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# Experiences and understandings of co-production in adult social care

## Findings from SCIE's Co-production Survey 2023

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# About SCIE

The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

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“Co-production is about working together with people that have lived experience at the centre. It's important to me, as someone with lived experience because I am the one that knows what I need to live my life. I should get to influence, shape, and decide on how MY care is delivered, when and how and by whom”. Individual with lived experience #052

“Co-production means investing in the voices of people with lived experience to improve people's lives and improve services. This means a commitment to meaningfully involve those with lived experience at every stage from planning through to delivery and evaluation. It is about valuing the expertise of people who have lived and include them as equal stakeholders in providing different views.

After all who is better placed to provide insight into what is needed than the people themselves.” Staff (social worker) #364

## Overview of findings

This research unveiled compelling findings that shed light on experiences and understandings of co-production in adult social care, from the perspective of those who draw on care and support, and those working in the sector.

A. **72% of staff** working in adult social care reported previous familiarity with the term 'co-production', whilst this figure stood at **56% of individuals with lived experience**.

B. It was found that senior leaders with the least exposure to frontline working had a much better knowledge of co-production (**95%** familiarity) than those working in direct care delivery (**41%**).

C. **59% of people** with lived experience reported previous opportunities to be involved in co-producing their own care and support, whilst only **37%** had been involved in co-producing services or policies.

D. Familiarity with co-production was higher in the NHS (**79%** had heard of the term), Local Authorities (**79%**), and not-for-profit organisations (**81%**) than it was in for-profit organisations (**56%**) and those working for an agency (**58%**).

E. Key barriers experienced by social care staff to implementing co-production were time (reported by **47%**), organisational culture (**31%**), cost (**26%**) and communication (**25%**).

F. We found instances of misinterpretation of what co-production is or involves, particularly from staff in direct care roles. Some considered co-production to be the same as person-centred care, interprofessional working, and integrated care.

G. Respondents voiced issues regarding the inclusiveness and representativeness of co-production, describing instances where we are not reaching out to all, and extending participation beyond the 'familiar voices'.

H. Many respondents spoke of a sense of distrust and disillusionment with co-production, and due to the incorrect use of the term it had become diluted and had lost meaning to some. Others voiced experiences of 'co-production for the sake of co-production', describing it as a box-ticking exercise or commenting on staff within social care only paying "lip service" to the approach.

## Calls to action

Working in partnership with members of the National Co-production Advisory Group (NCAG) and SCIE's Co-production Steering Group, we have outlined the following recommendations:

1. It is crucial that sufficient resources are allocated towards co-production, ensuring staff have protected time to carry this out. Investment in such areas will equip staff working in adult social care with the necessary tools and resources to engage in co-production effectively and meaningfully, and ensure services are fit for purpose.

2. There is a need to prioritise comprehensive training and education for every staff member working in adult social care, empowering them with the knowledge of co-production, what it is and how to apply it across diverse roles in the sector.

3. Training and development should focus on new starters in the sector, but also be repeated to allow for best practice examples and learnings to be shared amongst all adult social care staff. This could be done through mentoring and partnering with people with lived experience.

4. There should be investments in grassroot organisations who are already connected to people with lived experience and organisations who are doing co-production well.

5. To avoid instances of misinterpretation and misunderstanding, a consistent definition of co-production needs to be shared widely, with practical examples that bring the skills, values, and behaviours of co-production to life.

6. New context-specific co-production groups/panels should be established for each project, ensuring that they truly reflect the diverse population impacted by the service/product/policy under consideration.

7. To foster greater inclusivity and representativeness in co-production, there needs to be a shift in the approach, from reactive to proactive. To ensure effective outcomes, more needs to be done to reach out to diverse communities so that people's needs are met, and all voices are heard.

8. Research that examines the experiences of co-production in adult social care from the perspective of staff and people with lived experience from marginalised communities should be prioritised.

9. Raise awareness of how co-production can be implemented at different levels – for example, individual (personal support and care plans), operational (designing and reshaping services) and strategic (informing approaches).

# Contents

## Introduction

Over the last few decades, the concept of ‘co-production’ has gained significant attention within the social care sector. As support for the approach grows, we are achieving a consensus within adult social care that it is right that those who use services should be involved in designing and developing them, marking a shift in having things done ‘to’ or ‘for’ them, towards doing things with them. The Care Act 2014 specifically includes the concept of co-production in **its statutory guidance** (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf). The guidance defines co-production and suggests that it should be a key part of implementing the Care Act. As social care policy increasingly recognises the importance of co-production, there is an opportunity to deepen our understanding and knowledge about what co-production is, what it isn’t, and the difference it makes.

This research project was initiated in response to a noticeable disconnect observed by staff working in adult social care. Through discussions with members of the workforce, a growing concern emerged, characterised by a discrepancy between the guidance and directives received from leadership and management and the realities experienced by those in direct care delivery or assessment roles. This disconnect has generated a sense of frustration and confusion amongst staff in social care, who strive to provide the best possible care and support. They often find themselves grappling with conflicting messages, encountering inconsistencies between the ideals advocated by leadership and management and the practicalities faced on the ground.

Through the use of an online survey, we captured insights and experiences across various roles and levels of responsibility, to uncover valuable knowledge about the realities of co-production in adult social care. This was done by investigating the understandings and experiences of co-production from both people who draw on care and support, and those who provide it, shedding light on the potential benefits, barriers, and opportunities.

The release of this report carries with it the hope that it will serve as a starting point in addressing the disconnect experienced in adult social care regarding co-production. The recommendations put forward throughout this report aim to bridge the gaps in understanding of what co-production entails, how it should be implemented, and why we need it. By embracing and implementing these recommendations, we can continue the journey towards achieving the best possible version of co-production, where principles are known, understood, and integrated throughout all areas of adult social care.

# About this research

## Research context

This research was commissioned by the Department for Health and Social Care, following discussions held by the 'Co-production Week task and finish group' responsible for delivering events held on Co-production Week 2022. The Co-production Week task and finish group is comprised of individuals with a range of perspectives of adult social care, who came together to share knowledge and expertise. Discussions centred around a desire to research interpretations of co-production from the perspectives of the workforce and people with lived experience of adult social care.

A survey was conducted with respondents who identified as either someone working in adult social care, or someone who draws on adult social care and support. The link to the survey was distributed from Tuesday 14th March 2023 and remained open for data collection until Tuesday 4th April 2023.

### Aims and objectives

The following aims and objectives were established for this research:

- To explore how the term co-production is defined by staff in the adult social care workforce and service users, including what terminology is used and how various characteristics are described.
- To gauge how co-production is applied, individual experiences and the lessons learnt from working in a co-productive way.
- To examine a potential lack of cohesion between various levels of the workforce hierarchy and service users, and if any lack of unity is undermining the successful application of co-production within social care practices.

To achieve the above aims, the following research question was identified:

**How do social care staff working in adult social care and people with lived experience compare in their understanding of co-production, its principles, and processes?**

### Design

An online survey was designed to gather both quantitative and qualitative data. Questions were drafted by members of the Co-production Week task and finish group, and prior to distribution, the survey was reviewed by an independent sample of individuals with lived experience of adult social care and individuals working in the sector. The online survey platform, PointerPro was used. The survey questions relating to co-production for care staff are given in Appendix 1 and for people with lived experience in Appendix 2. In addition, both groups were asked some demographic questions.

We acknowledge that the use of digital channels to promote and administer this survey was a potential source of bias within the research, as it was most accessible to individuals with lived experience and members of the workforce who are already digitally active.

## Distribution

A link to the survey was distributed via SCIELine (an ebulletin produced by the Social Care Institute for Excellence that provides updates on topics of interest within social care) and via SCIE's social media accounts. The survey was further publicised via networks known to SCIE, including the National Care Forum and during events hosted by SCIE during Social Work Week 2023. Survey respondents were anonymous and were not asked to provide information that could be used to identify them.

In total, 997 people took part in this survey, with a completion rate of 84%. Of the 837 who completed the survey, 640 identified as working in adult social care, and with 195 as a person with lived experience of adult social care. The most common age for survey respondents was aged between 55 - 64 years and 58% were women. Among the survey respondents, there was a substantially higher proportion of responses (80%) from individuals who identified their ethnicity as White (English/Welsh/Scottish/Northern Irish/British). (A breakdown respondent's demographic information can be seen in Appendix 3).

## Data analysis

The written responses were analysed using a version of **Braun and Clarke's** (2006) (https://www.tandfonline.com/doi/abs/10.1191/1478088706qp063oa) thematic analysis. The analysis was conducted independently by two researchers before creating a joint approach to defining and refining themes.

## Experiences of the term ‘co-production’

Familiarity with the term ‘co-production’ differed greatly between the two groups of respondents (Figure 1).

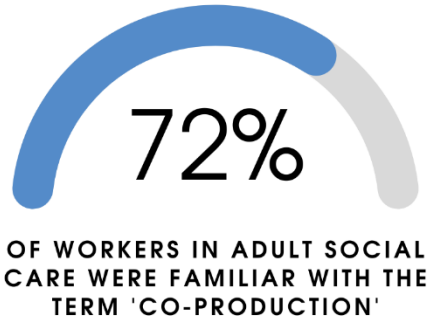
When asked “have you heard of the term ‘co-production’?”, just over seven in 10 of respondents belonging to the social care workforce replied ‘yes’, whilst 19% stated ‘no’, and 6% listed that they were unsure. 3% of respondents did not answer the question.

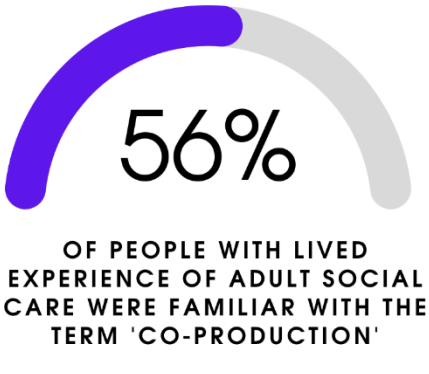
For individuals with lived experience, this figure fell to just over half. 18% had no experience of the term, 19% were unsure and 7% chose not to answer the question.

204 respondents expressed that they had not heard of the term, or were unsure. They were then provided with SCIE’s definition of co-production, alongside a case study. 49% (79 staff and 20 people with lived experience) stated this sounded like something they had been involved in before. This suggests that the co-production process may have other names attached to it. Issues of terminology and consistent definitions were also raised in written responses and are explored further in the themes that follow.

Social care staff, who were unfamiliar with the term ‘co-production’ were asked “do you think this is something that you think you should be doing in your role?”. Over half (53%) answered ‘yes’, with 41% stating that they were unsure, and only four responding ‘no’.

**Figure 1: Familiarity with the term ‘co-production’ by respondent groups**



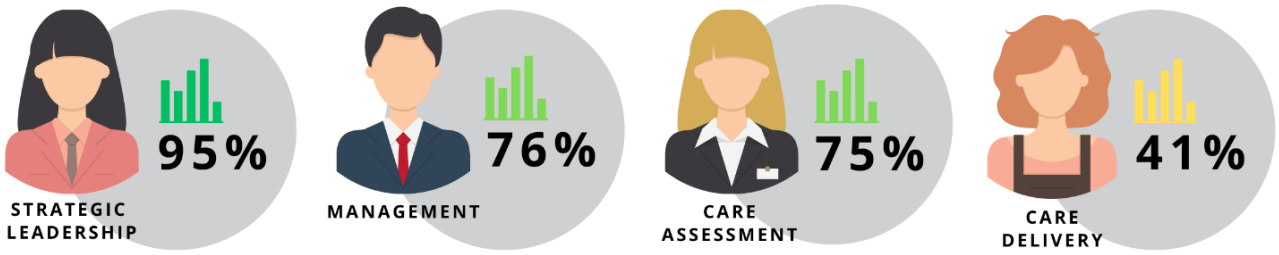




### Social care staff by role

We compared he level of familiarity with the term ‘co-production’ between the different roles adult social care staff roles. Figure 2 depicts the percentage of respondents

who replied ‘yes’ when asked “have you heard of the term co-production?”.

**Figure 2: Familiarity with the term ‘co-production’ by job group**




Respondents working in strategic leadership roles were most familiar with the term with 95% saying ‘yes’ when asked “have you heard of the term co-production?”. This figure fell to 80% in managerial roles. When comparing care assessment roles to care delivery roles, 75% of individuals working in social work roles were aware of the term, but only 41% of carers or support workers (including senior carers/support workers) had heard of the term.

The level of knowledge of ‘co-production’ could be conceptualised from this data as a top-down, heirarchical structure, so that the most senior managers who are in roles most likely to be removed from frontline working have a much better knowledge of co-production than those working in direct care delivery.

Full data relating to staff roles and familiarity with term ‘co-production’ can be seen in Appendix 4.

## By organisational type

Awareness of the term ‘co-production’ was compared across the types of organisations respondents work in, with Table A showing the results.

**Table A: Awareness of the term ‘co-production’ across the types of organisations individuals work for**

| | Have you heard of the term ‘co-production’ before? | | |
|---|---|---|---|
| **Type of organisation** | **Yes** | **No** | **Unsure** |
| For-profit organisation | 44 (56%) | 30 (38%) | 5 (6%) |
| A not-for profit, charity or voluntary provider | 115 (81%) | 21 (15%) | 6 (4%) |
| An agency | 15 (58%) | 5 (19%) | 6 (23%) |
| Local authority | 207 (79%) | 41 (16%) | 15 (5%) |
| NHS | 23 (79%) | 5 (18%) | 1 (3%) |
| Other* | 33 | 15 | 6 |

There were a number of differences found between the different types of organisations that social care staff worked for, although some caution should be taken given the small number

of respondents in some groups. Overall, for-profit organisations had the lowest level of recognition with 56% having heard the term but 38% not. Similarly, 58% of those working for an agency reported hearing the term, 19% not, but with almost a quarter not being sure. Not-for-profit, local authority and NHS staff were quite similar with about 80% of each having heard of the term and between 16% and 18% not.

The findings indicate that there may be room for improvement in promoting a comprehensive understanding and engagement with approaches to co-production within for-profit organisations. The data also indicates that, while all types of organisations have room to improve understanding of co-production, they may well be at different starting points and there may be value in targeting strategies that promote a comprehensive understanding and engagement with approaches to co-production.

While some groups exhibit a high level of familiarity, there are others where a notable portion of individuals are unfamiliar or unsure of the concept. This suggests the need for continuous education, awareness-building, and the promotion of co-production across the sector.

## Experiences of being involved in co-production

Figures 3 and 4, below, depict previous experiences of being involved in activities of co-production as someone who draws on care and support.

Of the 88 respondents who **had** been given the opportunity to be involved in their care and support planning, almost half (48%) found that this had positively affected their care and support, whilst 27% of those surveyed reported that this experience was negative, 21% described neutral experiences. Of the 58 respondents who answered that they had **not** been given the opportunity, 53 people expressed a desire for greater involvement in their care planning.

**Figure 3: Replies to the question "Have you been given the opportunity to be involved in the planning of your care and support?"**

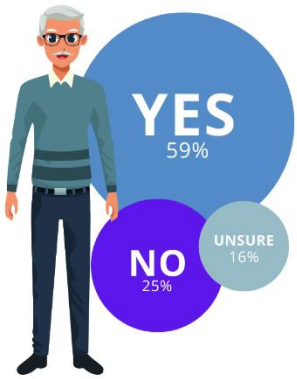
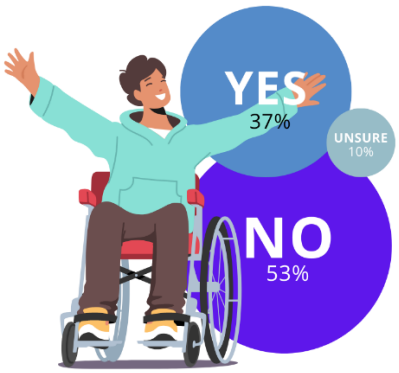



**Figure 4: Replies to the question "Have you been given the opportunity to be involved in the development of services and policies?"**




In terms of experiences in co-production of developing services and policies, of the 37% of respondents who had been given the opportunity to be involved in developing services and policies with their local authority or care provider, half of respondents reported positive experiences of their involvement, whilst 20% sharing negative experiences, with the remaining figure being neutral.

For those that had not been given opportunities in this area, or were unsure if they had, majority (75%) expressed that they **would** like to be more involved, with only 3% stating that they would **not** be interested in such opportunities.

These findings show that the use of co-production is higher in areas of care planning than it is in the development of services and policies. Importantly appetite for co-production remains high amongst all who draw on care and support.

## Barriers to co-production

To better understand what could support co-production to happen more of the time, we asked participants to consider any potential barriers to workers successfully implementing co-production in their role. This section explores some of the key barriers encountered in co-production and the implications they may have.

Figure 5 below shows the frequency of responses from the 640 social care staff, when asked “what do you feel are the main challenges or barriers to using co-production in your practice?”, with the size of icon depicting the frequency it was experienced.

**Figure 5: Barriers to co-production experienced by social care staff**

Each barrier highlighted is discussed below, bringing together the qualitative comments made by survey respondents.

> Staff (strategic leader) #224
> "The time frame for co-production are not those of funders and strategic partners, and while they come to see the benefits, this time is not factored in."

## Time

Almost a half of staff (47%) experienced a barrier related to time when it comes to implementing co-production in their role. Co-production can be a time-consuming approach, requiring involvement of multiple stakeholders, in a range of activities, that does not necessarily guarantee a result at the end of it. Many staff acknowledge this, discussing how the result of limited time availability was hindering the depth and quality of co-production, leading to rushed efforts or reduced opportunities for meaningful co-production.

> Person with lived experience #124
> "My local authority has no lead on coproduction and little interest. The recent service redesign did not involve service users. When I asked I was told there hadn't been enough time."

Additionally, the time-consuming nature of co-production was not always understood by those in leadership, with some staff discussing unrealistic objectives being set by managers who had little experience of putting co-production into practice. As can be seen in this quote by staff member #208, some spoke of the time taken to develop relationships with people with lived experience, and how this time was often underestimated and perhaps undervalued by management.

> Staff (manager) #208
> "Establishing rapport, building relationships takes time. This isn't valued by management who want to slot people into 30 min time slots for assessments/interventions. The ever-increasing workload and responding to urgent needs is turning us into a reactive, not a proactive person led service, it makes me sad."

Barriers surrounding the lack of time were also commented on by some individuals who draw on care and support. They discussed attempts being either non-existent or feeling rushed, where staff in adult social care failed to do proper co-production as they were "cutting corners" to save time.

> Staff (strategic leader) #174
> "The biggest barrier to co-production is being prepared to think outside the box and do things differently and changing hearts and minds! Getting on with it, no matter how small or big it is (not being scared of the unknown)."

## Organisational culture

A third of staff stated the organisational culture of their place of work was a barrier to successful co-production. Within this category, respondents discussed experiences of their organisation being resistant to change, where the required shift in mindset of how the organisation operates could not be adopted. Many referred to their organisations being "stuck" in past ways of working, and there was a reluctance among staff members to embrace principles of true co-production. Hierarchical structures also played a role in creating challenges that staff members had to overcome to conduct effective co-production, linking back to findings discussed earlier in this report, top-down approaches to co-production are undermining efforts.

## Training

A lack of training on co-production and how to apply it in practice was experienced by 19% of workers. Education in principles of co-production is vital when it comes to raising awareness and building knowledge among members of the social care workforce. Staff also remarked on the limited training opportunities they often have in their role, and that

at the time of taking the survey, training in co-production did not sit at the forefront of priorities for professional development.

### Cost

Cost was found, by 26% of respondents, to be a barrier encountered by social care staff when attempting to implement co-production in their practice. Staff found there was, at times, a lack of financial resource available to support meaningful attempts at co-production, with the practice said to be a costly option. Cost was related to in two different ways, the first being the actual cost of running workshops, such as practical expenses, venue hire, refreshments etc. and the cost in terms of lack of resources, with staff being denied opportunities to do co-production due to workforce shortages, and "having no back-fill available for their role". This barrier ran across the board, with managers reporting funding issues, and frontline staff reporting workforce limitations. Arguably, we can include instances where staff have experienced a barrier related to the lack of training, with experiences shared by staff of no funds available to conduct training in this area.

**Staff (senior practitioner) #417**

"A lack of trust from support providers can hinder co production. If they don't see co production as valuable then they won't promote it to the people they work with, or enable and empower them to engage in it."

### Lack of trust

Fundamental to co-production is building trusting relationships and meaningful partnerships between all stakeholders. However, previous negative experiences, historical power imbalances, and scepticism surrounding the impact and purpose of co-production, has led to a sense of distrust in the approach. Lack of trust was reported by 16% of social care staff. Respondents, representing the full spectrum of adult social care, from users to managers, voiced feelings of being unvalued and unwelcome, whilst others felt it was a "pointless exercise" that often involved "rubberstamping" a finished product, or a premade decision. Removing the sense of tokenism within the practice of co-production is a key step to restoring trust.

**Staff (social worker) #348**

"I think it requires a whole systems approach, there are fantastic pockets of co-production taking place but it should be properly resourced and meaningful. Changes are required throughout the organisation to create spaces for co-production to take place and empower individuals."

### Communication

Communication was a barrier experienced by a quarter of staff, with some commenting on experiencing siloed working when it comes to practices of co-production with different departments within the organisation being at different rungs of **the ladder of co-production** (https://www.thinklocalactpersonal.org.uk/Latest/Co-production-The-ladder-of-co-production/).

**Person with lived experience #120**

"I was very involved in supporting my LD daughter to achieve recognition in her own right and to find those areas of work that used, recognised and valued her and her input… Services did not allow for difficulties in understanding and comprehending, nor for communication in ways that she felt heard and understood, and was able to understand the language used when talking to her."

### Language

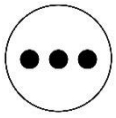
As previously stated, co-production relies on effective communication, and according to 10% of respondents, language differences are impeding the successful implementation of co-production. This barrier may refer to either instances where participants speak different languages or varying levels of proficiency, or alternatively issues with the use of jargon, or different definitions and terminology. The latter is particularly

prevalent within health and social care, for examples the use of acronyms and abbreviations. Similar to the issue of language barriers, issues with accessibility were encountered by 13% of respondents. Within co-production, language needs to be able to meet the needs of all and there is a necessity to tailor information to meet individual needs and requirements. It has been found that this is often not done by social care staff. As a call to action from this report (described in due course) is to improve engagement in co-production with diverse communities, we need to ensure that language, accessibilty and communication no longer pose barriers to effective co-production.

### Lack of support

17% of social care staff noted a barrier related to a lack of support when attempting to implement co-production in their role. Staff noted difficulties receiving adequate support from management, or those sitting at the top of organisational structures.

Under the overarching issue related to the lack of support staff experienced, some noted how a lack of training (described above), lack of clear policies in place associated to co-production (experienced by 18% of staff), and lack of guidance, had left them feeling ill-equipped to confidently implement co-production in their role. Staff stated that, to build confidence, colleagues would benefit from greater peer support during their initial attempts in engaging in co-production. To ensure the transition towards implementing co-production in roles, staff commented on the need to celebrate small successes and shield individuals from discouragement that was caused by criticism of their initial attempts to embrace co-production.



### Other barriers

In terms of the other barriers flagged by social care staff, high turnover of staff was cited by many. Staff commented on the time taken to build relationships and rapport with individuals with lived experience and how frequent staff turnover and the lack of continuity was impeding building and maintaining such relationships. Difficulties with retention was also found to be disruptive to the momentum of ingraining co-production within organisations.

Amongst other responses, staff discussed difficulties with their reach into diverse communities, an issue discussed later in this report when describing issues of inclusiveness and representativeness within co-production.

Finally, it was also noted that “the societal perception of someone with lived experience” presented a barrier faced in efforts to implement co-production.

**Staff (support worker) #155**

“Staff are often moved to work at different services or due to high turnover different staff are coming and going due to this co-production is very difficult for lots of people I've supported over the years co-production comes after building up professional working relationships.”

**Person with lived experience #049**

“Started off ok but now it’s not so good because of chronic shortage of staff.”

**Staff (carer) #433**

“Reach - our co-production boards are not representative of race/ ethnic diversity in the community.”

**Staff (senior practitioner) #610**

“…There is still a long way to go with respect of people's right to be here and equal. Their views are often discounted and overlooked.”

## Improving understandings of co-production – what it is and what it isn't

Staff (nurse) #389

"I think there is a shift in people hearing about co-production, more people know about co-production but don't necessarily know what it means or what it can look like."

One of the primary objectives of this research was to delve into the perceptions, motivations, and potential outcomes surrounding the use of co-production within adult social care.

It was encouraging to see the level of understanding of co-production amongst the social care workforce and from people who draw on care and support, and alignment with **the core principles of co-production** (https://www.scie.org.uk/co-production/what-how). However, despite the growing recognition and adoption of co-production as a transformative approach within social care and support, it is important to acknowledge that not all members of staff within this sector have a comprehensive understanding of what co-production entails.

This knowledge gap can pose significant challenges to the successful implementation of co-production initiatives. As can be seen previously in this report, some staff members were unfamiliar with the concept, however others appeared having misconceptions about its meaning, purpose, and potential benefits. In many instances, staff in direct care roles considered co-production to be synonymous with person-centred care and spoke of how they utilised co-production to further understand a person's needs, and work towards fulfilling their goals. While co-production and person-centred care share the common goal of improving the care and support people receive, they differ in their emphasis and approach. Where co-production emphasises the need for equal partnerships and close collaboration between stakeholders from the start to the finish, person-centred care holds a focus on tailoring care to the unique needs and preferences of the individual.

Amongst care workers, a role with lower familiarity of co-production reported by respondents, many associated the term with interprofessional working and integrated care. Whilst there may be overlap in such concepts, interprofessional working refers to the collaboration and coordination among staff ensuring that effective communication and shared decision-making helps to appropriately address the needs of individuals. Co-production on the other hand would extend this approach to include all stakeholders, and particularly those with lived experience. Whilst the terms are complementary that are also distinct, and misinterpretations

Person with lived experience #065

"There needs to be more action to increase awareness of professionals, particularly frontline staff and their leaders in understanding what it is and the benefits of co-production."

can lead to attempts at co-produced solutions without the input of those who are experts by experience.

It was also observed that individuals with lived experience of adult social care often perceive co-production as simply being consulted, primarily through the use of surveys or other feedback mechanisms. This understanding may have been influenced by how staff utilise the phrase 'co-production' within their practices. While surveys and feedback are important components of engaging people with lived experience, true co-production goes beyond mere consultation. Therefore, it is crucial for members of the social care workforce to clarify and educate on the broader concept of co-production, ensuring that it is not reduced to a one-way feedback process but rather a meaningful and inclusive collaboration that values the expertise and insights of all.

What is clear from the findings of this research is that there are issues with terminology and what co-production is and what it isn't. Overcoming this may require further agreement on the exact definition of co-production, how to ensure that co-production is true and meaningful, and advice available that can support organisations and individuals to know when co-production is necessary and appropriate. Efforts should be made to provide comprehensive training and education to all staff members, ensuring that they are equipped with the knowledge and skills necessary to fully embrace and implement co-production principles.

## Aspirations of using co-production to change and improve care and support

Staff (strategic leader) #127

"We have identified this as an area we need to do more on and to improve how we do it. We have involved people in co-producing strategies, we have involved people in commissioning approaches, but this was not full co-production even though their views were used to inform our plans. We are working on how to involve people in co-production about frontline delivery of social care."

The theme of *"*aspirations of using co-production to change and improve care and support*"* was commonly identified across data provided by strategic leaders, as well as those in managerial positions. It was interesting to note that respondents holding leadership and management roles within social care predominately focused on the way co-production could change the way services operate.

Respondents recognised that co-production could empower people with lived experience and foster a sense of ownership and shared responsibility. They believed that involving people with lived experience and their carers in decision-making processes, service design, and evaluation would lead to more responsive, efficient, and effective care and support services.

At times, their visions encompassed not only improving the quality of individual care experiences but also driving broader systemic changes to achieve person-led, inclusive, and empowering services. Respondents also recognised the need to develop their approaches to co-production and commented on how they are still on their journey of implementing co-production and aspire to improve their processes.

## Acknowledging the value of experiential knowledge

A commonly identified theme across all roles within the adult social care workforce is the recognition and acknowledgment of the value of experiential knowledge.

Regardless of their specific role, respondents consistently highlighted the importance of valuing and harnessing the lived experiences of those that use services. They emphasised that experiential knowledge brings unique insights, perspectives, and expertise that those working in the sector may not possess. Respondents believed that co-production should actively seek and incorporate this valuable knowledge into decision-making, service design, and delivery processes.

By acknowledging the value of experiential knowledge, co-production can move beyond a tokenistic involvement of individuals with lived experience and truly embrace their expertise as equal partners.

One respondent, who identified as a person with lived experience (#120), documented their experience of adult social care when social workers that cared for their daughter failed to consider the value of experiential knowledge.

**Staff (consultant) #127**

"…there are two types of people working together and sharing their skills and insights when a public service is coproduced: the professionals offering a service and the citizens which the service is intended to benefit. It's important because either party could lack expertise without the other. And the value of the citizen contribution is often not embraced."

**Staff (social worker) #364**

"…After all who is better placed to provide insight into what is needed than the people themselves".

**Person with lived experience #030**

"…Without my presence, she would have continued to be ignored by her care workers when trying to raise a severe medical issue, and would have died even sooner than she did. It was often uncomfortable meeting with Social Workers who did not want my involvement and resented it… I do believe that she [my daughter] received a 2nd class service because of her learning disability."

**Person with lived experience #030**

"[Co-production] is extremely important as we, with lived experience have the knowledge and understanding of issues which often occur and to be part of the decision of getting it right first time"

## Inclusiveness and representativeness within co-production

When examining the responses of all participants, a theme was identified surrounding the inclusiveness and representativeness of co-production. There was a strong consensus expressed by respondents regarding the need for greater inclusivity and representativeness within co-production processes. Participants highlighted that the active involvement of target groups is crucial for achieving meaningful outcomes and ensuring that the diverse needs and perspectives of all stakeholders are considered, they also discussed the dangers of restricting involvement to the “usual voices”.

> **Staff (unspecified role) #619**
>
> “We need to ensure people have a range of experience, including diverse communities and the marginalised - going out to communities rather than expecting them to come to us. Not describing individuals or communities as 'hard to reach'…”

Many respondents argued that co-production should go beyond tokenistic gestures and strive for genuine engagement and collaboration with marginalised communities and under-represented groups. Every effort needs to be made that shifts the way people do co-production, changing the mindset so that those responsible are proactively reaching out to people instead of passively waiting for people to approach them.

> **Person with lived experience #097**
>
> “I would do it, but I’m never asked.”

Staff also highlighted the dangers of restricting involvement solely to the "usual voices" and often drew reference to service user groups that fail to be representative of the diverse communities that exist in UK society. Respondents considered the constant involvement of the same people in practices of co-production to be a limited approach, that is hampering the effectiveness of co-production in adult social care.

> **Staff (OT) #119**
>
> “Each area of service redesign should recruit a new co-production panel which is representative of the diverse UK population, and who have lived experience of the service.”

Furthermore, by solely including ‘familiar voices’, respondents pointed out that this amounts to exclusion of others from co-production processes, with the danger being such actions reinforce existing inequalities and marginalisation. By actively involving marginalised communities and under-represented groups, co-production initiatives can promote social justice, equity, and empowerment. The overarching benefit is also more effective co-production, with the inclusion of diverse stakeholders bringing in a wealth of knowledge, experiences, and

perspectives, that would otherwise have been missed, whilst ensuring solutions truly reflect the needs and aspirations of our communities.

A few respondents also referred to the practice of co-production as being “cliquey”, where they felt established groups/panels had become exclusionary, not so welcoming to outsiders and reluctant to hear new perspectives.

Person with lived experience #018

“Inclusion is key to achieving a positive and lasting impact for everyone involved. Having a diverse group of professionals and people with lived experiences is important for us all”.

To address these concerns, survey respondents suggested several strategies for enhancing inclusiveness and representativeness within co-production. These included targeted outreach efforts, creating safe spaces for participation, providing appropriate support and resources, and actively seeking out the voices and perspectives of those who are often marginalised or excluded from decision-making processes. By embracing these approaches, co-production initiatives can tap into the collective knowledge and insights of the community and harness its full potential so that change can aim to address the complex and nuanced needs of everyone.

.

## Building capacity through co-production

By ensuring greater inclusivity and representativeness, co-production can be used to build capacity and personal agency. This theme considers how, through co-production, we can facilitate knowledge sharing, and establish supportive frameworks that enable effective co-production.

Staff (manager) #194

“My experience has always been that co-production is done badly. it always involves the same service users, who attend all NHS service re-design. They are not representative of all service users and are generally white retired, affluent people. This occurs because they are always available and easy to access. A result of this is that services are not inclusive or culturally appropriate.”

At its core, co-production is about creating an environment where all participants experience equality, and there is a reciprocal dialogue, with all contributions valued. In our survey, many people who were engaged in front-line care felt they would like the opportunity to be involved but were not included. Making co-production more inclusive would certainly allow care staff to feel more valued, and afford them new skills in problem-solving, decision-making and articulating the reality of social care work.

Building capacity, through knowledge exchange is an important outcome and can be applied to both the service itself, and to all of the individuals involved in the process. By including social care staff in co-producing new ways of working and services, it would mean that the process would be grounded in reality, and therefore more workable. Co-producing interventions with people with lived experience can also improve uptake, engagement, and ownership in populations which are seldom heard, building capacity and person agency for individuals and communities.

Staff (social worker) #194

“If you want the same results do the same old thing. If you want to actually make a difference do things differently. Disband the established NHS user groups and make sure that every co-production initiative is unique. Offering training in co-production builds capacity.”


## A gap between expectations and reality in relation to experiences of co-production in social care

A key theme that emerged among survey respondents is a growing concern surrounding a mismatch between expectations and reality, when it came to their experiences of co-production in practice.

Individuals who have a personal experience of social care frequently discussed co-production as an ideology, which, in theory, appears to be the perfect solution when it comes to the design, delivery, and evaluation of services or policies. However, based on their own experiences, it often leads to tokenistic involvement, where participation is merely seen as a box-ticking exercise. It was particularly interesting to hear the phrase “co-production for the sake of co-production” scattered amongst responses from those with lived experience, with many referring to the practice of doing co-production having evolved into a mere ‘trend’, or a ‘buzzword’.

Similar experiences, and perhaps a sense of disillusionment regarding the overuse and particularly the incorrect use of the term ‘co-production’, was expressed by members of the workforce. However, their perspective often centred around the support they received to implement co-production in their role.

A frequent response amongst staff (although also mentioned by those with lived experience) concerned the phrase “lip service”. Where negative accounts of co-production were offered, staff would indicate examples of the phrase becoming an “empty rhetoric” (Staff (unspecified role) #077). Staff also point to the existence of a theory/practice gap when it comes to co-production, with their managers often a) underestimating the time it

**Person with lived experience #030**

“Co-production is the new buzz word for involvement, it’s used many times and incorrectly in health and social care. The theory and application when done properly is incredibly important as it can change lives and save millions. Sadly from my personal experience it’s simply another box ticking exercise to say people have been involved.”

**Person with lived experience #137**

“Co-production may be a good approach in theory but in practice, those with the power (& responsibility) to fund services are not on board with this. .. In many instances Providers won't meet with an individua/carer to discuss SDS1 or 2 because they ‘don't get paid for that’".

**Person with lived experience #172**

“This term is abused by the system. Partnership/MDT working is called coproduction, as technically it is this. But does give a facade that lay voices are in there…"

takes to utilise co-production in roles, or, b) be unwilling to provide sufficient resources to do co-production properly.

## The flexibility of co-production

The final theme this research identified was around the flexibility of co-production. This theme discusses finding a balance between the responsibility of social care staff "to play by the same rules of the game", highlighting the dangers of inconsistent approaches, and the need to recognise that co-production can be an untidy, not always straightforward approach, and we need to celebrate moving in the right direction.

Staff (nursing associate) #590

"It's messy and chaotic but reaps rewards if done properly".

Respondents also spoke of the need to recognise that co-production isn't guaranteed to produce perfect results every time, and judgement should be made on when it is necessary to implement it. This particular point is vital to preventing the "co-production for the sake of co-production" experiences that were noted by those with lived experience. Instead of striving to co-produce everything, in the first instance, organisations should prioritise refining their approach, which is arguably more crucial.

People with lived experience expressed on many occasions their frustration at organisations who came to them to co-produce a service, product or policy only to discover later that their insights or concerns were not acted upon. For some, this issue was more significant than the absence of co-production from the outset, as it led to a sense of wasted time and a feeling of being ignored and disempowered.

Person with lived experience #176

"There should be a loose system involved so that everyone is working towards the same goal. At the moment people can throw the word around without any real meaning."

To limit such occurrences, organisations/individuals should consider:

a. Is co-production in this instance appropriate?

b. Will we act upon the results given to us by stakeholders?

Person with lived experience #137

"It was pointless. A lot of work was done… before the Local Authority ignored it completely."

By exercising discretion when determining the necessity to co-produce and the impact co-production may have on the result, we can preserve the integrity of the approach, prevent "box ticking" scenarios and restore trust in co-production as a practice, which for those who draw on care and support is imperative.

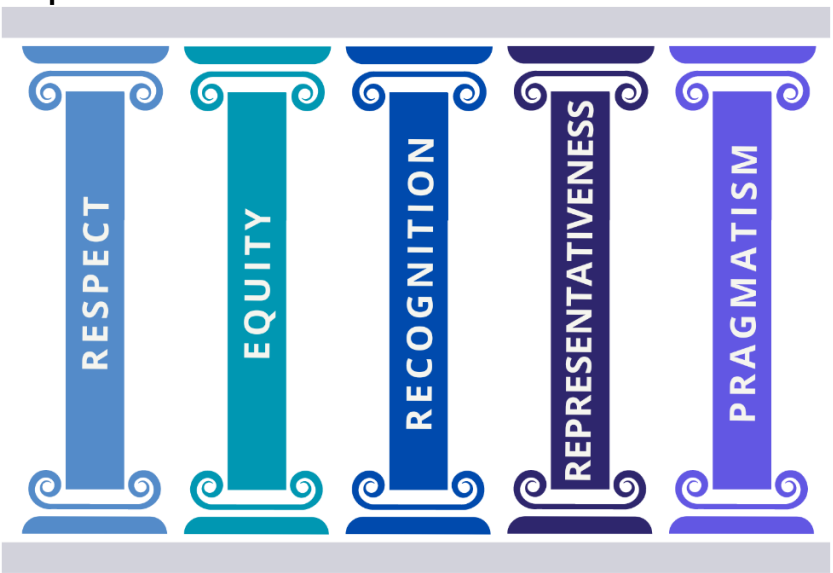
Person with lived experience #154

"I attended a meeting about the development of carers passports. Despite contributing some ideas they did not appear in the minutes of the meeting which was disappointing… "

## How do we ensure that co-production is true and meaningful?

Utilising the themes identified and described above, we have organised findings into the five "pillars" necessary for achieving true and meaningful co-production from the perspective of the adult social care workforce. Beside each pillar we have included quotes from social care staff and people with lived experience, we feel that it is important that these pillars truly reflect the voices of those who took part in this survey.

**Figure 6: The "five pillars" needed for true and meaningful co-production**




**Respect:** Endeavor to see ability, not inability, focusing on the expertise that every individual can offer and guaranteeing that the value of experiential knowledge is fully utilised.

"I've seen many instances professionally and when using services, of attempts to use co-production. It doesn't need lots of resources to be successful, just the right attitude of all involved - equality, respect, compassion and open mindedness." (Person with lived experience #016). "[We need to] encourage staff to develop relationships, to identify wants and needs, to treat people as individuals, allowing them to be themselves to encourage decision making, to build confidence, and subsequently self-esteem. To work with them seeing ability not inability." (Staff, unspecified role #200)

**Equity:** Constantly readdress the dynamics of power to guarantee fair and equal participation throughout.

"To me coproduction is about designing services and support with all stakeholders having an equal voice. As there is an unequal power balance between statutory services, providers and people with lived experience, there is a need to plan coproduction to ensure all involved are able to participate fully and contribute honestly. It's really important to ensure that future social care delivers what people need to live their fullest lives." (Staff, strategic leader #001)

**Recognition:** Acknowledge and appreciate any and all challenges, as the end result is worthwhile.

"Coproduction can take [a bit] longer but the long term results are much better! It is worth the time and effort." (Person with lived experience #055) "It is time consuming but it is worth the investment." (Staff, strategic leader #262)

**Representativeness:** Strive to find a balance between establishing long-standing relationships, whilst ensuring participation extends beyond the familiar voices.

"I think there's a need to build trusting and long lasting relationships but balance that with talking to a range of different people rather than just the 'usual voices'." (Staff, carer #433)

**Pragmatism:** Understand the practicalities of co-production and when applying co-production is appropriate and necessary.

"Whilst there is a massive push for co-production, I think it's important to acknowledge that not everything can be co-produced." (Person with lived experience #352) "…[It's] appropriate for some activities, but probably not for all activities." (Person with lived experience #183)

## Next steps

We have found that there is a disconnect between different levels of the social care workforce surrounding what co-production is, and how it should be implemented.

Our calls to action, formed in partnership with those with direct experience of adult social care, and utilising the evidence gathered throughout this research, aim to address these discrepancies, align our collective efforts, and steer us forward towards achieving the best possible version of co-production.

- It is crucial that sufficient resources are allocated towards co-production, ensuring staff have protected time to carry this out. Investment in such areas will equip staff working in adult social care with the necessary tools and resources to engage in co-production effectively and meaningfully, and ensure services are fit for purpose.
- There is a need to prioritise comprehensive training and education for every staff member working in adult social care, empowering them with the knowledge of co-production, what it is and how to apply it across diverse roles in the sector.
- Training and development should focus on new starters in the sector, but also be repeated to allow for best practice examples and learnings to be shared amongst all adult social care staff. This could be done through mentoring and partnering with people with lived experience.
- There should be investments in grassroot organisations who are already connected to people with lived experience and organisations who are doing co-production well.
- To avoid instances of misinterpretation and misunderstanding, a consistent definition of co-production needs to be shared widely, with practical examples that bring the skills, values, and behaviours of co-production to life.
- New context-specific co-production groups/panels should be established for each project, ensuring that they truly reflect the diverse population impacted by the service/product/policy under consideration.
- To foster greater inclusivity and representativeness in co-production, there needs to be a

shift in the approach, from reactive to proactive. To ensure effective outcomes, more needs to be done to reach out to diverse communities so that people's needs are met and all voices are heard.

- Raise awareness of how co-production can be implemented at different levels – for example, individual (personal support and care plans), operational (designing and reshaping services) and strategic (informing approaches).

In terms of future research, there are a number of possible next steps we can take towards reaching this, and the following should be explored:

- Understandings and experiences of co-production in marginalised communities. Findings from our research suggest that certain groups are being defined as "hard to reach" and are therefore not included in co-production initiatives. We therefore need to prioritise research in this area and examine experiences of co-production in adult social care from the perspective of staff and people with lived experience from marginalised communities.
- A theory of change framework for co-production and map resources to support individuals and organisations to measure outcomes and assess the impact of co-production. Whilst we heard from a range of perspectives on why co-production is important, research should also explore the questions "is co-production working in the intended way?" and "is it worthwhile?". By utilising resources and expertise to evaluate impact, individuals and organisations can demonstrate that investment in co-production is worthwhile.

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# Appendices

## Appendix 1: Survey for adult social care staff

**FQ Introduction:** We would like to start by asking about your experiences of Adult Social Care.

**FQ1A.** Are you completing this survey as someone who works in adult social care or a person with lived experience of adult social care services?

Note: we are using the phrase "a person with lived experience" to refer to someone who uses adult social care services, their carer or family member?

- Social Care Professional
- A person with lived experience
- Other

**FQ1Bi.** Please could you tell us what your role is and the type of organisation you work for?

- Drop down box 1 – Job Roles
- Drop down box 2 – Employing authority
- Other

| Job Roles | Employing authority |
|---|---|
| • Assistant practitioner in social work or OT<br>• Senior practitioner in social work or OT<br>• Social worker<br>• Occupational Therapist<br>• Newly qualified social worker or OT<br>• Carer/Support worker<br>• Senior carer / Senior support worker<br>• Deputy / Manager of care home<br>• Locality / Social Care Manager<br>• Strategic leader<br>• Care coordinator<br>• Social care prescriber<br>• Other | • Local authority<br>• The National Health Service (NHS)<br>• A not-for profit, charity or voluntary provider<br>• A for-profit provider<br>• An agency<br>• Other |

**QSCP Introduction:** We would now like to explore your understanding and experiences of 'co-production' in your role as an Adult Social Care Professional.

**QSCP2.** Have you heard of the term "co-production" before?

- Yes
- No
- Unsure

**QSCP3A.** What does the term "co-production" mean to you and why do you think it is important?

- Open Text Box
- Skip

**QSCP3B.**

| **Box 1** |
| --- |
| **What do we think co-production is?**<br><br>We acknowledge there is no single perfect definition of co-production, but we use the following as a good starting point. We see co-production as a process that involves people who use services being consulted, included, and working together from the start to the end of any project that affects them. When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power and have influence over decisions made.<br><br>**Case study: Reducing mental health inequalities in BAME groups in West London**<br><br>This co-produced pilot service in West London consisted of patients being involved in deciding the venues, dates and times for meetings and workshops. The aim was to reduce mental health inequalities in BAME groups, with all participants of the group having a say in guiding and influencing the content of the sessions with their expertise and lived experience. The project reported several positive outcomes including a 75% retention rate being recorded. It was also reported that the project has helped overcome barriers to accessing mental health services.<br><br>If you'd like to learn more about co-production, its principles and processes, you can visit **https://www.scie.org.uk/co-production** |

Does this sound like something you have used before in your practice?

- Yes
- No

**QSCP4A.** How do you apply co-production in your practice?

- Open Text Box
- Skip

**QSCP4B.** Is co-production something that you think you should be doing in your role?

- Yes
- No
- Unsure

**QSCP5A.** What do you feel are the main challenges or barriers to using co-production in your practice? Please select all those that apply and/or submit your own.

- Time
- Training
- Communication

- Cost
- Trust
- Language
- Accessibility
- Lack of support
- Lack of engagement with service users
- Lack of clear policies
- Organisational culture
- Your own lack of knowledge or understanding
- None, I don't experience any barriers
- Something else [Free text]

**QSCP6.** 'Is there anything else that you would like to add or that you think it would be important for us to know about co-production?'

- Free text
- Skip

_____ [Survey Ends] _____

"The survey is now complete. Thank you for your time."

## Appendix 2: Survey for people with lived experience

**FQ Introduction:** We would like to start by asking about your experiences of Adult Social Care.

**FQ1A.** Are you completing this survey as someone who works in adult social care or a person with lived experience of adult social care services?

Note: we are using the phrase "a person with lived experience" to refer to someone who uses adult social care services, their carer or family member?

- Social Care Professional
- A person with lived experience
- Other

**FQ1Bii.** Please could you tell us what type of adult social care you draw on?

- Free text
- Skip

**QSU Introduction:** We would now like to explore your understanding and experiences of 'co-production' as a person with lived experience of adult social care services.

**QSU2.** Have you heard of the term "co-production" before?

- Yes
- No
- Unsure

**QSU3A.** What does the term "co-production" mean to you and why do you think it is important?

- Open Text Box
- Skip

**QSU3B.**

| **Box 2** |
| --- |
| **What do we think co-production is?**<br><br>We acknowledge there is no single perfect definition of co-production, but we use the following as a good starting point. We see co-production as a process whereby people who use a service are involved in the planning, decision making and service that they receive. People will have a say in how often they would like to be involved, what level of involvement they will have and be aware of their influence during the process.<br><br>**Case study - Learning Disabilities Innovation Fund provides opportunities for people with learning disabilities**<br><br>In 2021, the Learning Disabilities Innovation Fund (LDIF) was established for people with learning disabilities to come up with ideas for new activities and services and access funding to test them out in practice. All those involved in this project had the flexibility of ensuring different ways of working was discussed, having time to reach mutually workable solutions in the best of everyone's interests and having time to test methods of application processes. Organisations applying for the fund also spent more time with people with learning disabilities to explain projects in Easy Read and create videos explaining forms that would need to be filled out for funding. Panel members have expressed they felt respected, valued and included, and knew that they have a meaningful voice. This was a meaningful project to promote an inclusive way of teaching and learning.<br><br>If you'd like to learn more about co-production, its principles and processes, you can visit **https://www.scie.org.uk/co-production** |

Does this sound like something you have been involved in before?

- Yes
- No

**QSU4.** Have you been given the opportunity to be involved in the planning of your care and support?

- Yes
- No
- Unsure

**QSU5A.** How do you feel this involvement affected your care and support?

- Free text
- Skip

**QSU5B.** Would you like to be more involved in planning your own care and support?

- Yes

- No
- Unsure

**QSU6.** Have you been offered the opportunity to be involved in developing services and policies with your local authority or care provider?

- Yes
- No
- Unsure

**QSU7A.** Could you tell us more about how you were involved?

- Free text
- Skip

**QSU7B.** Would you like to be more involved in developing services and policies?

- Yes
- No
- Unsure

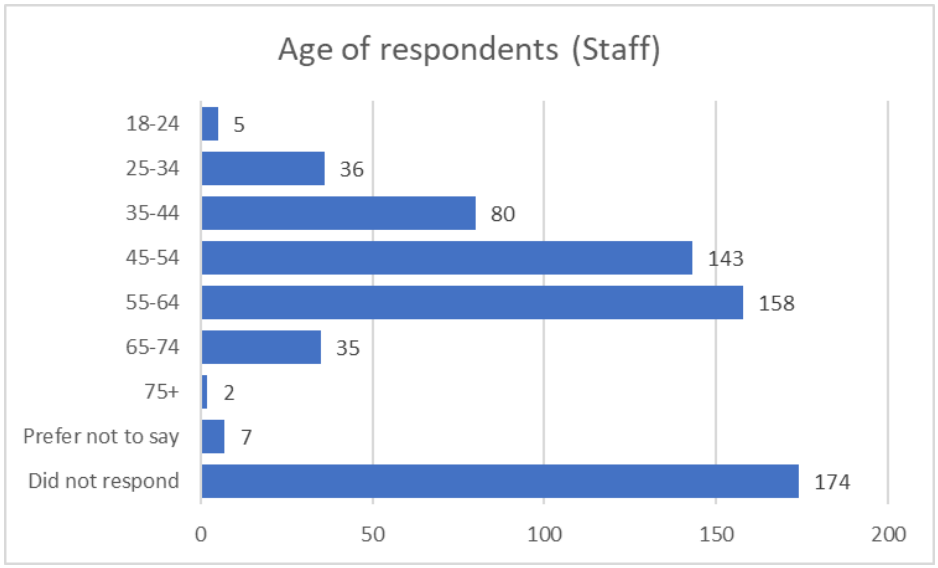
**QSU8.** Is there anything else that you would like to add or that you think it would be important for us to know about co-production?

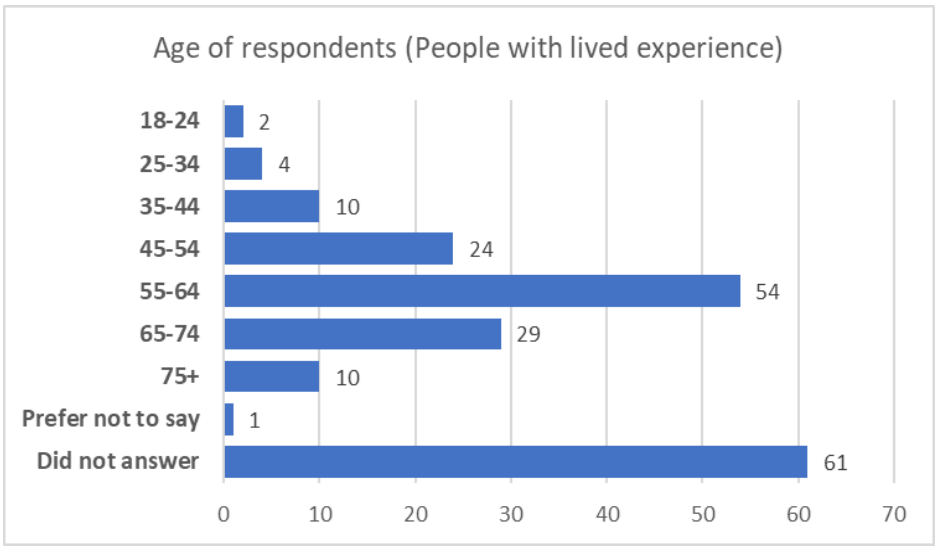
- Free text
- Skip

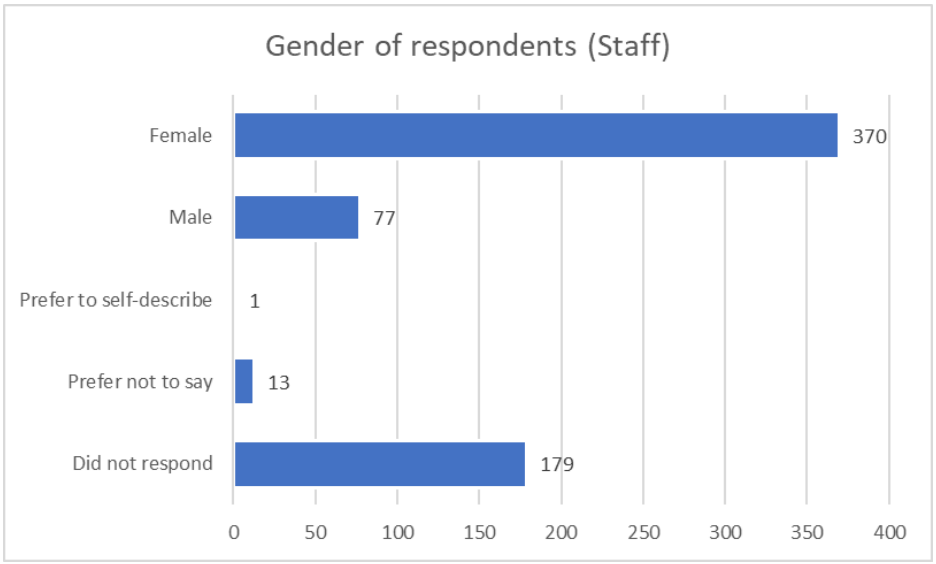
_____ [Survey Ends] _____

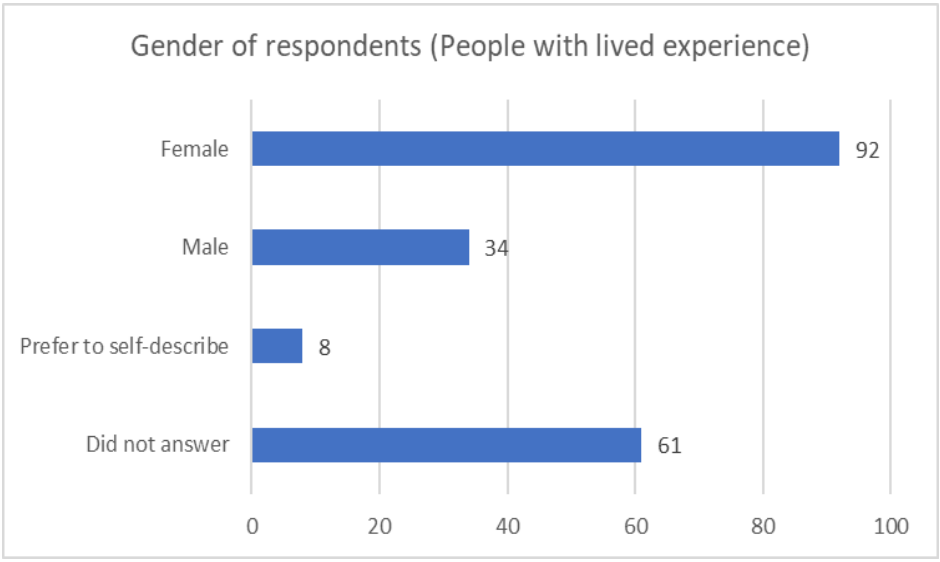
“The survey is now complete. Thank you for your time.”

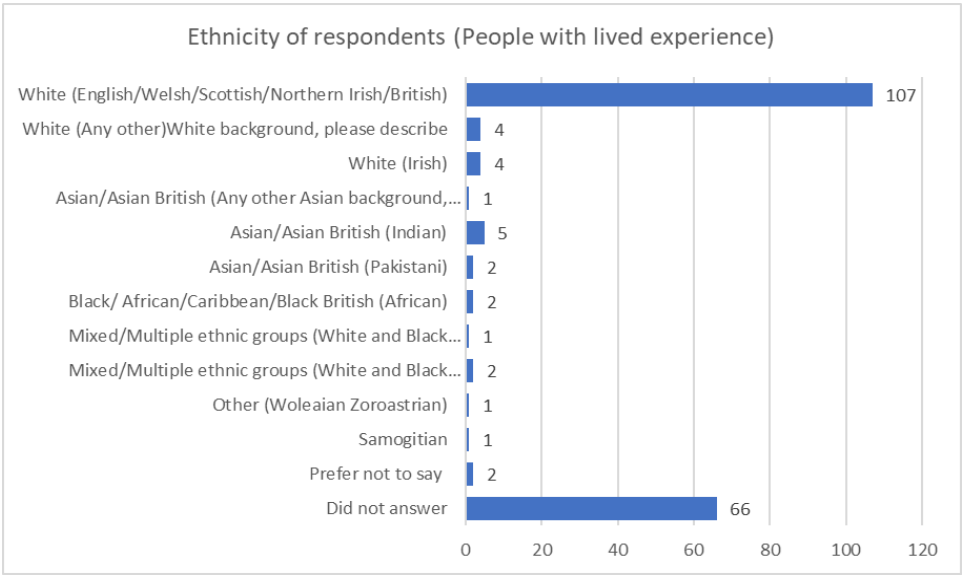
## Appendix 3: Demographic information on respondents of survey

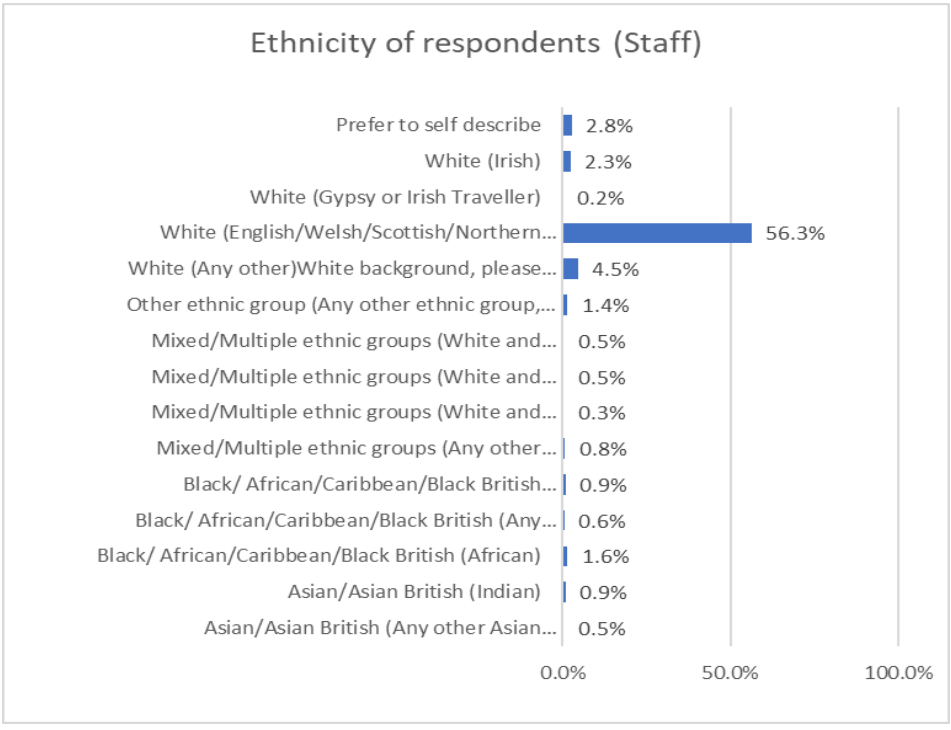



Gender of respondents (People with lived experience)
Female
92
Male
34
Prefer to self-describe
8
Did not answer
61
0
20
40
60
80
100


Ethnicity of respondents (People with lived experience)
White (English/Welsh/Scottish/Northern Irish/British)
107
White (Any other)White background, please describe
4
White (Irish)
4
Asian/Asian British (Any other Asian background,...
1
Asian/Asian British (Indian)
5
Asian/Asian British (Pakistani)
2
Black/ African/Caribbean/Black British (African)
2
Mixed/Multiple ethnic groups (White and Black...
1
Mixed/Multiple ethnic groups (White and Black...
2
Other (Woleaian Zoroastrian)
1
Samogitian
1
Prefer not to say
2
Did not answer
66
0
20
40
60
80
100
120


Ethnicity of respondents (Staff)
Prefer to self describe
2.8%
White (Irish)
2.3%
White (Gypsy or Irish Traveller)
0.2%
White (English/Welsh/Scottish/Northern...
56.3%
White (Any other)White background, please...
4.5%
Other ethnic group (Any other ethnic group,...
1.4%
Mixed/Multiple ethnic groups (White and...
0.5%
Mixed/Multiple ethnic groups (White and...
0.5%
Mixed/Multiple ethnic groups (White and...
0.3%
Mixed/Multiple ethnic groups (Any other...
0.8%
Black/ African/Caribbean/Black British...
0.9%
Black/ African/Caribbean/Black British (Any...
0.6%
Black/ African/Caribbean/Black British (African)
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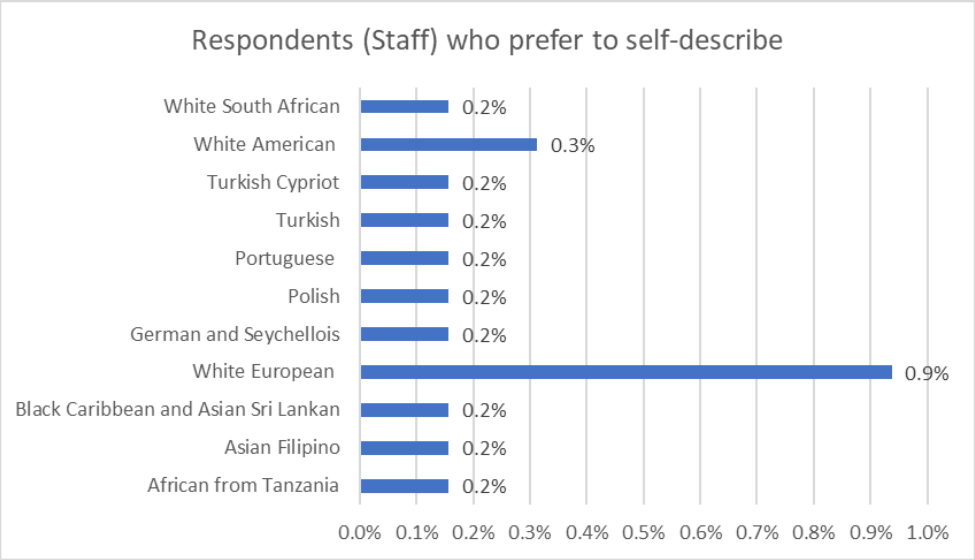


## Appendix 4: Barriers to co-production

**Table A1: Barriers to co-production by staff who had previously heard of the term co-production.**

| | Type of barrier | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Type of social care profession | Time | Training | Communication | Cost | Lack of trust | Language | Accessibility | Lack of support | Lack of engagement with People with lived experience | Lack of clear policies | Organisational culture | Your own lack of knowledge and understanding | None | Other |
| Assistant practitioner in social work or OT | 12 | 5 | 3 | 7 | 3 | 3 | 3 | 6 | 3 | 7 | 5 | 4 | 0 | 0 |
| Care coordinator | 4 | 1 | 1 | 3 | 1 | 0 | 4 | 3 | 3 | 1 | 1 | 1 | 0 | 0 |
| Carer/Support worker | 15 | 9 | 16 | 8 | 8 | 5 | 3 | 11 | 8 | 2 | 8 | 3 | 6 | 3 |
| Deputy / Manager of care home | 10 | 3 | 5 | 5 | 4 | 0 | 3 | 2 | 4 | 3 | 4 | 2 | 4 | 2 |
| Locality / Social Care Manager | 25 | 9 | 10 | 11 | 4 | 5 | 8 | 8 | 12 | 14 | 17 | 4 | 2 | 3 |
| Newly qualified social worker or OT | 4 | 3 | 2 | 3 | 3 | 2 | 1 | 3 | 3 | 3 | 4 | 1 | 0 | 2 |
| Occupational Therapist | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 |
| Senior carer / Senior support worker | 7 | 4 | 6 | 3 | 2 | 2 | 1 | 4 | 3 | 2 | 4 | 1 | 0 | 0 |
| Senior practitioner in social work or OT | 14 | 2 | 7 | 9 | 7 | 2 | 3 | 4 | 10 | 7 | 14 | 3 | 1 | 0 |
| Social care prescriber | 5 | 0 | 3 | 3 | 0 | 1 | 2 | 2 | 0 | 2 | 4 | 1 | 0 | 0 |
| Social worker | 41 | 18 | 25 | 23 | 21 | 7 | 14 | 14 | 20 | 18 | 30 | 11 | 4 | 4 |
| Strategic leader | 45 | 22 | 20 | 26 | 14 | 10 | 12 | 16 | 25 | 15 | 28 | 8 | 4 | 7 |
| Other roles in direct care | 34 | 12 | 17 | 21 | 12 | 6 | 7 | 10 | 12 | 12 | 25 | 3 | 3 | 7 |
| Other roles in consultancy | 2 | 3 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 4 | 3 | 1 | 2 |
| Other roles in commissioning/LA | 6 | 1 | 2 | 2 | 2 | 0 | 1 | 2 | 3 | 2 | 1 | 1 | 2 | 1 |
| Other roles in training | 0 | 6 | 3 | 4 | 3 | 0 | 2 | 0 | 2 | 2 | 2 | 3 | 2 | 1 |
| Other roles in co-production | 0 | 3 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 0 |
| Other roles in leadership | 5 | 3 | 4 | 5 | 3 | 1 | 0 | 2 | 2 | 2 | 5 | 1 | 0 | 1 |
| Other roles in management | 14 | 4 | 5 | 9 | 3 | 3 | 4 | 6 | 5 | 4 | 5 | 2 | 2 | 3 |
| Other roles in research | 4 | 2 | 1 | 3 | 0 | 0 | 2 | 2 | 2 | 2 | 3 | 0 | 0 | 2 |
| Total | 249 | 111 | 133 | 148 | 92 | 50 | 72 | 100 | 119 | 100 | 168 | 54 | 32 | 38 |

**Table A2: Barriers to co-production by staff who had previously heard of the term co-production.**

| | Type of barrier | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Type of social care profession | Time | Training | Communication | Cost | Lack of trust | Language | Accessibility | Lack of support | Lack of engagement with People with lived experience | Lack of clear policies | Organisational culture | Your own lack of knowledge and understanding | None | Other |
| Assistant practitioner in social work or OT | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| Carer/Support worker | 0 | 9 | 8 | 10 | 9 | 2 | 1 | 4 | 4 | 5 | 2 | 5 | 2 | 1 |
| Deputy / Manager of care home | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 1 |
| Locality / Social Care Manager | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Newly qualified social worker or OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Occupational Therapist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Senior carer / Senior support worker | 5 | 3 | 3 | 4 | 2 | 1 | 2 | 3 | 3 | 3 | 4 | 4 | 0 | 0 |
| Senior practitioner in social work or OT | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |
| Social worker | 0 | 6 | 1 | 3 | 2 | 1 | 0 | 1 | 2 | 2 | 3 | 1 | 2 | 0 |
| Strategic leader | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Other roles in direct care | 0 | 4 | 1 | 3 | 2 | 2 | 0 | 1 | 4 | 3 | 5 | 3 | 2 | 1 |
| Other roles in commissioning/LA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Other roles in training and research | 0 | 2 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 2 | 0 |
| Other roles in management | 0 | 2 | 1 | 1 | 2 | 1 | 1 | 0 | 3 | 0 | 2 | 2 | 2 | 0 |
| Response left blank | 0 | 3 | 2 | 1 | 1 | 0 | 1 | 1 | 2 | 0 | 2 | 1 | 1 | 0 |
| Total | 5 | 32 | 19 | 23 | 24 | 8 | 7 | 11 | 20 | 15 | 20 | 21 | 15 | 3 |

## Appendix 5: Types of services respondents (people with lived experiences) draw on

| | *Have you heard of the term "co-production" before?* | | |
|---|---|---|---|
| ***Type of adult social care*** | **Yes** | **No** | **Unsure** |
| *Mental health services* | 10 | 0 | 1 |
| *Care home* | 1 | 2 | 0 |
| *Direct payments* | 18 | 9 | 0 |
| *Home adaptations* | 1 | 2 | 1 |
| *Residential home* | 4 | 3 | 0 |
| *Supported living* | 10 | 1 | 1 |
| *Home care* | 19 | 3 | 2 |
| *Occupational therapy* | 2 | 0 | 1 |
| *Learning disability services* | 5 | 0 | 0 |
| *Nursing home* | 3 | 0 | 0 |
| *Shared Lives* | 2 | 0 | 0 |
| *Other* | 20 | 7 | 2 |
| *None currently* | 13 | 1 | 0 |
| *Did not specify what care they draw on* | 13 | 43 | 3 |

# About this report

For more information, please contact: **info@scie.org.uk**

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