovation; what barriers people face; what makes co-production work; and whether it is leading to change. The survey was co-designed with people with lived experience, who also contributed to the analysis and writing of this report. Over 800 people took part, including family and friends as well as people with lived experience, unpaid carers and professionals from across the UK. This report shares their views.

The findings reveal that while people broadly agree that co-production helps innovation, what they value most depends on their role and experience. People with lived experience were most likely to select 'bringing fresh ideas from people with real experience' (63%) and valued inclusive and fair collaboration (41%), showing their emphasis on fairness, insight and the belief that those directly affected bring the most relevant knowledge. In contrast, family members and friends focused on outcomes, prioritising 'helping focus on what matters most to people who draw on care and support' (66%) and were the group most likely to select 'leads to better results' and 'services that save money' (both 42%). They were less focused on process-oriented benefits such as building trust or supporting participation, suggesting that families and friends want to see visible, tangible change from co-production.

Views also differed on whether co-production improves outcomes. Around one in three frontline care workers saw improving outcomes as a key benefit, compared to over half of system leaders. This may reflect a lack of feedback loops between strategic and delivery levels, or differences in how impact is observed and communicated. While those in leadership roles may see systems-level shifts, frontline staff may find it harder to trace day-to-day improvements directly to co-production activity.

Although there was broad agreement on the key barriers to innovation, each group's priorities were shaped by their experiences. People with lived experience were more likely to cite fragmented services and restrictive rules or regulations.



Family members and friends highlighted decisions being made too quickly and lack of practical support, reflecting a sense of being left out of fast-paced planning. Professionals were more likely to raise bureaucratic or organisational barriers that limit flexible, inclusive collaboration, yet were slightly less likely to view power imbalances as a major issue. These findings suggest that while perceptions of barriers are shared, emphasis varies across groups.

While most professionals (72%) felt that co-production had led to improvements in social care, with only 10% saying no and 18% unsure, just over half (53%) of people with lived experience agreed. Around a quarter (27%) said co-production had not made a difference and a further 20% were unsure. Among family members and friends, only 28% felt it had led to improvements, while over a third said it had not and more than a third were unsure. Several respondents described co-production efforts that “started well but went quiet”, or where ideas were welcomed but never acted upon, reflecting frustration with limited feedback and lack of visible change. This points to a visibility gap and a need for stronger follow-through to show how people’s input drives improvement.

A consistent message across all groups is that innovation in social care cannot succeed without a culture of mutual respect, trust and shared ownership. People want to be involved from the start, not brought in late or asked to validate pre-made decisions. Strong leadership, open communication and genuine power-sharing are key to overcoming structural and cultural barriers. The findings and recommendations in this report are based on people’s lived experiences and practical insights. They offer practical ways for organisations to make co-production stronger, more inclusive and more effective. They are about improving how we work together so that innovation in social care can succeed.

Co-production with people with lived experience of social care underpins and informs what we do at SCIE, as it enables us to recommend best practice in social care. As the government moves the 10-Year Health Plan into its delivery stage and the Casey Commission examines the future of social care, this report provides timely and practical evidence. It demonstrates why co-production must be embedded in every stage of innovation, so that changes to the system are shaped by the people who use and deliver care every day.

We hope this report informs not just reflection, but action. Its findings are for commissioners, service leaders, policymakers and others working to reform and improve social care.

If innovation is to succeed, it must be co-produced. Openly, consistently, and with people at its heart.

Key findings

Co-production fuels new ideas and keeps innovation people-focused

Respondents across all groups agreed that co-producing services and solutions brings in fresh ideas from real experience and helps focus on what really matters to people. However, each group valued different things. People with lived experience emphasised fairness and drawing on “real-life” expertise, family members and friends prioritised outcomes, and professionals focused on person-centred practice and collaboration.

Shared challenges hinder genuine co-production

All groups identified common barriers such as limited funding, unequal power dynamics, and co-production being treated as a ‘tick-box’ exercise (just for show), building on findings from SCIE’s ‘Embracing change’ report, following our main support phase for the DHSC’s Accelerating Reform Fund. Different perspectives showed varied worries. People with lived experience pointed to fragmented services and rigid rules blocking true involvement (giving these an average rating 3.32 out of 4, where 4 represents a significant challenge). Family and friends were most concerned about rushed decisions and a lack of time or practical support to take part (3.42/4). Meanwhile, professionals rated bureaucracy and inflexible processes as the biggest barriers (3.54/4). All of these barriers make meaningful co-production harder to achieve.

There was strong agreement about what makes the process of co-production work

Trust and respect are vital; everyone needs to feel heard and valued. Support from leaders in social care is important as when leaders actively listen, involve people equally, and follow through on what’s agreed, co-production feels genuine. It’s essential to value people’s contributions (e.g. acknowledge their time and input, act on their feedback, and give something back) and to include people with lived experience from the very start as equal partners – a key recommendation from SCIE’s ‘Embracing change’ report. We heard that co-production works best when it is inclusive, well-supported, and everyone’s input is valued.

Mixed views on the impact and process of co-production

The survey data showed differing opinions on whether co-production is contributing to improved services, and highlighted concerns about how it is carried out in practice. Most professionals have seen positive changes (around 72% said co-production has led to improvement), but only about half of people with lived experience and roughly one in four family members/friends agreed that it made a difference. Qualitative feedback revealed a common frustration across all groups that involvement often had no visible outcome. Many participants described experiences where co-production felt superficial or tokenistic, with ideas not acted on and little to no feedback given on what had happened. This lack of follow-through left people feeling that their time and input didn’t matter, undermining trust in the process.

Calls for genuine commitment and visible change

People across the board wanted co-production to be taken seriously and done properly. Respondents urged decision-makers to fully support co-production with the right resources, to share power honestly, and to treat people’s input with respect (not as a token gesture). A strong message was that co-production must lead to real, tangible changes. Participants stressed that we need to “close the loop” and show clearly how people’s ideas have influenced decisions, what has changed as a result and be accountable for acting on co-produced ideas. Without this genuine commitment and follow-through, co-production risks being seen as empty talk rather than a driver of innovation.

Key recommendations

The findings of this survey highlight both the value and the challenges of co-producing innovation in social care.

The recommendations below, formed in partnership with people with lived experience, are grounded in insights shared by participants and are intended to support organisations, leaders and practitioners to strengthen co-production in their work.

- 01** Embed co-production early in the innovation process. Innovation in social care, whether in services, technology, or delivery models, should be co-produced with people who draw on care and support. Too often, user involvement is limited to late-stage testing or consultation. Instead, co-design and co-production must start from the beginning: shaping the problem, identifying priorities, and informing decisions throughout.

Note: this is also a key recommendation of SCIE's 'Embracing change' report.
- 02** Design co-production that is adaptable and tailored to different needs. Avoid one-size-fits-all approaches. Innovation in social care must reflect the diverse needs, preferences and lived experiences of people who draw on care and support.
- 03** Invest in time, leadership and resources. Innovation, whether large-scale or local, should depend on meaningful collaboration. Staff at all levels need protected time, practical support and leadership commitment to make co-production meaningful and sustainable. Short-term or underfunded efforts risk undermining trust and impact.
- 04** Develop accessible, role-specific and co-produced training. Social care staff should receive training that is tailored to their roles and co-designed with people with lived experience. Where possible, lived experience should inform delivery through co-facilitation.
- 05** Support non-managers and frontline workers to lead co-production. Those closest to delivery often hold the insights needed to drive meaningful change. Give frontline workers the practical resources and decision-making support to lead co-production in practice. Innovation needs senior buy-in and participation, but should not be top-down: it thrives when leadership is shared and grounded in everyday realities.
- 06** Use inclusive communication and accessible formats. For co-production to shape innovation effectively, participation must be barrier-free. Use plain language, varied formats, and inclusive facilitation to make it easier for people to engage. Design meetings, platforms and processes that work for everyone.
- 07** Diversify participation and representation. Continue valuing the contributions of those already engaged, while making space for a broader range of voices - proactively involve people from underrepresented and minoritised communities. Innovation risks reproducing existing inequalities if lived experience is not representative. Inclusive co-production helps ensure new solutions reflect the full diversity of people's lives.

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- 08** Demonstrate and communicate the impact of co-production. Show clearly how people's contributions have shaped decisions and what has changed as a result. Share evidence of successful co-produced innovations, whether in service models, workforce practice, or digital tools. Regular, transparent updates build trust and support ongoing involvement. The SCIE impact resource, which helps you to evaluate the impact of co-production, offers guidance for consistent tracking.
 - 09** Demonstrate commitment and accountability. Organisations must move beyond symbolic involvement and show they are acting on what people say. This includes sharing power, taking forward co-produced ideas and being open to challenge.
 - 10** Encourage further research and evaluation. Further research is required exploring how local and national initiatives are embedding co-production in innovation. This includes tracking how effectively ideas are resourced, delivered and evaluated. Understanding what works, and why, is essential for scaling successful co-produced approaches.

Introduction

This report presents the findings from the 2025 Co-production and Innovation in Social Care Survey.

The survey aimed to better understand how co-production is currently experienced and what role it plays in supporting innovation across social care. Over 800 people took part in this survey that was open to three main groups: people with lived experience of care and support, friends and family members of people with lived experience (including unpaid carers), and professionals working in the social care sector.

To support interpretation of the findings, this report uses the following definitions of co-production and innovation in the context of social care. These definitions are shown in the boxes below.

Definition of co-production

Co-production is about working in partnership with people receiving social care, carers and families, so that they can influence the way that services are designed, commissioned and delivered. It offers the chance to transform health and social care to a model that offers people real choice and control.

Definition of innovation

Innovation in social care refers to the introduction, development and application of new ideas, practices, models, technologies or approaches that improve the quality, accessibility, efficiency and outcomes of social care.

Innovation through co-production

Innovation in social care is not just about generating new ideas; it is a process. This process includes identifying problems and opportunities, generating ideas collaboratively, designing and testing new approaches, adapting based on feedback, and spreading what works. Co-production plays a vital role at every stage: it ensures that innovation is rooted in lived experience, addresses real challenges, and remains responsive as ideas are developed, tested, refined, and scaled.

This report, written in partnership with people with lived experience, brings together both quantitative and qualitative findings. The quantitative analysis explores patterns among respondents with varied roles, backgrounds and relationships to frontline care. It shows where perceptions align and diverge, particularly around the benefits, impact and challenges of co-production. The qualitative data adds context, highlighting the realities behind survey responses and offering practical reflections on what meaningful co-production looks like.



With 97% of adult social care leaders planning to increase technology use, there is clear appetite for digital innovation. Co-production is the bridge between these ambitions and real-world success, ensuring that technology is adopted and accessible. Without it, there is a risk of reinforcing digital exclusion. Co-production helps avoid this by involving people with different experiences and abilities in shaping design and rollout.

Across the data, people described both the promise and the challenges of co-produced innovation. Many saw clear benefits, especially around more person-centred design, trust-building and generating ideas grounded in lived experience. But others shared frustration at tokenism, poor follow-through and processes that felt disconnected from decision-making or change. These findings suggest that while co-production is widely supported in principle, its impact on innovation is not yet consistently assessed, felt or visible in practice.

Co-production is increasingly recognised not just as good practice, but as a critical enabler of innovation in social care. By bringing people with lived experience into the design and development of services, co-production helps identify real needs, challenge long-held assumptions, and ensure that new ideas are grounded in everyday realities. Innovation in social care cannot succeed without this grounding, it must be co-produced to be relevant, usable and inclusive.

Throughout the report, we highlight what different groups told us about their experiences, expectations and priorities.

These insights are not just for reflection but intended to inform real change.

This report is written for a wide audience, including commissioners, service leaders, policymakers, technology innovators, practitioners and people with lived experience. It shares evidence on how co-production supports innovation, highlights the benefits and barriers experienced by different groups, and offers recommendations for making co-production more effective, inclusive and impactful, especially where the goal is meaningful innovation in social care.

Who took part

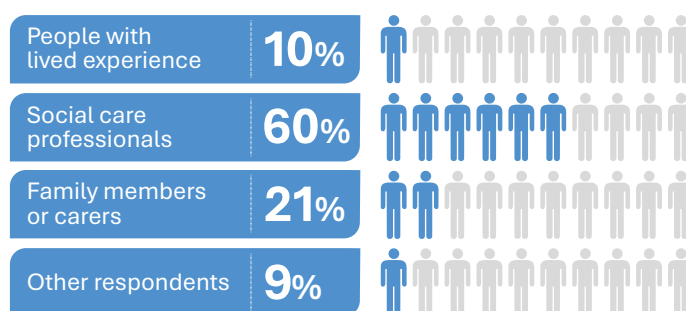
A total of **832** people responded to SCIE's 2025 Co-production and Innovation in Social Care Survey.

The survey was open for three weeks from 23 May to 13 June 2025 and promoted via social media, social care networks, voluntary sector organisations and lived experience forums. It was available online and designed to be accessible across different devices.

The survey was designed to include three key groups, to understand how co-production is experienced from different roles and perspectives:

- 01** People with lived experience of drawing on care and support
- 02** Family members and friends of people with lived experience (including unpaid carers)
- 03** Social care professionals, including those who design, commission or deliver services

Including all three groups helps us see where people's experiences are similar, and where they differ. Respondents were also given the option of completing the survey more than once if they held multiple roles, to ensure clearer separation of perspectives in the analysis. The breakdown of number of respondents, by group, is shown in the infographic.

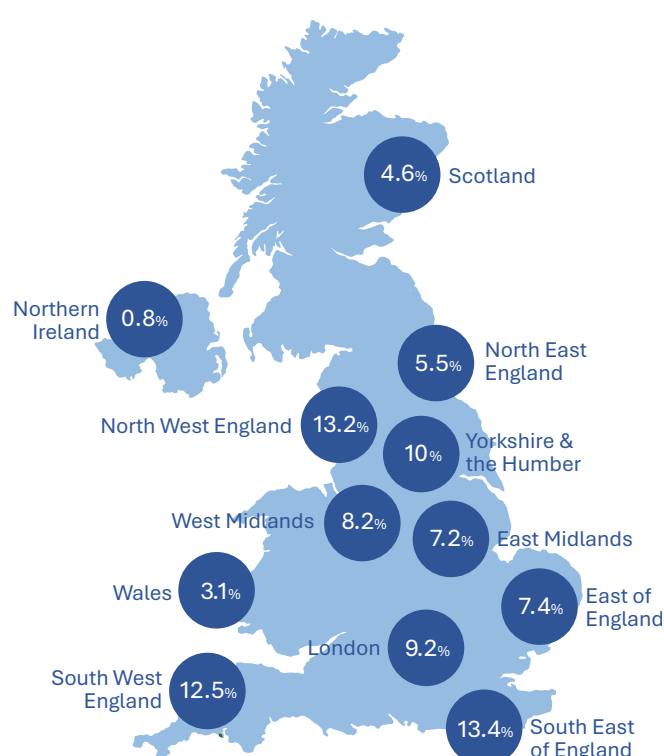


Respondents came from a wide geographical spread, with representation from every region of the UK. The majority were based in England, with strong participation from London, the South East, and the North West (see map below).

In addition to regional spread and group type, the survey also captured data on:

- job roles, including social workers, managers, frontline care workers, commissioners, therapists and others
- organisation types, such as local authorities, care providers (both not-for-profit and private), NHS bodies and others
- demographics, including age, gender and ethnicity.

These characteristics are used throughout the report to explore differences in experience and perspective. In particular, we examine how distance from the frontline, organisational context, and lived experience shape views on co-production and innovation.

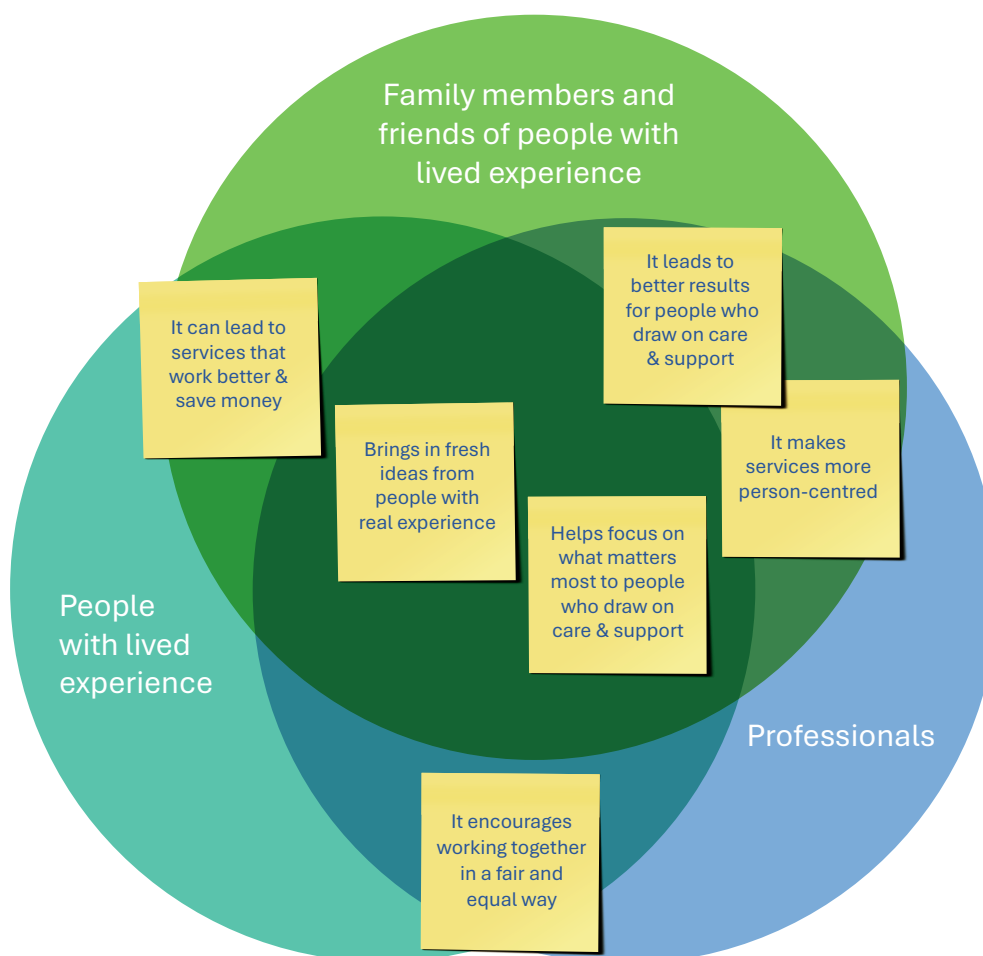




How does co-production support innovation

Survey respondents were asked to select up to three ways in which they felt co-production supports innovation in social care. Across all groups, there was broad agreement that co-production helps to bring new ideas and to focus on what matters. However, levels of confidence varied depending on respondents' roles and experience.

The diagram below illustrates how people with lived experience, family members and friends, and professionals each identify different benefits of co-production in the context of driving innovation in social care. While all three groups see value in co-production, they emphasise different things based on their roles and experiences.



People with lived experience were most likely to select 'bringing fresh ideas from people with real experience' (selected by 63% of respondents) and valued inclusive and fair collaboration (41%). Their responses suggest a strong emphasis on the ethos and process of co-production, focusing on fairness, insight and the belief that those directly affected by services bring the most relevant knowledge.

Family members and friends were more focused on outcomes. They prioritised 'helping focus on what matters most to people who draw on care and support' (66%) and were the group most likely to select 'leads to better results' and 'services that save money' (both 42%). They were less likely to select process-oriented benefits, such as building trust or supporting participation. This suggests that family and friends want to see tangible improvements and visible change from co-production.

Professionals, by comparison, were more likely to value the structural and implementation aspects of co-production. They selected ‘makes services more person-centred’ (54%), ‘encourages fair and equal collaboration’ (53%) and ‘builds trust’ (32%) more than other groups. Fewer professionals saw cost-effectiveness as a key benefit (15%), but they were more likely to see co-production as a way to make ideas practical and usable.

These differences highlight the importance of recognising what each group values and expects from co-production. People come to the process with different priorities, whether it’s fairness, outcomes or implementation. These different emphases also reflect how co-production operates as a bridge between insight and implementation. For innovation to succeed, whether it’s new technology, a care model or policy, it must be shaped by the people who experience the system most directly. Co-production is therefore not just helpful to innovation; it is how we ensure that innovation solves the right problems in the right ways.

Good co-production means creating space for those priorities to co-exist and interact meaningfully. The areas of overlap, such as valuing real experience and focusing on what matters, form a shared foundation for innovation. Where views diverge, it’s a prompt to strengthen communication, align goals early and co-design approaches that feel worthwhile to everyone involved.

Variation in key perceived benefits by professional role

We also explored how different professionals across the social care sector view the benefits of co-production, by grouping respondents according to their distance from the frontline.



Across all professional groups, responses were relatively consistent around the top-line benefits of co-production for innovation. Regardless of distance from the frontline, professionals agreed that co-production brings in new perspectives, supports inclusive collaboration and emphasises person-centred solutions. These common views suggest a broadly shared understanding of the principles underpinning co-production.

However, two areas stand out for variation. The first is ‘co-production improves outcomes’, where views differ substantially depending on role. Around one in three frontline care workers see one of the key benefits of co-production being a tool for improving outcomes, compared to more than half of system leaders. This could reflect a lack of feedback loops between strategic and delivery levels, or a broader issue around how impact is measured and communicated. Strategic roles may see systems-level shifts, while frontline staff may find it harder to trace tangible change from co-production day-to-day.

The second is “[co-production] helps identify the most important issues that should be addressed”. Here, we see a steady decline, from 49% among frontline professionals down to 43% in strategic roles. This may reflect the reality that those closest to day-to-day care are more likely to experience co-production as a tool for identifying the right problems. Those further away may rely on other mechanisms (for instance data, governance, inspection) to shape priorities.

We know from SCIE’s (2023) previous research into understandings of co-production, as well as from wider literature that ‘co’ terms such as co-design and co-production are often used ambiguously (Masterson et al, 2024), to convey engagement or participatory processes, even when people are only brought in late to validate decisions already made. In the innovation and technology-enabled care field, there is a growing concern that what is described as co-production is often little more than user testing. But user testing is not co-production. This limited approach reduces people’s involvement to sign-off or feedback, rather than shaping ideas from the outset.

Genuine co-production requires shared decision-making throughout the innovation process, including idea generation, design and delivery. One example of this can be seen in TSA’s (2024) case study of Kent County Council’s Technology Enhanced Lives Service, where people with lived experience were involved not only in testing but also in shaping the service model, writing tender specifications, setting evaluation criteria, informing branding, and co-developing staff training and recruitment. This pattern highlights the importance of involving people with direct experience at the very start of innovation processes to ensure relevance and focus, in order to meet the needs of people who draw on care and support.

Taken together, these patterns suggest a shift in how co-production is valued across the system. Closer to the frontline, professionals tend to emphasise relational and practical benefits, such as building trust with the individuals they support, fostering inclusion, and focusing on what matters most to people who draw on care and support. These are not abstract ideas: they reflect the everyday nature of care, where trust is the foundation.

Further from delivery, strategic benefits such as outcomes, cost-effectiveness, and framing innovation through a strengths-based lens become more prominent. This is understandable given the pressures and scope of leadership roles, but it also highlights the risk of disconnect between system goals and frontline realities. Bridging this gap means designing co-production that honours both perspectives, aligning strategic intent with the human relationships that make care and support meaningful.

Table 1: How does co-production support innovation – professional responses from 1 (frontline care workers) to 4 (strategic roles)

Distance to frontline	Brings new perspectives and ideas	Emphasises person-focused solutions	Helps identify the most important issues that should be addressed	Fosters a more inclusive and collaborative approach	Improves outcomes	Helps to build trust and so improve uptake	Leads to more cost-effective innovations	Ensures innovations are user-friendly and practical	Encourages a strengths-based approach to innovation
1	56%	54%	49%	55%	36%	35%	16%	38%	36%
2	56%	60%	47%	55%	40%	27%	16%	31%	43%
3	57%	68%	46%	54%	43%	22%	8%	49%	30%
4	59%	57%	43%	51%	52%	33%	18%	30%	42%

Qualitative insights

Open text responses supported quantitative findings to the question 'How does co-production support innovation?', with many people sharing examples of how co-production had helped shift thinking, spark new approaches, or improve the fit between services and people's real needs.

People with lived experience often described co-production as a way to have more control and be treated fairly. Their comments revealed that innovation, for them, is about services that reflect real life and treat lived experience as expertise. This aligns with survey findings where they prioritised 'bringing fresh ideas from people with real experience'.

Family members and friends, by contrast, viewed innovation through the lens of tangible results, personalised support and service improvement. For them, innovation means solutions that reflect what matters most to the individual, services that are targeted, effective, and relevant to real-life needs.

This is a key driver of their support for co-production: they see it as a way to achieve better outcomes. At the same time, this focus on visible results also explains their scepticism when co-production processes fail to deliver change. Their responses reflect a strong desire to avoid wasted time, resources, or tokenistic involvement, mirroring their high quantitative endorsement of 'helping focus on what matters most' and 'better results'.

Professionals spoke most often about co-production as a cultural shift, one that changes how innovation happens, not just what it produces. They described new ways of working across boundaries, building trust with people with lived experience, and families over time, and shifting organisational culture. These comments reflect their quantitative focus on inclusive collaboration and making services more person-centred.

In summary, qualitative findings showed that support for co-production as a driver of innovation is broad but conditional. Each group sees different benefits because they occupy different roles, but all agree that the process must be genuine, inclusive, and resourced if it is to deliver meaningful change. Ultimately, co-production can make innovation more legitimate, acceptable and sustainable by rooting it in people's lived experience.

“ [Co-production] allows me to be in the driving seat... I can be in charge of what I need to do. ”
Person with lived experience

“ Co-production ensures innovation meets the needs of those it's trying to help, not just what professionals assume they need. ”
Family member or friend

“ In my experience, when services and projects are not co-designed and co-produced, the services and projects are not as effective. ”
Social care professional

“ Co-production helps manage expectations and builds trust between different people involved in innovation. ”
Social care professional

Case study

London Borough of Bromley

SCIE worked with the London Borough of Bromley to embed co-production and digital innovation as core drivers of social care reform, working towards savings of around £2 million in their first year. Reflecting key findings from SCIE's 'Co-production and Innovation in Social Care Survey', the project focused on supporting the introduction of new approaches to integrate with best practice approaches, improving practitioner confidence, aligning services with lived experience and using technology to strengthen person-centred care.

As part of this, Bromley recognised that embedding co-production into the culture of service delivery requires systems that can act on what people tell us, measure success and close the feedback loop. To achieve this, SCIE worked with the council to co-develop governance, training and digital tools (including AI transcription, assistive technology, and a new front door), to reduce administrative burden and enhance relational work.

Early results show improved consistency in decision-making, faster access to support and greater independence and control for residents and carers, in some cases leading to a 30% reduction in care costs (exceeding forecasts of 10-15%), demonstrating how co-production and digital transformation can jointly enable more responsive, inclusive and sustainable care.

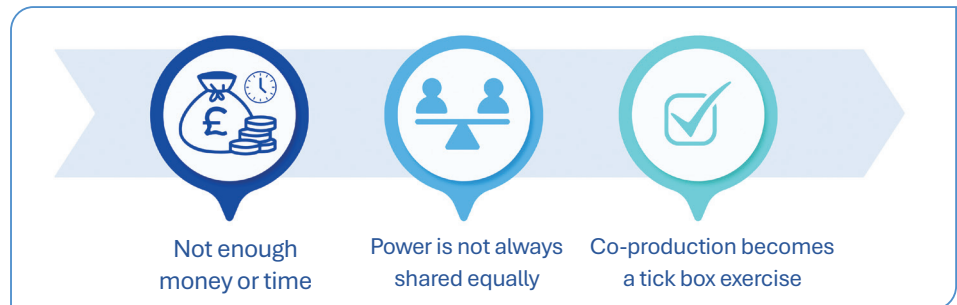
If you're wondering how to engage with digital innovation and/or co-production, and would like advice, guidance or an exploratory chat on how we can help you, please do contact us at:

sciebusdevelopmentteam@scie.org.uk

Challenges to co-producing innovation

Respondents were asked to what extent they saw various issues as barriers to innovation through co-production. While perspectives varied across groups, there was clear agreement that certain systemic and cultural factors can make meaningful co-production more difficult.

Across the board, limited resources, lack of shared power, and concerns surrounding co-production becoming a tick-box exercise were seen as significant challenges.



While there was broad agreement on the top issues, each group also had distinct concerns shaped by their experiences.

- People with lived experience were more likely to highlight fragmented services and rules or regulations getting in the way. These responses suggest systemic or organisational barriers that make genuine co-production harder to achieve.
- Family members and friends of people with lived experience also rated decisions being made too quickly as a particular concern, reflecting their sense of being left out of fast-paced service planning or reform. They also expressed concerns about lack of practical support, including time and energy required to be involved.
- Professionals were more likely to raise regulatory and organisational barriers, including bureaucracy and processes that get in the way of flexible, inclusive collaboration with other professionals in the sector and also people with lived experience. Despite this, they were slightly less likely than other groups to see power imbalance as a top challenge.

These results suggest that while perceptions of the barriers are shared, the emphasis varies depending on people's roles and experiences. Addressing co-production challenges will require attention to structure, resources, and the culture of partnership between all involved. Further research may be needed to explore how local areas and national initiatives are responding to these shared challenges, and whether efforts to improve co-production are being tracked, resourced, and evaluated effectively.

These barriers are not just challenges to co-production, they are challenges to innovation. When co-production is treated as tokenistic, underfunded or superficial, innovation efforts often fail to take hold or produce lasting change. Tackling these shared barriers is critical for any future-facing vision of social care transformation. In technology-enabled care, these challenges often play out as digital exclusion, where innovations fail to reach those who need them most.

Co-production directly addresses this risk by ensuring that people with lower digital confidence, or from under-represented groups, help shape solutions and receive the right support. Without this, even promising technologies can face distrust, low uptake and wasted investment.

Variation in key challenges by professional role

While many challenges were shared across the social care workforce, the perceived significance of specific barriers varied depending on role. The heatmap below shows how social care professionals, in different roles, scored each barrier to innovation through co-production between 1 (not a challenge) to 4 (a significant challenge). Each role brings different responsibilities and pressures, which shape their view of the most significant challenges.

Commissioners and directors rated ‘tick-box exercise and ‘bureaucracy’ as more significant than many other groups, reflecting concern about whether co-production is being done meaningfully or merely performed. When co-production is reduced to a performative exercise, it fails to surface the insights needed for genuine innovation, and the result is wasting people’s time, undermining trust and producing services that may miss the mark. Team leaders and registered managers gave consistently high scores to resource and funding constraints, indicating the pressures of balancing delivery with expectations for inclusive co-production.

These differences suggest no one-size-fits-all solution. Supporting innovation through co-production means understanding how challenges manifest across the workforce, and targeting support accordingly. Training, resources, and leadership must all reflect this diversity of experience.

Table 2: A heatmap showing scoring by professional role

	Power imbalances	Limited resources or funding	People's diverse needs & experiences	Timeframes	Time demands	Communication	Bureaucracy	Fragmented systems	It becomes a tick-box exercise	Scaling-up difficulties
care workers	3.00	3.20	2.54	2.89	2.65	2.67	3.37	3.22	2.93	2.85
commissioners	3.17	3.62	2.62	3.21	3.00	2.62	3.21	3.12	3.08	2.71
directors	3.08	3.15	2.31	3.00	2.77	2.31	3.15	3.23	3.31	2.69
educators/trainers	2.94	3.17	2.44	2.83	2.50	2.44	3.22	3.06	2.50	2.72
involvement coordinators	3.40	3.50	3.10	3.00	2.80	3.30	3.30	3.10	3.20	3.30
managers	2.96	3.34	2.49	2.89	2.66	2.62	3.21	3.09	2.83	2.74
learning & development/workforce managers	3.33	3.22	2.78	2.89	3.00	2.78	3.22	3.00	2.78	2.67
registered managers	3.04	3.67	2.54	2.71	2.83	2.71	3.54	3.29	2.75	2.58
other roles	2.87	3.72	2.65	2.76	2.69	2.56	3.33	3.28	2.91	2.83
social workers	2.95	3.55	2.59	2.87	2.71	2.65	3.38	3.32	3.06	2.68
team leaders	3.06	3.76	2.76	2.41	3.00	2.53	3.41	3.35	3.00	2.71
therapists	3.12	3.40	2.68	2.76	2.68	2.68	3.44	3.48	2.60	2.76

Qualitative insights

The quantitative findings showed strong agreement across all groups that limited resources, unequal power, and risk of co-production becoming a 'tick-box exercise' are major barriers to innovation. Qualitative analysis added depth to these results, revealing that while the same core issues are shared, different groups experience and describe them in distinct ways.

A common thread across all groups was not feeling heard, but the form this took varied. People with lived experience most often described feeling dismissed or undervalued. Family members spoke of being left out of key conversations or brought in too late. Professionals, too, raised concerns, not about being excluded, but about feeling constrained by systemic bureaucracy or lack of leadership follow-through. Professionals also highlighted there is a need to attentively listen to people's opinions and contributions and share decision-making powers with non-managers as a way to reduce bureaucratic barriers.

Power imbalances came through strongly across all groups, though often for different reasons. People with lived experience spoke about co-production being "controlled" by professionals, while some professionals noted they lacked authority to act on co-produced ideas, pointing to structural or funding constraints. This reveals a shared frustration, but from opposite ends of the decision-making spectrum.

Time and practical support were more prominent in the responses of family members and people with lived experience. Family members and friends described the difficulties of contributing on top of caring responsibilities, often without respite or reimbursement. People with lived experience highlighted inaccessible venues, emotional toll, and the logistical barriers to attending meetings. Professionals, by contrast, focused more on lack of funding, resources and staffing capacity - showing a convergence in concern, but divergence in day-to-day impact.

All groups raised concerns about poor communication and lack of follow-through, reinforcing quantitative findings. However, the language used in the qualitative data suggests that this is not just about missing feedback, it's about a pattern that erodes trust and willingness to engage. A number of respondents told us that they don't hear about the impact of their involvement in co-production, and the difference it makes to people or services.

In summary, while the quantitative data pointed to shared barriers, qualitative analysis revealed that the nature and consequences of these barriers vary between groups. These differences must be acknowledged when designing solutions. Co-production cannot be one-size-fits-all, it must be adapted to the pressures and lived realities of each group involved.

“... [The local authority] wanted sheep that looked good in a photo.”

Person with lived experience

“ Input was not valued. It wasn't addressed, so I left.”

Person with lived experience

“ Never any consistency or follow-up - we were left in the dark.”

Family member or friend

“ Co-production is often a misnomer – too often professionals come with a prepared draft for discussion – this is consultation not coproduction...”

Family member or friend

“ All talk – no action. Nothing ever came of it.”

Family member or friend

What makes co-production work (enablers)

Respondents were asked to rate how important different factors were for successful co-production on a scale from 1 (not very important) to 5 (very important). Across all groups, there was strong consensus about the conditions needed to successfully co-produce innovation in social care. The most important enablers (all scoring 3.5/4 or above on average) relate to trust, inclusion, supportive leadership and valuing contributions.



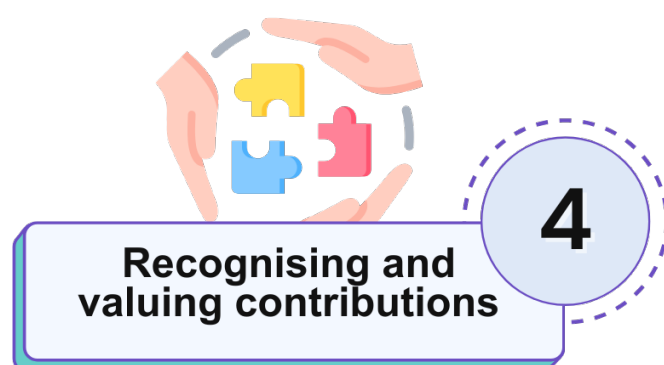
Scoring 3.8 (out of 4) across all respondents, people spoke about how co-production depends on people feeling heard, valued, and respected. When trust is present, people are more likely to share openly, take part fully, and work through disagreements. Respecting everyone's knowledge, whether personal or professional, builds the foundations for real collaboration.



With an average rating of 3.78, respondents from all groups discussed the need for everyone to feel welcome, supported, and able to contribute. This means removing barriers, offering help where needed, and actively involving a wide range of voices, especially those who are often left out. Inclusion strengthens ideas and builds confidence.



With an average rating of 3.75, we heard how important it is when leaders set the tone. When they listen, make space for lived experience, and follow through on what's agreed, co-production feels more meaningful. People are more likely to take part if they know leaders are committed to doing things differently, and staff are more likely to implement it.



It must be recognised that people give their time, energy, and insights. This factor was given an average rating of 3.72. Respondents discussed the value of acting on feedback and showing where people have made a difference. To respondents it also means giving something back, whether through learning, payment, or other forms of reciprocity. Co-production only works when everyone feels their input counts and is valued in return.



These factors are not just ‘nice-to-haves’, they are prerequisites for innovation. Respondents made clear that co-production flourishes with dedicated time and resources (average importance rating 3.7/4). Leaders must model this by giving staff protected time for co-production and funding participation (e.g. covering carers’ respite or paying experts by experience). Without this investment, even well-intended innovation efforts will stall. Co-production enables experimentation, adaptation and creativity, the very qualities that commissioners and technology companies need to see in scalable solutions.

Participants also stressed the importance of involving a broader range of voices from different backgrounds, cultures and abilities. This isn’t just about fairness, it strengthens innovation. A tech tool or service co-designed by a diverse group will be more universally accessible and avoid one-size-fits-all pitfalls. Innovative solutions in social care must reflect its diversity to be scalable and effective.

Variation by respondent groups

While there was broad agreement across people with lived experience, family members and friends, and professionals about the most important enablers for co-production, some clear differences emerged in how each group rated other aspects.

Professionals gave the highest average score to having a clear vision and shared understanding of goals (3.69 out of 4), compared with family members and friends of people with lived experience (3.62) and people with lived experience (3.54). They also rated clear, effective, and accessible communication highest at 3.76, compared to 3.68 (family members and friends) and 3.64 (people with lived experience). These findings suggest that professionals place slightly greater importance on structure, planning, and shared direction when co-producing innovation.

Organisational openness and support for working in co-productive ways received the highest score from family members and friends of people with lived experience at 3.79. This was higher than the average for professionals (3.72) and people with lived experience (3.63). This may reflect family members and friends of people with lived experience having regular experience of navigating fragmented systems, and the importance they place on having organisations that actively enable and embed co-productive approaches.

People with lived experience consistently rated relational enablers highly but gave slightly lower scores for more procedural factors. For instance, having enough time, money and support scored 3.54 among people with lived experience, compared with 3.62 for family members and friends and 3.68 for professionals. Similarly, receiving help to feel confident to take part scored lowest among professionals (3.50) and highest among people with lived experience (3.52), though the variation here was minimal. Professionals scored a flexible approach with learning and adaptation along the way at 3.59, higher than family members and friends of people with lived experience (3.51) and people with lived experience (3.51). This suggests that professionals may be particularly attuned to the value of iterative, learning-based models in innovation processes.

These variations highlight the need to tailor co-production practices, not just to meet shared goals, but to reflect the differing priorities and perspectives of the people involved.

Variation in key challenges by professional role

While all professional groups valued similar enablers for co-producing innovation, there were some notable variations in emphasis depending on role and remit.

- Team leaders and registered managers rated supportive leadership particularly highly (averaging 3.93/4 and 3.94/4). This suggests they recognise how important it is to model and enable inclusive ways of working for their teams.
- Commissioners placed a strong emphasis on organisational support (3.89), likely reflecting their role in shaping the conditions that enable or limit co-production at a strategic level.
- Involvement coordinators highlighted the importance of recognising and valuing contributions (3.80), reflecting their responsibility for building relationships and fostering inclusive spaces.
- Educators and trainers prioritised inclusive participation and confidence-building (both 3.83), perhaps because they often work directly to develop capability and encourage engagement.
- Social workers and care workers rated relational enablers such as trust, listening and inclusion consistently highly. Their responses suggest that emotional safety, clarity and openness are key to engaging people meaningfully in co-production alongside direct practice.

Qualitative insights

Qualitative analysis of open-ended survey responses revealed an overarching message, co-production works best when it is built on early, equal and ongoing involvement of people with lived experience. Across all groups, participants emphasised that co-production must begin at the planning stage, not part-way through or as a tick-box exercise at the end of a project. Being involved from the outset, whether as professionals, family members or people who draw on care and support, helps create a sense of shared ownership and makes decision-making more transparent and collaborative.

Respect, equality and inclusivity were recurring themes across all groups, but each emphasised them in slightly different ways. People with lived experience and family and friends of people with lived experience stressed the importance of being treated as equal partners rather than as informal contributors. Co-production must also involve people with lived and learnt experience from different cultural backgrounds and communities. Professionals also recognised the value of clear roles, responsibilities and mutual respect. Successful co-production requires people to feel heard and respected, and to see their input shape outcomes.

All groups agreed that co-production must lead to visible change. Respondents described how feedback loops, showing people what changed and why, builds trust and keep people engaged. Without this follow-through, involvement can feel hollow.

“ Always involve [people with lived experience] in all steps... assess the results, adapt what needs to be adapted. ”
Person with lived experience

“ We’re not just helping out - we have expertise too. ”
Family member or friend

Communication also plays a key role: clear, jargon-free language, accessible meeting formats, and good coordination help participants engage meaningfully and feel confident in the process.

Leadership and skilled facilitation were also identified as key enablers, particularly by professionals. Many said co-production only takes hold when supported from the top and led by people who know how to bring diverse voices together. There was strong support for shared training and for involving people with lived experience in co-leading work.

A cross-cutting theme was the need for greater diversity in participation. Respondents, especially family members/friends and people with lived experience, frequently raised concerns about the same voices being heard again and again. Some noted that co-production spaces often lacked representation from minoritised groups or people with more complex needs. This was seen not only as an issue of fairness, but one that limits the creativity and relevance of co-produced innovation. Professionals echoed this, stating that diversifying the people involved in co-production allows for a broader range of lived experiences to be shared and ensures better demographic representation of people who require care and support. Some professionals also highlighted that local voices are often underrepresented or unheard in national policy agendas. Therefore, increasing representation within existing co-production groups would help to ensure that local priorities, cultural context, and on-the-ground realities are better reflected in the development of care services and solutions.

Finally, practical support and resources are enablers. Family and friends, and people with lived experience both highlighted the need for flexible formats, funding, and emotional support to make participation possible, especially when juggling caring responsibilities or accessibility barriers. Without investment, even the most inclusive intentions can fall flat.

“ Oliver McGowan training is co-produced... [and] told from a personal perspective and not just a “tick box” approach. ”

[See further reading on Oliver McGowan training]

Social care professional

“ If we keep asking the same people, how can we expect the solution to change? ”

Family member or friend

“ ...doing all this on top of caring - it's completely unrecognised. ”

Family member or friend

Case study: Canary Care

A case study shared by **Canary Care** shows how people with lived experience and their families can adapt home monitoring technology in innovative ways to meet individual needs. In this example, the system was used not only to reassure relatives and provide professionals with evidence of recovery, but also reconfigured to address very personal challenges, such as building confidence in using the stairs after a fall. This kind of flexible, family-led innovation illustrates how technology can be shaped in practice to fit daily life, supporting independence, enabling safe withdrawal of domiciliary care, and providing reassurance to family members, including those living overseas. It also allowed family members to return to work with greater confidence that their relative was safe at home. Finally, it highlights the power of listening to people with direct experience when shaping and improving innovations.

Further reading

TLAP and ADASS: A recipe for co-production

This short guide sets out a shared vision for co-production in adult social care, developed by Think Local Act Personal (TLAP) and the Association of Directors of Adult Social Services (ADASS). It outlines key ingredients for meaningful co-production at local level, including shared values, early involvement, and strong leadership.

Read more at adass.org.uk

Oliver McGowan mandatory training

This co-produced training is designed to improve understanding of learning disability and autism among health and social care staff. It is named in memory of Oliver McGowan and is now the government's preferred training for the sector. The training is mandatory and reflects the voices of people with lived experience throughout its development and delivery.

Read more at hee.nhs.uk

SCIE: Co-production in social care - what it is and how to do it

This practical guide sets out the principles of co-production and offers examples of how to embed it in services. It includes enablers such as leadership, culture change, accessible communication and valuing lived experience.

Read more at scie.org.uk

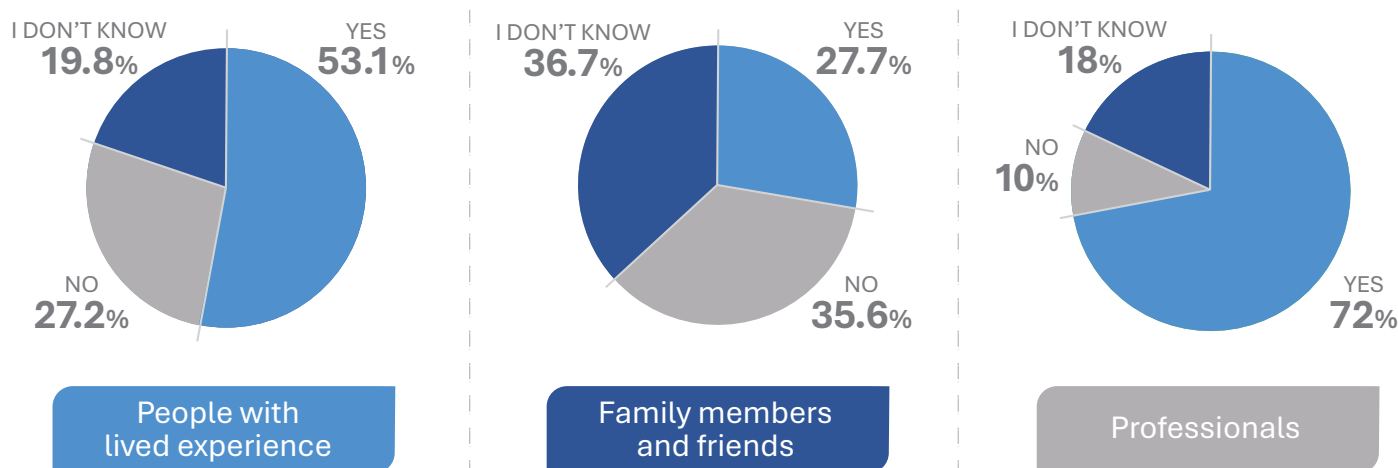
TEC Action Alliance: Technology-enabled lives

This report sets out how technology-enabled care can deliver better outcomes for people and providers. Drawing on the voices of people who access care and support, it highlights the clear demand for more person-centred, co-produced technology services. It emphasises that co-production is crucial for designing technology-enabled care models that people trust, adopt and find useful.

Read more at tec-action.org.uk

Has co-production helped bring about change or improvement in social care?

Responses to this question varied significantly by group, revealing contrasting experiences and expectations of co-production in practice.



72% of professionals felt that co-production had brought about change or improvement in social care, with just 10% saying no and 18% unsure. This may reflect their greater visibility of systems-level change or greater involvement in innovation programmes.

Just over half (53.1%) of people with lived experience agreed that co-production had made a difference. However, 27.2% said it had not, and a further 19.8% were unsure. This split response may suggest frustration with a lack of tangible outcomes, or a sense that change is too slow or limited.

Only 27.7% of family members and friends of people with lived experience felt that co-production had led to improvements, while 35.6% said it had not, and 36.7% didn't know. This may reflect the practical challenges family members and friends face in navigating services and the difficulty of seeing where co-produced efforts have made a clear difference.

These results highlight a striking perception gap between groups. Professionals are more likely to see improvement, while people with lived experience, their families and friends often do not. This raises questions about the visibility and communication of change resulting from co-production. They suggest a need for better evidence and share examples of impact, especially for people and family/friends contributing their time and expertise. It may also point to a gap between the design of co-production activity and how well that activity is integrated into lasting service change.

Qualitative findings

Qualitative responses explained why many people felt unsure or negative. Across all groups, the most common frustration was that involvement had no visible impact. People described meetings that "went quiet" with no feedback, or processes that felt more like a tick-box than genuine collaboration. These left contributors questioning whether their time and expertise had made any difference.

Many respondents who answered “no” to whether co-production had led to change or improvement in social care described experiences where their involvement felt superficial, tokenistic or disconnected from meaningful action. Across all groups, the most common reason given was that co-production had no visible impact. People with lived experience often described feeling hopeful at the start but disillusioned by the lack of visible change. They spoke of being invited to take part in discussions, only to find decisions had already been made. Several described processes that felt symbolic rather than collaborative.

Family members and friends echoed these concerns, but with an even stronger emphasis on lack of follow-through. Many described co-production efforts that “started well but went quiet” or where ideas were welcomed in meetings but never acted upon. This helps explain why over a third of this group said they weren’t sure if co-production had led to change, a lack of feedback left them unable to tell.

Professionals were more likely to see signs of improvement, but some also expressed doubts. A number reported “small wins”, such as co-produced training materials or recruitment panels. However, others admitted that co-production often remained on the margins of decision-making, especially in short-term or underfunded projects. The lack of consistent impact tracking was a concern across professional roles.

Across all groups, the most consistent message was frustration when feedback and contributions didn’t lead to change or were not acknowledged at all. This was particularly disheartening for people who had invested time, energy, and emotional labour into the process. Without clarity about what changed, people said it was hard to feel their input mattered.

There were also concerns about power dynamics and resistance to change. Respondents described organisations that defaulted to business-as-usual or limited involvement to “safer topics”. Some felt leadership was reluctant to share control or risk challenging established ways of working. This sense of status quo bias left people frustrated and disengaged. Professionals echoed this, noting that opportunities to influence how co-production was done were rare, and that short-term projects often lacked longevity or measurable impact.

A small number of respondents across all groups did report local or project-level success, showing that when co-production is genuinely resourced and followed through, it can drive real change. But these examples were seen as the exception rather than the norm, and rarely scaled.

“ The local council didn’t understand co-production at its core and gradually took over. Making it tokenistic ... it just felt like a pointless council meeting to tick a box. ”

Person with lived experience

“ ... meetings happen, they seem really positive, and changes/improvements seem likely to occur. However, things seem to go quiet after a while with not a word... ”

Family member or friend

“...the council are still wanting to run the board... not willing to allow those with lived experience to really have a say... It is a tick box session once a month.. ”

Person with lived experience

This finding is a wake-up call: co-production must not just feel good, it must prove good.

Commissioners and service leaders should build impact measures into co-produced innovation projects from the start, for example, using tools like SCIE's Co-production Impact Toolkit to capture outcomes. Regular, transparent reporting back to participants about what has changed will not only validate their effort but also help scale approaches that work.

Leaders should be concerned that those closest to services, people drawing on care support, families and unpaid carers often do not see the improvements that professionals report. This suggests a breakdown in either implementation or communication. Commissioning co-produced pilots is not enough; improvements must be felt on the ground and clearly communicated. In practice, this means co-producing not just the design of innovations, but also their rollout strategies and feedback mechanisms, so that changes are visible to everyone.

In summary, belief in the principle of co-production remains strong, but confidence in its impact is fragile. Qualitative findings revealed a shared desire for co-production to make a difference, and a shared disappointment when it does not. Professionals may be more likely to witness policy-level shifts, while people with lived experience and family members judge change by what happens on the ground. Too often, participants feel their input goes unrecognised or unacted upon, leaving co-production at risk of feeling tokenistic even when intentions are good. At the same time, local and national examples show what is possible when co-production is genuine, well-resourced and followed through. The task now is to close the loop: track and communicate impact, embed co-production into delivery as well as design, and ensure improvements are visible to all.

Further reading

SCIE: Co-production impact resource

This co-produced resource helps organisations assess, evidence and improve the impact of co-production. It offers a clear framework, real-world examples and templates to support consistent and transparent practice across projects and services.

Read more at scie.org.uk

SCIE: Breaking down the barriers to co-production

This earlier SCIE research explores what helps and hinders co-production in adult social care. Based on real-life experiences, it highlights practical barriers such as time, access, and power dynamics, and suggests ways to overcome them.

Read more at scie.org.uk

SCIE: Embracing change - innovation in practice (Accelerating Reform Fund)

This report showcases local authority-led innovation projects supported through the Accelerating Reform Fund. It highlights how co-production played a central role in designing, delivering and sustaining new models of care, demonstrating that innovation works best when people with lived experience are equal partners.

Read more at scie.org.uk

What people want decision-makers to know

In the final section of the survey, respondents were asked what they most wanted commissioners, policymakers, and other decision-makers to understand about their experiences of co-production. Qualitative analysis revealed a strong and consistent call for co-production to be taken seriously, resourced properly, and done with honesty and respect.

People with lived experience were clear: co-production is essential, not optional. They emphasised that involving people who draw on care leads to better services, stronger communities, and more equitable outcomes. Many called for services to embrace lived experience as a form of expertise, and for organisations to move beyond consultation into true partnership.

“Be a learning organisation. Don't be scared to give up control or hear things that challenge you.”

Person with lived experience

Family members and friends echoed these views, but with a strong emphasis on being listened to and respected. Many described feeling like their insights were overlooked or undervalued, despite playing a central role in supporting those who use services. There was a shared demand for meaningful involvement, clear communication, and recognition that unpaid carers in particular bring both knowledge and emotional labour to the table.

“...I'm only willing to participate if co-production is done well, that my views are respected [on] an equal basis and taken on board. My time is too valuable to be wasted.”

Family member or friend

Professionals highlighted similar themes but often focused more on what organisations need in order to embed co-production properly. This included clearer guidance, leadership buy-in, protected time and training for staff, and long-term planning. Many stressed that co-production should not be seen as a shortcut to innovation, it takes time and support to do well.

“Ensure positive management support, effective and adequate communication and positive and effective leadership.”

Social care professional

Across all groups, the need for diversity and inclusion came through strongly. Respondents challenged the idea of repeatedly involving the same individuals and called for broader representation, including people from marginalised communities, different cultural backgrounds, and with varying support needs. Without this, co-production risks reinforcing existing inequalities rather than addressing them.

“Family member or friend I'd like to see real diversity in how decisions are made, not just in name, but in practise. That means changing who's invited and how people are supported to take part...”

Family member or friend

There was a strong and repeated message, and one we've seen throughout the report: co-production must lead to visible action. Many respondents voiced frustration that co-produced ideas often remain on paper or get lost in organisational processes. People called on decision-makers to close the loop, show what changed, and be accountable for acting on what people share.



Policy implications and messages

The adult social care system in England is under profound and persistent strain. Years of policy inaction and under-investment have led to deep-rooted challenges that are now impossible to ignore. Chronic workforce shortages, unmet care needs and stark geographic disparities in quality have left thousands of people without the support they need to live well. Meanwhile, unpaid carers, the backbone of the system, continue to bear enormous personal and economic burdens, often without adequate recognition or support.

This failure to act has also destabilised the financial foundations of social care. Escalating budget gaps in local authorities and unsustainable rates for providers have created a fragile, reactive funding environment. The result is a damaging cycle of 'crisis-cash-repeat' - short-term emergency funding injections that patch over immediate pressures but do nothing to resolve the long-term needs of the sector or invest in meaningful improvement. Innovation is stifled, quality improvement delayed, and confidence in the system continues to erode.

Against this backdrop, the need for radical, people-centred change has never been more urgent. This is where innovation through co-production offers both a practical remedy and a strategic imperative. Co-production, done properly, brings those most affected by the system into the heart of decision-making. It surfaces real-world insight, challenges outdated assumptions, and unlocks creative, ground-level solutions that are more likely to work in practice. When embedded across local systems, co-production can drive innovation that is grounded in lived experience, focused on outcomes that matter, and better able to adapt to complexity and resource constraints.

Put simply, the problems social care faces, cannot be solved without the people who experience them daily. Yet our survey shows that many of those people feel their voices are not leading to action. Despite widespread agreement on the value of co-production, only half of people accessing care and just a quarter of family carers felt that it was making a meaningful difference. That perception gap, between process and impact, is not just a communications challenge, it's a signal that the system still lacks the structures, culture and accountability needed to make co-production real.

The government has launched the Casey Commission to transform social care, and we have already seen the publication of the 10-Year Health Plan. Both expect innovation to play a central role in re-imagining and planning a future care system that is more sustainable and equitable. This creates an opportunity to set clear expectations that innovation must be co-produced, designed and delivered with the people who access care every day. Beyond this commitment, there is a need for investment in infrastructure, shared leadership, and reporting mechanisms that promote transparency and accountability at all levels for innovation and co-production to thrive.

This has been shown to not only be possible but also produce positive outcomes. Initial findings from the Accelerating Reform Fund, presented in Embracing change: scaling innovation in social care in practice, point to co-production as a hallmark of effective innovation. However, embedding this learning across the system will require consistent national backing. This includes capacity-building for local systems, support for genuine power-sharing, and the development of co-produced metrics to evaluate progress and impact.

This gap in perception, and in delivery, cannot be ignored. If new system reform is to succeed, co-production must be resourced, embedded, and acted on. It is only through this genuine partnership with people who draw on care and support, unpaid carers, families, and front-line workers that we can break out of the current pattern of reactive crisis management and build a future-ready, equitable, and sustainable care system.

Final reflections

This report brings together a wide range of perspectives on the realities of co-producing innovation in social care. Across both professional and lived experience groups, there was broad support for co-production as a way to develop more inclusive, effective and person-centred care. Yet people also highlighted the many ways in which co-production falls short of its potential, particularly when it lacks the time, support or commitment needed to drive real change.

A consistent message throughout the findings is that innovation in social care cannot succeed without a culture of mutual respect, trust and shared ownership. People want to be involved from the start, not brought in late or asked to validate decisions already made. Strong leadership, open communication and genuine power-sharing are key to overcoming structural and cultural barriers.

Perceptions of co-production's impact varied significantly. While 72% of professionals said it had led to improvements, just over half of people with lived experience agreed, and just over a quarter of family members and friends felt the same. These differences point to a need for clearer feedback, better visibility of impact, and stronger follow-through on co-produced ideas. Without this, trust can erode, even when intentions are good.

Many respondents called for co-production to be recognised as core to the innovation process, rather than treated as an add-on or symbolic gesture. This requires investment in people's time, skills, and capacity to participate; it means creating space for diverse voices and challenging assumptions about whose knowledge counts. Embedding co-production in strategy and delivery at all levels is critical if we are to generate and sustain meaningful innovation in social care.

To support this, SCIE has developed a co-production impact resource, published in April 2024 and updated in April 2025, to help organisations assess, evidence and reflect on the difference co-production is making. Tools like this can support more consistent and transparent practice, ensuring co-production is not just valued in principle but delivered in reality.

Ultimately, the journey of co-production is ongoing. The findings in this report show both the hope people place in co-produced innovation, and the work still needed to make it meaningful, inclusive and effective for all. Importantly, they also show that meaningful innovation is already happening where co-production is embraced. As one co-production lead put it, "Co-production needs to be the beating heart in every service to enable people to live their beautiful independent lives." (TSA, 2024). This report shows that if we embrace that ethos, we can transform social care together, making it more inclusive, effective and sustainable.

We urge all stakeholders to act: social care technology companies should co-design with users from day one, local commissioners should champion and resource genuine co-production, and national leaders should weave co-production into the fabric of policy and reform. The journey is ongoing, but as our findings affirm, innovation in social care cannot succeed without people at its heart.

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About this report

This report presents findings from SCIE's Co-production and Innovation in Social Care Survey, which explores how co-production supports innovation across the social care sector. The survey was designed to capture perspectives from people who draw on care and support, practitioners, managers and leaders. It aims to understand what helps and hinders genuine co-production, and how involving people with lived experience can drive new ideas, improve services, and create lasting change.

Purpose and context

This research forms part of SCIE's wider work to strengthen the use of co-production in developing and improving social care. Innovation is most sustainable when it is informed by those with direct experience. By gathering evidence on how co-production is currently understood and practised, this research provides insight into the conditions that enable creativity, inclusion and meaningful system change.

Methods

The survey was co-designed with SCIE's Co-production Week Planning Group and launched in summer 2025. It included both quantitative and qualitative questions, allowing respondents to reflect on their experiences of co-producing policies, services, and research.

People with lived experience were involved at every stage of this project, from shaping the survey questions to reviewing findings and drafting conclusions. This approach ensured that the language, focus, and interpretation of results reflected a diverse range of experiences and priorities.

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For more information about this research, please contact info@scie.org.uk



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