

Adult Social Care Co-production toolkit



Contents

Foreword	3
What is co-production?	4
Definition – Activity 1	5
Steps of participation – Activity 2 and 2.1	7
Level of participation decision tree	8
Power sharing – Activity 3	10
The benefits of co-production	11
Guiding principles of co-production – Activity 4	14
Getting started with co-production – Planning your approach	15
Working with groups	18
Working with seldom heard communities	21
Reward and recognition	24
Co-producing in my role	25
Frontline workers	27
Managers	30
Commissioners	33
Monitoring and evaluating co-production	36
Case studies and storyboards	37
Appendix 1 – Steps of participation scenarios (Activity 2.1)	60
Appendix 2 – Co-production and engagement project planning template	62
Appendix 3 – Project evaluation template for Adult Social Care	66
Appendix 4 – Co-production attendance and voucher collection form	76
Glossary of key terms	77

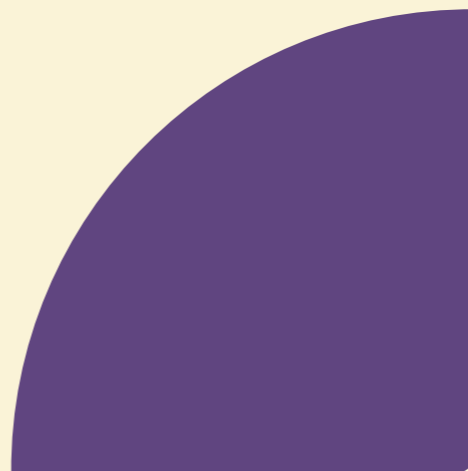


Foreword

In Adult Social Care, we know the importance of working together with residents and we want to do more of it. By designing and delivering our services together, we can focus on what truly matters and ensure that residents have a meaningful voice in decisions that impact their lives.

Our dedicated workforce—including Camden’s internal staff, providers, and local partners—play a crucial role in making this vision a reality.

This toolkit has been developed to support Camden’s frontline workers, managers, commissioners and senior leaders to co-produce well with people who draw on care and support. It offers practical recommendations and guidance to help get started with co-production, along with tools and resources to support ongoing collaboration with residents. The toolkit is intended to be used alongside **Moving Forward Together**, Camden’s Co-Production Framework which provides our vision and understanding of co-production, the steps we’ll take to achieve this vision and how the framework was developed.



What is Co-production?

Definition

There are many different definitions and ways to understand co-production, depending on the context it's being used. The local definition we have chosen to use was developed with Camden's co-production group Forward Camden. The aim was to produce something that was simple, concise and in plain English:

"The term 'co-production' refers to a way of working where service providers and those who draw on services and their carers work together in equal partnership to reach a collective outcome. The approach is built on the principle that those who are impacted by or use a service are best placed to help design it"



Activity 1

Developing your own shared understanding of Co-Production

Explore different definitions of co-production and talk about what's important to you and why. Think about the key themes and whether the language that's used is clear and easy to understand. Try writing your own definition.

Example definitions you can use

Camden Adult Social Care local definition (page 4)

The National Co-production Advisory Group: Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production 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

NHS: Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation

MIND: Co-production refers to a way of working where service providers and users work together to reach a collective outcome. The approach is value-driven and built on the principle that those who are affected by a service are best placed to help design it

Co-production Network: Co-production is an approach where people, family members, carers, organisations and commissioners work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects

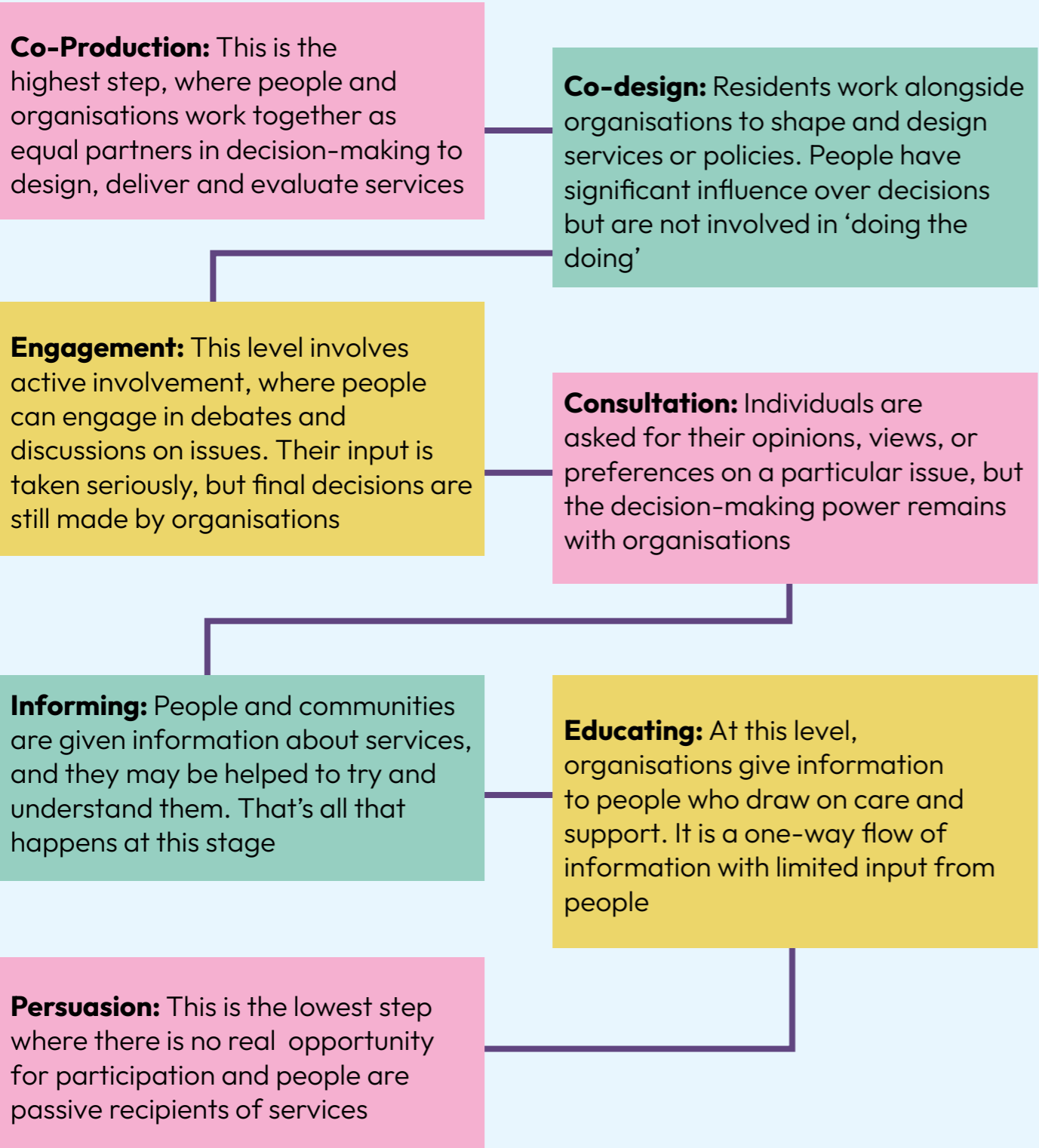
Who can you try this activity with?

- As starter conversations within co-production groups
- Within team meetings
- As part of learning sessions and training

Steps of Participation

The steps of participation outlines different types of involvement between Adult Social Care and residents and explains how we can share decision-making power when designing and delivering our services.

What does each step mean?



Activity 2

Steps of Participation

Cut out the seven steps of participation and descriptions of what each step means. Ask the group to discuss and either individually or collectively decide which step goes where. It’s ok to get this wrong – it’s all about learning! You can also have a go at writing your own descriptions to create a shared language.

Activity 2.1

Steps of Participation

After completing Activity 2, you can complete Activity 2.1 which looks at where real life examples would fall on the steps. Cut out the example scenarios in [Appendix 1](#) and share these amongst the co-production group. Alternatively, you can also create your own examples. Ask each person to read their scenario and place it where they think it fits on the steps of participation and why.

Explore how each scenario (which isn’t co-production) could move further up the ladder



Level of Participation Decision Tree

This decision tree will help you decide where your engagement project falls on the steps of participation and how you can move further up the steps to give people more choice and control over decisions.

1. Will people have any choice or control in the decision-making process?

✓ **Yes** → Go to Step 2

✗ **No** → **Persuasion**: People are not given a choice, or they may be encouraged to make a particular decision against their wishes

2. Is the primary aim of the activity to improve understanding or provide knowledge to people?

✓ **Yes** → **Educating**: This focuses on educating people, without their active involvement in decision-making

✗ **No** → Go to Step 3

3. Is the purpose simply to inform people of decisions which have already been made?

✓ **Yes** → **Informing**: This is a one-way communication approach, but people may be helped to understand a decision

✗ **No** → Go to Step 4

4. Are you only seeking opinions or feedback on plans, decisions or people's experiences?

✓ **Yes** → **Consultation**: Input is gathered through surveys, interviews, or meetings to understand the individual's views, preferences, and concerns. This feedback may inform future changes but doesn't guarantee direct action

✗ **No** → Go to Step 5

5. Can residents engage in meaningful discussions and help shape decisions, but decisions are ultimately made by organisations?

✓ **Yes** → **Engagement**: People have genuine input and are listened to, but they don't share in designing plans or decision-making

✗ **No** → Go to Step 6

6. Are people actively involved in the design, delivery and evaluation of services as equal partners?

✗ **No** → **Co-Design**: People have a great deal of influence in designing or shaping services, policy or plans but are not involved in implementation

✓ **Yes** → **Co-production**: People are equal partners in designing, delivering, and evaluating plans or services. Decisions are made jointly, with people having shared responsibility and ownership over the outcomes

Reflection Questions:

- Where would you place you and your role, your team, and Adult Social Care as an organisation on the steps of participation?
- What actions could you take to move further up the steps?
- What are some of the barriers to co-production in your area of work and how could you address these?



Power Sharing

Genuine power sharing in Camden means that each person involved in co-production has equal say and influence over decisions that are made. Power imbalance in Adult Social Care can arise due to differences in knowledge, resources, and influence among stakeholders. Differences in knowledge, access to information and the use of unfamiliar language or jargon can all contribute to individuals feeling excluded and being disadvantaged in decision-making processes.

Activity 3

Exploring Power Sharing Activity

Step 1: Choose a common decision-making scenario in Adult Social Care e.g. care planning, activity scheduling, resource allocation, service development or designing policy. Write this in the centre of a board or piece of paper.

Step 2: Brainstorm Stakeholders: Ask participants to identify all individuals or groups involved in or impacted by the decision. Write each stakeholder on a sticky note and place them around the central scenario

Draw Connections: Use lines to connect stakeholders, indicating relationships and flows of power in the decision-making process. Use different coloured lines or labels to show:

- Who traditionally holds the most power
- Who has limited influence or is excluded
- Where collaboration already happens

Step 3: Reflect and Reimagine

- Discuss:
 - How balanced is the power in this web?
 - Who might be underrepresented or missing?
 - What barriers exist to sharing power?
- On new sticky notes, brainstorm actions that could better distribute power or increase inclusion. Place these suggestions on the web.

Step 4: As a group, discuss what insights have emerged and how these reflections can inform your decision-making in daily practice

The benefits of co-production in Camden

Co-production is based on the understanding that people's knowledge and insights can lead to positive outcomes for people. Through our partnerships with residents, we've heard first-hand about the impact this can have on people's wellbeing and experience of their care and support in Camden.

Some of the benefits of co-production include:

Stronger relationships

Co-production is a long-term relationship that gives us the opportunity to get to know our communities better. The approach means we can work more effectively with people, and particularly those from seldom heard communities by listening more, building trust and a shared understanding of the decisions we make

“ Co-production is great, and you learn so much. It works best when we input from a lay perspective to improve Adult Social Care. The professionals and service users work together on various topics and produce a more user-friendly approach to the document or whatever you are co-producing.

Co-production really helps with the work of Adult Social Care, and everyone contributes in an equal way with no hierarchy. It is the way forward for Camden Council's work ”

Member of Forward Camden



Better quality care and support

Co-producing services means they're far more likely to reflect what Camden residents want and need as they've been shaped by people who use them. It also means we can be more flexible and responsive to the way we provide care and support. Needs change, people change – so our services need to change too. Co-production helps to ensure that we're responsive to what our communities need to thrive

Greater sense of wellbeing and satisfaction

Working on something from the start, contributing your time, energy, and skills and then seeing that thing take shape and flourish brings a huge sense of accomplishment. Co-production is a lot like this. It enables people to use their collective strengths to innovate and reach shared outcomes that can make tangible differences in people's lives

It's an opportunity to get creative!

In Camden, collaborating with residents doesn't mean ticking boxes – it's about brainstorming, problem-solving, and being creative. Thinking outside the box means we can tackle some of the more complex and 'knotty' problems that require a range of input such as making sure our services are sustainable and responding to changing population needs

Resources

[Developing our understanding of the difference co-production makes in social care - SCIE](#)

[Co-production: The Benefits for People and Organisations](#)

[What is the value of co-production? | Community Reporter Network](#)

Our Guiding Principles of Co-Production

Our six guiding principles outline how we will work together with residents. They're based on what residents, teams, and key partners have shared with us, and were developed and agreed upon by the Forward Camden co-production group.

Whilst we have our overarching principles of co-production, it's also important to discuss how you want to work together with people within your co-production group. This helps people to get to know each other and creates a shared understanding of what's important to the group when collaborating.

Relationships Building on our collective strengths and focusing on what matters “Always having the ‘human’ in mind, rather than systems or processes”	Inclusivity Valuing all and promoting diverse and equitable partnership “Often, we see the same faces involved in co-production, we need to make sure there are a variety of voices and people”	Communications Listening and understanding as the foundation for building trust and relationships “It’s important to listen to people’s stories”
Accessibility Everyone has the opportunity to be involved in a way that suits them “Thinking about the language we use – does this support inclusion or exclude?”	Honesty/transparency Being clear, open, and accountable “We need to be clear and open when co-production will not be possible”	Realistic Taking a balance approach to where we are and where we want to be “The pace of work shouldn’t be our processes or systems, it should be based on community needs”

Activity 4

Guiding Principles

Explore each guiding principle above. Write down what each of these mean to you as an individual, as a team/service or as a co-production group. Is there anything missing that the group feels should be included? Agree your own guiding principles for the work you are doing and discuss how you'll work in line with these.



Getting Started with Co-Production

Planning your approach

In Camden, people have been involved in developing services in lots of different ways, but it can sometimes be tricky to know where to start. This section will help you to consider the who, how, what, why and when of co-production with residents.

Things to consider:

1. Your purpose and objectives:

- What specific issues will the group address? What outcomes are you hoping to achieve and why?
- What are the expected outcomes of co-production or partnership working?
- Defining your objectives can also be done together with residents if you're taking a 'blank page' approach through open meetings with residents in the community for example

2. Identifying and involving key stakeholders and participants:

- Who needs to be part of the co-production and what will their responsibilities be? This might include residents, carers, internal and external staff, community organisations, advocates and other stakeholders
- How will you recruit and engage people, including those from seldom heard groups? E.g., outreach events, community meetings, surveys or direct invitations
- Share opportunities across the council, with providers, community organisations, faith groups and via Camden libraries

3. Your plan for co-production and partnership working:

- What level of influence will people have over decisions? You can use the Steps of Participation (**page 6**) and Decision Tree (**pages 8+9**) to decide which approach is best for your project
- What methods will you use to engage with people? E.g., workshops, focus groups, surveys, one-to-one interviews, creative sessions, and advisory groups
- How will you ensure accessibility and inclusivity?
- Agree with the group how decisions will be made and who will be involved. Think about how you can share more decision-making power with residents
- What are the risks involved and how will you mitigate in a way that still supports positive risk taking?



4. Communication plan

- How will you communicate with the group and share updates and feedback? This could be via email, phone or post depending on what works for each person
- Who will be responsible for taking and sharing minutes and updates?

5. Resources and Support

- What resources will you need for your project? E.g., budget, meeting space, technology and materials
- Identify any training or support needs for residents or staff

6. Timelines and Milestones

- Develop a timeline and key milestones for your project to keep on track but be mindful that these will need to be flexible

7. Monitoring and Evaluation

- How will you measure success? Link this back to your original purpose and objectives
- How will residents be involved in the evaluation?
- See **page 36** for more information on monitoring and evaluation, as well as an evaluation template to capture and share best practice

QUICK TIPS

For planning your approach

- ✓ Involve people from the start right through to implementation whenever possible
- ✓ Allow plenty of time in the planning phase to reach out and engage with seldom heard groups
- ✓ Start small and build up to bigger projects, letting people lead, not organisations
- ✓ Hold taster or pre-engagement sessions to give people an idea of what their involvement will look like and as an opportunity to ask questions
- ✓ Consider what information we might already hold to avoid people having to tell their story twice

8. Further involvement

- What opportunities are there for future co-production or ongoing engagement?



Resources

Planning your approach to co-production template [here](#)

[Co-production: what it is and how to do it - SCIE](#)

[An Easy Guide to Community Engagement](#)

[Good Life Camden Framework – We Make Camden](#)



Thinking about language

Creating a shared language in co-production is important. In Adult Social Care, we prefer to call people we are working with 'people' or 'residents'. Where these terms are used, we mean people who draw on care and support as well as carers, family and friends.

Different people might use different terminology such as 'service user' or 'client' and so it helps to make sure everyone is comfortable and understands the terms being used.



Working with groups

Establishing effective groups is key to successful partnership working. These groups serve as spaces for collaboration, creativity and shared decision-making and bring together a range of different stakeholders.

Things to consider:

1. Building relationships:

- Take time at the start of projects to build trust and get to know each other through ice breakers, team building exercises and by completing the activities within this toolkit
- Reach out to seldom heard groups to ensure that the group reflects the diversity of perspectives and experiences within the community. See **page 21** of the toolkit for more information on working with seldom heard groups

“ Accessibility needs to be given plenty of thought and there needs to be a budget for this. It’s also good to include creative activities, not just always having discussions. Empathy building exercises can be useful so people can feel what it’s like to be in the others’ shoes ”

Camden Disability Action

“ A one size fits all approach doesn’t work, we need to be treated as individuals with different needs and support requirements ”

Expert by Experience



HOME



2. Accessibility: Make sure everyone who wants to participate can be involved. This includes:

- Making sure physical spaces are suitable for access
- The language you use is clear and written in plain English – no jargon or acronyms
- Use of interpreters and translated documents as needed
- Assistive technology (e.g. hearing loops) and accessible materials such as easy read where required

3. Training and support:

- Offering training and support can help people build the skills they need to work well together and to navigate the co-production process if challenges arise along the way
- Adult Social Care are currently developing co-production training which will be available to both staff and residents in Spring 2025. People involved in co-production, including Voluntary and Community Sector organisations, can also access Camden’s Just in Time toolkit which includes over 2,000 online resources and covers more than 50 topics by contacting learning@camden.gov.uk.

4. Variety of engagement:

- Offer online and in person meetings for flexibility
- Incorporate different activities to facilitate discussion and generate ideas e.g. the toolkit activities, storytelling, role-playing, art or photography

5. Working agreements:

- Setting agreed ways of working from the start creates a respectful, productive environment for co-production and serves as the group’s first collective agreement
- A working agreement might include things like respecting each other, keeping to the meeting agenda and confidentiality; it can be a simple list or a detailed example, like the Camden Trauma Informed Network’s agreement which can be found [here](#)

6. Feedback loops:

- Provide feedback on how people’s contributions have influenced change to demonstrate accountability and our commitment to participation in service development

7. Reward and Recognition:

- Reward and recognition are a key part of co-production with residents. More information on this can be found on **page 24** of the toolkit and in our Reward and Recognition Guidance for Adult Social Care

8. Managing conflict and disagreements: Co-production can involve topics which may be triggering for people and difficult to talk about. Working with groups can also include diverse perspectives leading to differences in opinion.

- Encourage open communication and address conflicts early, ensuring everyone feels heard and respected
- Establish a shared process for handling disagreements to keep collaboration constructive
- Referring back to your working agreement can be a useful reminder of how you agreed to work together
- Try to close meetings on an uplifting note by inviting a positive reflection or takeaway

9. Supporting yourself whilst supporting groups: Last but not least, co-production can be hugely rewarding, but it can also be challenging at times. It's important to:

- Reach out to your manager or colleagues for support and co-facilitate groups where possible
- Use supervisions as a space for guidance and advice
- For additional guidance, or to access Camden's Community of Practice for co-production, you can contact the Co-production Lead for Adult Social Care at coproduction@camden.gov.uk
- Explore personal development opportunities such as facilitation skills training to help support your work with residents
- Camden staff can access our wellbeing offer, including the Employee Assistance Programme and Wellbeing Passport via [Wellbeing - Home](#)

Resources

For activities and session plan ideas: [FLIC Co-production Toolkit](#)

[Camden and Islington Trauma Informed Network Group Working Agreement](#)

[Language Service: Interpreting, Translations and Transcriptions \(sharepoint.com\)](#)

[Adult Social Care Reward and Recognition Guidance \(not live yet\)](#)



Working with Seldom Heard Groups

The term 'seldom heard' refers to people who are under-represented and often underserved in Adult Social Care. Involving seldom heard groups in co-production is a key priority in Camden's Co-Production Framework, supporting the [We Make Camden](#) diversity mission: that by 2030, those holding positions of power in Camden are as diverse as our communities. As we move toward stronger partnerships, it's essential that the decisions we make together reflect the voices and experiences of everyone in Camden.

Examples of seldom heard groups include:

- People from Black, Asian, and Minority Ethnic backgrounds
- Lesbian, Gay, Bisexual, Transgender and Queer people
- Carers
- Older adults over 75 with physical health issues
- People with disabilities
- People who have dementia
- People who are homeless
- Refugees and asylum seekers
- People from Gypsy, Roma and Travelling communities
- People with language barriers

“ Going into communities makes co-production more accessible to people – not expecting people to come to organisations ”

Expert by Experience



Key barriers which can affect seldom heard groups

Seldom heard groups face specific barriers in the co-production of Adult Social Care services. These include:

1. Lack of trust following previous negative experiences and discrimination or due to fear of stigma
2. Lack of awareness and information through limited outreach to inform and engage with people about opportunities
3. Accessibility barriers due to physical locations, online platforms, or meeting formats not being accessible to people with disabilities or without digital access. Accessibility also includes communication where information may not be available in multiple languages or includes organisational jargon
4. Practical barriers due to time constraints or transportation to attend co-production activities

How can I reach out to seldom heard groups?

Making sure co-production groups are diverse is not always easy and we often see the same people taking part. While all contributions are valuable, making sure that you build time into co-production projects to actively reach out to the broadest range of people helps to avoid missing the nuances in people's experience.

Some ways you can reach out to seldom heard groups include:

- Connect with voluntary and community organisations who have established relationships with the local community. You can search local services, groups and organisations using the [Cindex directory](#)
- Promote co-production opportunities by speaking to colleagues, accessing internal networks and using platforms such as Yammer and Essentials
- Contact local services such as Camden libraries and GPs to ask them to share information
- Have conversations with people in community spaces such as cafes and community centres

QUICK TIPS

For working with seldom heard groups

- ✓ Build relationships first, taking time to build trust by listening, showing respect, and being consistent
- ✓ Meet people where there are by going to spaces where people already feel comfortable, rather than expecting them to come to you
- ✓ Use plain language, offer information in multiple formats, and be open to different ways of communicating. Make it easy for people to participate in a way that suits them best
- ✓ Provide reward and recognition for participation to celebrate successes and reduce financial barriers, ensuring people are not left out-of-pocket
- ✓ Access training opportunities and resources to ensure you are culturally competent in your work

Reflection questions when working with groups:

- Have we taken steps to involve seldom heard groups?
- Have we allocated enough time work at the right pace for people, not processes?
- How have we made sure the session is accessible?
- Have we asked residents what support they need to be fully involved?
- Have people been involved from the start of the project right through to the end?
- Do residents have an equal say in the decisions which are made within this project?



Resources

[How To Co-produce with Seldom Heard Groups](#)

[LGBTQ+ learning framework](#)

[NHS England: Being Inclusive and Working with Diverse Communities](#)

[Mapping and Working with Marginalised Communities](#)




Reward and Recognition

Recognising and rewarding people for their involvement is essential in co-production. People contribute their time, experience, and expertise and so it's important to show appreciation. This can be done through gratitude, feedback, training, and offering payment by covering expenses or providing vouchers where suitable.

At times, co-production be emotionally challenging, making it even more important to show appreciation. When people feel valued, it boosts their motivation and sense of belonging, which can positively impact engagement. By ensuring participants aren't left out of pocket through this process, we can also reduce barriers to involvement which means a broader range of voices can contribute.

For more details, see our Reward and Recognition guidance which includes how and when we will reward people for their involvement in co-production in Adult Social Care, as well as purchase request forms and template letters for residents.



Resources

[Reward and Recognition Guidance \(not live yet\)](#)

[Reward and Recognition attendance and voucher collection form](#)

“ I see co-production as a natural progression with the What Matters way of working in Camden to hear the persons voice at every stage of the process, directing what happens to them rather than things being done to them. I think moving forward we have to acknowledge that this may be a more time-consuming way of working and may require greater resources ”

Hopscotch Women's Centre



Co-producing in my role

In Adult Social Care, people can be involved in co-production across three different levels: individual care and support planning, service/operational, and strategic long-term planning.

Each person within, or who works alongside Adult Social Care plays a crucial role in co-production across these levels. Whether you're a frontline worker, manager, commissioner, or a senior leader, we all have a collective responsibility to work together with Camden residents and create the right conditions for co-production.

Co-Production and What Matters

Co-production is closely aligned with our 'What Matters' approach to delivering services in Adult Social Care. This means, co-production isn't about learning lots of new things but that it builds on and compliments the way we're already working.

The table on page 26 shows the similarities between the strengths-based principles of What Matters, and the principles of co-production as outlined by Think Local Act Personal

“ I see co-production as a natural progression with the What Matters way of working in Camden to hear the persons voice at every stage of the process, directing what happens to them rather than things being done to them. I think moving forward we have to acknowledge that this may be a more time-consuming way of working and may require greater resources ”

Camden Occupational Therapist



Strengths Based Principles of What Matters	Think Local Act Personal Principles of Co-Production
We assume everyone has strengths, potential and something positive to contribute	Recognising people as assets
We recognise that strong relationships are central to people's well-being	Developing two-way, reciprocal relationships Encouraging peer support
We stay curious because we recognise that everyone has a unique story to tell	Recognising people as assets
We help people to maintain hope so they can see possibilities	Recognising people as assets Building on people's capabilities
We acknowledge that positive risk taking is an essential part of independent living	Facilitating rather than delivering
We build resilience so that people feel equipped to deal with challenges they face now and in the future	Recognising people as assets Building on people's capabilities
We use plain, non-judgemental language in a way that shows respect to people	Building on people's capabilities Developing two-way, reciprocal relationships
We are committed to getting to know the community we service and developing the links and opportunities within it	Blurring boundaries between delivering and receiving services Facilitating rather than delivering

Frontline Workers

As a frontline worker, assessment and support planning provide a key opportunity for you to work together with Camden residents, carers, family members to develop goals and to design the support people need to achieve these. This can happen in any social care context, such as self-directed support planning, direct payments used in the community or within the context of residential care and support.

How can I support co-production?

- ✔ **Building Relationships:** Really get to know the people you're working with by building trust and rapport. Support residents to direct their own care and support by recognising that they are the expert in their own lives
- ✔ **Facilitating Participation:** Encourage and support residents to actively participate in co-production activities. This includes organising and facilitating meetings, workshops, and other collaborative spaces
- ✔ **Advocating for Residents:** Ensure residents' voices are heard and respected in decision-making processes, advocating for their needs and preferences
- ✔ **Information Sharing:** Provide clear and accessible information to residents about their options, the co-production process, and any decisions being made
- ✔ **Capacity Building:** Empower residents by providing them with the skills and knowledge needed to engage in co-production

“ In Social Work most interventions involve making a plan towards a goal or outcome. As professionals, we are getting better at supporting people to decide on their own goals, described in their own language. Co-production to me means taking a step further and facilitating people's power to be instrumental in the development of the plan to achieve the outcome ”

Camden Social Worker



How can I involve people?

1. Person-centred Support Planning

- **Role of frontline worker:** People should be able to recognise themselves in their care plan so it's good practice to complete these with residents whenever possible and to give them a copy. Conversations should be centred around what matters to people, ensuring that people's plans reflect their needs and wishes
- **Resident Involvement:** Residents actively participate in creating their care plans, expressing their preferences, and making decisions about their goals and action plan

2. Peer Support

- **Role of frontline worker:** Identify potential peer mentors, provide training and support, and help with logistics
- **Resident Involvement:** Experienced residents can provide mentorship and support to new residents across a range of contexts e.g. within co-production groups

3. Activity and Engagement Planning

- **Role of frontline worker:** Practitioners help organise and facilitate the events, making sure they are safe and accessible
- **Resident Involvement:** Residents are involved in co-planning social activities and events, ensuring the activities are appealing and beneficial to other residents

“ I liked the structure of the meeting because I could share my story with everyone at once, everyone could work together, and I didn't have to repeat myself. I particularly valued Private Family Time, where my friends and family could discuss not only what I wanted from the plan but their own feelings ”

Camden Family Group Conference recipient



Resources

[How Can Assessment Feel Like a Conversation Video](#)

[Co-production with Individuals: Key Advice for Social Workers](#)

[Social Work Co-Production](#)

[Co-Production and Strengths Based Practice](#)



Reflection Questions

- How are residents supported to recognise and build on their strengths, skills, and ambitions?
- What personal strengths and skills can you as a worker bring to co-production practices?
- How can I/we increase the amount of choice and influence people have over their care and support?

“ In my role, co-production means working in collaboration with the person to come to a solution to meet the person's presenting needs. It's not just prescribing what we think will meet the person's need ”

Camden Occupational Therapist



Managers

As a manager, you play a crucial role in supporting and promoting co-production both within your team or service and across the organisation. Successful partnerships rely on the commitment of individuals and teams to drive work forward so it's important to know what you can do to enable your team to collaborate well with residents.

“ One of the things that drew me to Camden and my role was the opportunity to genuinely embed co-production in everything we do. It's a tall order, but at a time when, for many authorities, co-production is something that happens sparingly, the fact that Camden Council and Adult Social Care services maintains this priority is very exciting. It's important to me that Camden residents don't feel done to in our interactions with them, but are equal partners in making decisions which affect their lives ”

Head of Adult Social Care Innovation



How can I support co-production?

- ✓ **Champion it:** Make co-production a part of your everyday conversation by talking about it in team meetings, staff supervisions and residents' meetings, and by sharing information in and around your workspace
- ✓ **Create a Supportive Culture:** Promote a culture within your team or service that values and prioritises co-production, encouraging staff at all levels to embrace collaborative working practices
- ✓ **Resources:** Allocate resources (including time, funding, and staff) to support co-production activities, ensuring frontline workers and residents have the tools and support they need
- ✓ **Monitoring and Evaluation:** Monitor and evaluate the effectiveness of co-production initiatives, using feedback from residents and staff to improve how you work together
- ✓ **Collaborate Across Sectors:** Develop partnerships with other organisations, community groups, and stakeholders to enhance the reach and impact of co-production efforts

How can I involve people and staff?

1. Training and Development

- Peer Training: Encourage residents and carers to be involved in training sessions for staff, sharing their experiences and perspectives
- Staff Training: Organise or link staff in with learning sessions and events to better understand co-production principles and techniques, focusing on skills like active listening and collaborative problem-solving

2. Engagement and Involvement

- Advisory Groups: Establish advisory groups including residents, carers, and staff to provide input on service design and improvement
- Regular Feedback Mechanisms: Set up ways to gather ongoing feedback from residents and carers, such as surveys, suggestion boxes and digital platforms. Arrange follow up sessions to provide updates on how this feedback was used and the impact it had

3. Collaborative Service Design

- Co-Design Workshops: Hold workshops where residents, carers, and staff collaboratively design or have input into services
- Pilot Programs: Develop and test new service models in partnership with residents and carers before wider implementation





Resources

[Experiences and Understandings of Co-production in Adult Social Care - SCIE](#)

[Creating a Co-Production Culture](#)

[For accredited training courses: Training - SCIE](#)



Reflection Questions

- How can my team/service create more opportunities for involvement across Adult Social Care, particularly for those from seldom heard groups?
- How does my team/service promote a culture of collaboration and learning?
- What partnerships could we develop to enhance co-production within the service?

“ We need to be more creative and less focused on agenda-driven, formal meetings. We should use breakout rooms, specifically ask things of residents in the meetings and engage with them more. This might take longer, but it’s more engaging and opens opportunities for different people to be involved ”

Expert by Experience



HOME



Commissioners

Commissioning in Camden is about creating services that really work for people, and co-production is a great way to make that happen. By working side by side with residents and combining their lived experience with your commissioning expertise, we can truly put people at the centre of their care and support. This section of the toolkit provides resources, ideas, and examples to show how co-production can fit into your work and make a real impact.

How can I support co-production?

- ✓ **Inclusive Commissioning:** Design commissioning processes that actively involve residents and frontline workers, ensuring their insights and experiences shape service specifications and outcomes
- ✓ **Co-Production Standards:** Set up processes to ensure providers are working in line with the aims and guiding principles set out in the Co-production Framework, promoting consistency and quality across services
- ✓ **Embedding Co-production:** Ensure co-production is integrated throughout the entire commissioning cycle by involving residents in identifying needs, co-designing service specifications, evaluating tenders, and monitoring service delivery
- ✓ **Progress Reports and Updates:** If residents have made contributions to a service or project, arrange follow up meetings to share what progress has been made and how their feedback was used to make changes. Reporting requirements should include a section on how people involved were kept updated and reported back to during and after the engagement
- ✓ **Measure and Share the Impact of Co-production:** Evaluate the impact of co-production on service quality and outcomes and share the results with stakeholders. Use resident-led tools like surveys and focus groups, and communicate findings through reports and public forums to highlight the value of co-production



Resources

[Commissioning for outcomes and co-production | New Economics Foundation](#)

[Co-Production and Commissioning | Co-Production Collective](#)

[Policy Report - Commissioners and Co-production](#)

How can I involve people?

1. Co-Design of Service Specification

Activity: Involve residents in defining the requirements and outcomes for adult social care services, ensuring their lived experiences shape the services to be commissioned.

- **Role of Commissioner:** Host workshops or focus groups with residents, providing clear and accessible information to support their participation. Facilitate discussions in a way that values residents' input while aligning it with statutory requirements and budget limitations
- **Resident involvement:** Share lived experiences, suggest service improvements, and provide feedback on proposed service models, helping to ensure the specifications reflect real needs and preferences

“ Our mission statement on co-production: The people we commission services for should have a voice in every part of the commissioning cycle: analyse, plan, do, review. Supporting our strength-based approach to commissioning services and harnessing the voice of people who draw on our services to enable us to commission services that really work, supporting people to live well ”

Adults Commissioning Team



2. Resident-Led Evaluation in Tendering Process

Activity: Invite residents to participate in evaluating service provider bids during the procurement process. Residents can help score bids or provide input on key evaluation criteria.

- **Role of Commissioner:** Develop an accessible framework for evaluating bids, brief residents on the tendering process, and ensure they have sufficient information to assess bids fairly
- **Resident involvement:** Evaluate tender submissions, focusing on how well bidders align with residents' needs and preferences, and provide insights on how proposed services will impact the resident experience

3. Co-Monitoring and Contract Review

Activity: Engage residents in the ongoing monitoring of service delivery by involving them in contract reviews and performance evaluations.

- **Role of Commissioner:** Coordinate regular review meetings, provide performance data, and ensure residents' feedback is used to hold providers accountable and drive service improvements
- **Resident involvement:** Provide feedback based on direct service experiences, highlight gaps or issues in service delivery, and suggest improvements during the contract review process



Reflection Questions

- What are some of the key barriers to involving people in the commissioning process and how can we overcome these?
- Are our current commissioning processes set up in a way that supports co-production and meaningful input from residents? If not, what can we do to change this to make the process more accessible?
- Which steps of the commissioning cycle are people more or less likely to be involved in and why?



Monitoring and Evaluating Co-production

Monitoring and evaluating co-production are vital to understanding who we are working with and the impact this has on people and services. To support this, we have developed a monitoring form to collect demographic data about our collaborators. Internal Camden staff and providers can send completed forms to co-production@camden.gov.uk, enabling us to identify gaps and target efforts to include underrepresented groups.

We are also working with the Forward Camden co-production group to develop evaluation measures. These will assess both the co-production process and its outcomes/impact:

- **Process:** Completed during and following projects to capture what's worked well, areas for improvement, and wider learning. It also assesses how well we've worked in line with our guiding principles for co-production [page 13](#)
- **Outcomes/Impact:** Evaluated annually using the Good Life Camden Framework and data from the State of the Borough report

An evaluation template is available in the resources section to gather feedback while co-production to finalise our evaluation process is ongoing. Completed templates can be sent to co-production@camden.gov.uk to help us document and share best practices



Resources

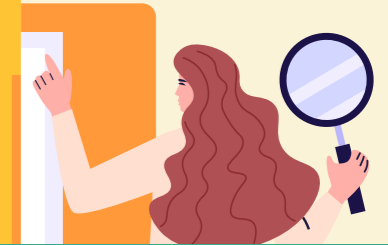
Monitoring Form [here](#) (not live yet)

[Project Evaluation Template](#)

[Good Life Camden Framework – We Make Camden](#)

[Evaluating Co-production and Measuring Outcomes](#)

Case Studies and Storyboards



The following case studies highlight successful co-production and engagement projects across Adult Social Care, showcasing the transformative power of collaboration between Camden's workforce, people who draw on services, carers and community partners. For more case studies, you can access the [Nesta Co-production Catalogue](#) which looks at range of initiatives across the UK.

Individual Co-production and Person-Centred Support

- Resident HP Case Study – Resident B Case Study
- Resident A Case Study – Resident JG Case Study

Operational/Service Level Co-production and Engagement

- **Direct Payments Service:** Involving residents in the recommissioning of Camden's Direct Payments service, including developing service specifications, designing assessment criteria and evaluating tenders.
- **Autism Passport Storyboard:** Developing an Autism Passport with autistic adults to address barriers to accessing Adult Social Care. The passport will help capture people's needs and needs and reasonable adjustments from the start, promoting consistent support, stronger relationships and access to their legal rights
- **Making Carers Count:** A project by Camden Carers aimed at improving how we identify and support carers who are often not included. The project focused on Bengali, Somali and Chinese communities and involves partnerships across 25 carer organisations.

Strategic Co-production and Engagement

- **Camden Adults Mental Health Needs Assessment:** Using a co-production approach to bring the voice of people with lived mental health experience into Camden's Mental Health Needs Assessment
- **Mental Health Day Support Review:** Working with people drawing on mental health services and other stakeholders to review and set the key foundations for an improved integrated health and Adult Social Care mental health day support service offer within Camden.
- **Adult Social Care Co-Production Framework:** A Co-production Framework developed with residents, Adult Social Care and voluntary and community organisations, outlining our commitment to putting people and what matters at the heart of our decision-making
- **Carers Action Plan:** A Carers Action Plan, co-produced alongside carers and local services to meet the 'Carers are valued and supported' priority set out in Camden's Supporting People, Connecting Communities borough wide strategy



Case Study

Resident HP



HP, a 68-year-old resident of Camden, lives alone in her studio flat. She maintains a close relationship with her niece, T, and has an older brother, R, living in Yorkshire. HP has had a diverse career as a painter, park attendant, and a ballet teacher but is now retired.

HP has been in contact with secondary mental health services since her early thirties, managing a mental health diagnosis. Despite these challenges, she demonstrated resilience and independence, managing her own finances, medication, and daily meals.

In April 2024, HP experienced a very bad fall while in hospital, following an admission under the Mental Health Act. This event significantly impacted her, affecting her ability to live independently.

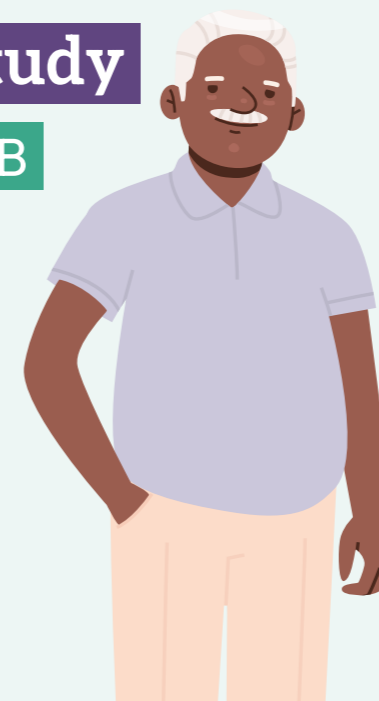
Before her hospital admission, HP lived independently with a weekly care package for domestic tasks. She attended day centres and travelled independently. Prior to her discharge from hospital, multi-disciplinary discharge planning took place, which included arranging for a support worker to help her access the community.

HP's reablement care package was coming to an end, prompting a review of her needs. Working with her allocated social worker, they explored what truly mattered to her and the long-term outcomes she wanted to achieve. HP expressed her desire to engage in a long-term care package. Her goal, to have a stable and supportive environment that enables her to live as independently as possible.

HP now benefits from twice-daily care package that includes domestic and community support. This ensures she has the continuous support she needs within the community, helping her maintain her independence. This approach respects HP's wishes and preferences and aims to enable her to lead a fulfilling life.

Case Study

Resident B



Resident B is a vibrant man in his 70's with a zest for life despite facing multiple health challenges. Diagnosed with Autism and Generalised Anxiety Disorder, Resident B also contends with several physical health issues. Yet, his keen interests in electronics, art, and puzzles serve as the anchor of his well-being. Regular visits to the library for research and the therapeutic joy of viewing paintings bring him immense satisfaction.

Resident B shares a trusting relationship with his Social Worker which allows him to openly discuss his needs and feelings. Currently, Resident B resides in temporary accommodation under the care of a multidisciplinary team after a fall at home due to mobility issues. His goal is to return to his sheltered housing flat, a decision fully supported by his Social Worker. However, this transition poses challenges as the support level at home will not match his current care.

Decision-making and change are particularly stressful for Resident B. He thrives on being well-informed and involved in decisions but struggles with arriving at conclusions. Recognising his need for advocacy, he asked his Social Worker to make a referral for an advocate which has really helped in his communication requirements.

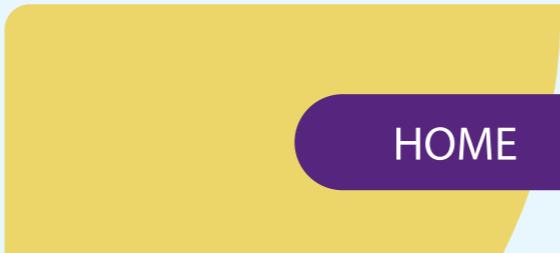
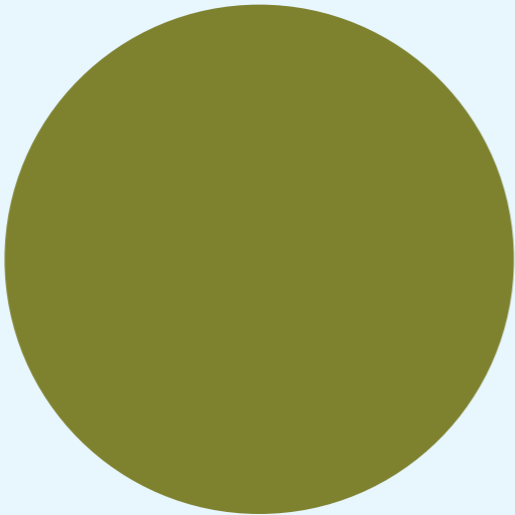
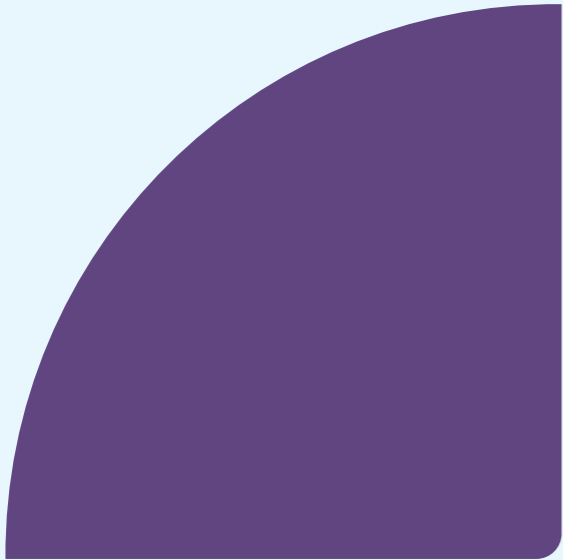
Resident B requires ample time to process information, especially when fatigued or anxious. To prevent overwhelming him, his Social Worker ensures appointments are scheduled with therapeutic letters of preparation. This thoughtful approach allows Resident B to research and consider his options carefully, needing clear communication about everyone's roles in his care. Despite potential confusion, Resident B's intelligence, and thoughtfulness shine through when given time.

Security concerns about his flat frequently occupy Resident B's thoughts. Although he wishes to return home, risks such as falls and self-neglect due to reduced mobility are significant. Nonetheless, Resident B remains optimistic about improving his mobility. His care plan includes protective measures like care support, a specialist care agency, and a managed nighttime routine to ensure his safety. To prevent malnutrition, carers oversee his meals, balancing his preferences to promote independence.



Resident B’s return home will involve a substantial care package, emphasising his independence and active involvement in decision-making. Therapists continually assess his fall risk, and his care plan is routinely updated to meet his evolving needs, coordinated by his specialist care agency.

Through it all, Resident B’s case study is one of resilience, hope, and the pursuit of a fulfilling life. His journey illustrates the importance of personalised care and the positive impact of supportive relationships and well-structured services in enhancing the quality of life for people facing significant challenges.



Autism Case Study

Resident A



A is an autistic woman in her 40s with mental and physical health needs. She is organised and has great attention to detail. She has a pet cat who she cares for dearly, and she has a clear vision for her future. She was referred into Camden Adult Social Care twice in 2023. Both times, the referral was closed after initial screening because A was deemed ineligible for a Care Act assessment.

The Lead Practitioner – Autism, was introduced to A via colleagues at the Camden & Islington Autism Hub. A attended the Lead Practitioner drop-in at the Hub, because she needed help writing a statement for a court case about her autism, mental and physical health, and why she needed reasonable adjustments to engage in the legal process.

The Lead Practitioner assisted A in the drop-in to write her statement. In the process, the Lead Practitioner identified that A appeared to have care and support needs. What mattered to A was getting the social care support she was legally entitled to, which she felt she had been denied due to her needs as an autistic woman not being understood. She also wanted to be treated with respect and dignity in what was a very difficult period of her life. With her consent, the Lead Practitioner identified A on Mosaic and found that her previous referrals had been rejected based on screening phone calls with her.

In the drop-in, A had explained that because she is autistic, she really struggles with unannounced meetings and communicates best via email rather than phone calls. Based on this information, the Lead Practitioner completed the Camden Autism Communication Passport with A via email and sent this into Adult Social Care with a new referral for her to have a Care Act assessment.

A is now allocated to a social worker in the mental health service who is completing the assessment with support from the Lead Practitioner. She is also on the waiting list for an Independent Care Act advocate, as this need was also identified when completing the Passport. For A, the passport is a document which ensures consistency of approach between workers and reduces her anxiety that she will be called out of the blue.

Case Study

Resident JG



JG, a 57-year-old woman and full-time wheelchair user following a below-knee amputation due to septicaemia, lives in a small studio flat. She was referred to an Occupational Therapist to enhance the accessibility of her home.

The Occupational Therapist initially recommended moving to a more accessible property, as the current flat posed significant challenges for adaptations. However, JG was adamant that she would like to stay in her existing property and requested modifications to make the flat more manageable.

To address JG's needs, the Occupational Therapist proposed replacing the bath with a level-access shower, but JG preferred to keep the bath and install an over-bath shower, which allowed her to perform transfers more easily by pivoting and using the sink for support. These modifications were completed according to JG's preferences. Currently, JG and the Occupational Therapist are collaborating to improve her small kitchen's accessibility, including conducting two joint visits with kitchen specialists to explore potential solutions.

Operational/Service Level Co-production and Engagement

Direct Payment Service



When recommissioning the direct payment service in 2021/22 we worked with a working group of residents who draw on direct payments to develop a service specification. This involved a number of workshops to better understand their views and how these could be translated into a service. From this, we tendered the service, which is where we formally seek organisations to bid for a contract. Working again with the direct payments working group of residents, we designed some of the assessment criteria for the organisations to bid against, and set up a presentation panel with residents and carers who would score the bidders in their tender responses.

Once the contract was awarded and the contract was set up, we approached the working group again for support in developing a resident feedback form. To do this, we held a number of meetings to review the feedback form, critiquing the questions and ensuring the language made sense to people. Once finalised we shared this with the provider who now use this as their service feedback form for all residents they support in their service.

We remunerated all resident time with vouchers. Our main challenges were residents' time constraints and digital skills. This often meant we supported residents to practice using the digital tools, used them with them, or at times we undertook the written parts of any group activities for them e.g., on a shared whiteboard. We also found that MS Teams was not well favoured by residents, preferring instead to use Zoom as this was more compatible with other devices.

From this we were able to involve residents in a meaningful way during the designing, commissioning and delivery of the service.



Autism Passport Storyboard

What were the concerns?

Autistic people were frequently referred into Adult Social Care, but often the referrals were closed after an initial screening deemed their needs ineligible, or after initial contact with an allocated worker rapidly broke down. The narrative about autistic people was frequently about their “refusal to engage”, when in fact it was that the standard model of practice in Adult Social Care failing to be accessible for them. We reviewed case studies and completed a self-assessment against the Autism Act statutory guidance, and found that Autistic people were frequently unable to access their legal rights under the Care Act and Autism Act.

Where were we?

Autistic people were coming into contact with mental health and crisis services much more frequently than with Adult Social Care. It was found that these were often people who had been referred for Adult Social Care support in the past but had not received any preventative advice or assistance.

Through extensive coproduction work, we heard that a priority for autistic adults was having their reasonable adjustments recognised, recorded, and implemented consistently by all workers they had contact with in Adult Social Care. This would allow them to be properly assessed for eligibility and reduce the chance of early relationship breakdown when allocated to a worker.

What did we do (and how did it align with our practice)?

Based on feedback gathered from autistic adults, we developed a Camden Autism Communication Passport for autistic adults to complete when referred into Adult Social Care. The passport was coproduced and trialled with autistic adults. It aims to capture autistic people’s needs and reasonable adjustments, and ensure we are following these right from the start of our contact with people. This allows us to proactively build relationships and trust with people, and ensure they are enjoying their legal rights under the Equality Act. The Communication Passport also includes a specific question about advocacy support, so that autistic adults understand their rights and can request a referral for an Independent Advocate straight away.

The passport neatly aligns with our What Matters approach because it quite literally captures what matters to an autistic person with regard to communication and reasonable adjustments. It puts their needs at the centre and practitioners to focus on the adult’s strengths and how to get the best out of the person in interactions.

To introduce the passport, our Lead Practitioner – Autism delivered a two-part “Open House” to Adult Social Care staff which provided an introduction to autism, a focus on autism- and trauma-informed practice, tips on reasonable adjustments and communication skills, and opportunities for practitioners to reflect on practice.

What difference have we made?

The passport ensures that autistic adults receive a consistent approach from all workers in Adult Social Care. It is a document which they can use to hold practitioners to account, and therefore empowers them to self-advocate. It also helps practitioners take a more proactive approach to relationship building, and if the autistic person wants support to complete the passport, it can be seen as an intervention in getting to know the person and their needs.

The next stage of this is for our Lead Practitioner – Autism to attend all Adult Social Care team meetings in-person to fully introduce the passport and support practitioners to begin using it. The Lead Practitioner is also attending one of our Extra Care provisions – Charlie Ratchford Court – to work with autistic residents there to develop their passports and work with staff to ensure these are embedded in their daily work with the residents.

We will now also be developing a more detailed Autism Passport template for autistic adults to co-create with their allocated workers, to capture them as a whole person, and include more detail about their individual preferences and needs.



Case Study

Making Carers Count



Rationale for the Project

The “Making Carers Count” initiative focused on addressing disparities in how carers from Camden’s diverse population engaged with support services. Data analysis revealed that Bengali, Somali, and Chinese communities were significantly underrepresented among users of Camden Carers services, despite their large presence in the borough. As a result, these three groups were prioritised within the project as it was felt this is where there was greatest need. While the initiative centred on these communities, its broader goal was to establish a foundation for more inclusive practices that would benefit all ethnic groups across Camden.

Who was involved?

- **Experts by experience:** Predominantly people from Bengali, Somali, and Chinese communities; Synergy (a commissioned experts-by-experience service for people with learning disabilities)
- **Carers Trust:** Led the initiative, providing strategic direction and resources
- **Community Partners:** 25 different carer organisations were involved in the project. Emoja (formerly the African Health Forum) and Henna South Asian Women’s Group also collaborated to extend outreach to ethnic communities
- **Council Services and the Accessible Information Service:** Supported the creation of accessible materials and championed inclusion efforts

Key activities

- Working with ethnically diverse carers currently using the Camden Carers service, to gather feedback and implement change. This includes a bi-monthly Carer Focus Group for ethnically diverse carers. The aim of the sessions is to gather feedback from carers about the service, to implement positive change in the organisation. The group also functions as a social space, where carers can come together and share experiences

- Attended Planning Together (Camden’s Learning Disabilities Partnership Board) to give a presentation on the project. Synergy presented a role play on inaccessible posters and information and advice that was not presented in a way that they understood and excluded them from having access to information being shared. They also reviewed material to ensure it was accessible to people with learning disabilities. This was followed by small group discussions.
- Partnership working with community organisations to identify and support unpaid carers
- Delivering carer awareness training to both statutory and non-statutory services in the borough
- Working with staff internally to make Camden Carers’ organisational processes more equitable
- Camden Carers attended Planning Together (Camden’s Learning Disabilities Partnership Board) to give a presentation on the project. Synergy presented a role play on inaccessible posters and information and advice that was not presented in a way that they understood and excluded them from having access to information being shared. This was followed by small group discussions.

Key findings from the project

- Communication barriers, such as inaccessible materials and language issues, hindered engagement
- Negative perceptions of the term “carer” and a lack of awareness about available support limited participation
- Past negative experiences with services created mistrust among some communities.
- Focused and localised outreach led to better engagement and trust-building.

Outcomes and Impact

- **Improved Accessibility:** Simplified forms, translated documents, video-based information, and clearer posters were implemented
- **Enhanced Engagement:** Increased participation from the Bengali, Somali, and Chinese communities, along with other underrepresented groups
- **Stronger Partnerships:** Collaborations with community organisations fostered trust and long-term engagement
- **Organisational changes:** The council adopted more inclusive communication practices and leveraged the Accessible Information Service for broader impact.



Strategic Co-production and Engagement

Camden Adults Mental Health Needs Assessment



Rationale for Project

We used co-production to lead qualitative data collection for the Camden's Adult Mental Health Needs Assessment (MHNA) so that the assessment was informed by and integrated the expertise of individuals with lived mental health experiences.

Traditional data collection approaches often overlook the nuanced realities of people's lives. Using a co-production approach makes it more likely that findings will be authentic, relevant, and reflective of communities' needs. The method aligns with the public health commitment to equity, recognising the complex interplay of socio-economic and environmental factors in mental health.

Who Was Involved

1. **Individuals with Lived Experience:** Recruited as co-production facilitators and participants in focus group discussions.
2. **Advocacy Project:** Partnered for recruitment and outreach within their networks.
3. **Public Health Strategists:** Supported facilitation, feedback processes and data collection/analysis.

How People Were Involved

1. Co-production Facilitator Recruitment and Training:

- Job descriptions for the role emphasised lived experience. The job descriptions and opportunity they represented were shared by the Advocacy Project
- A panel, including a person with lived experience, interviewed and selected the facilitators (3).
- Training covered facilitation skills, inclusivity, handling sensitive discussions, and managing group dynamics.

2. Participant Recruitment

- The opportunity was circulated within the networks of the 'Advocacy Project' which garnered the bulk of our participants.
- One of the co-production facilitators also did some outreach in public spaces to boost participation, eg. at the library (talking about the focus groups with people open to discussion and distributing leaflets)
- We partnered with 'The Hive' to arrange a focus group discussion (FGD) at their centre with young adults (18-25).

3. Focus Group Discussions:

- The co-production facilitators co-developed the topic guide to ensure inclusivity.
- Discussions were led by two facilitators, with a third providing feedback (which allowed opportunity for self-reflection) post-session. They facilitated on a rota basis allowing everyone an opportunity.
- At the end of each session, the strategists and the third facilitator shared their reflections of the group and recorded their feedback, which was then shared on the following day.
- Participants input was guided by structured yet empathetic facilitation.

Challenges and Solutions

1. **Deviation from Topic Guide:** The co-production facilitators occasionally focused on personal stories.

Solution: Regular feedback and discussion were used to explore the rationale of the topic guide which reinforced subsequent adherence to the topic guide.

2. **Constructive Criticism:** The co-production facilitators sometimes viewed feedback as dismissive of their therapeutic approach.

Solution: Feedback was framed positively, emphasising the balance between empathy and research objectives.

3. **Time Management:** Excessive time spent on individual participant issues.

- **Solution:** The co-production facilitators introduced a structured agenda that allocated time for each topic. This was put on to a slide that was displayed for all participants to view (and readout to participants who were partially sighted).

4. **Sensitive Discussions:** Difficulty managing time while respecting participants' emotional needs.

Solution: Ground rules were clearly communicated by the co-production facilitators at the start of each session.



Outcome/Impact

- **Enhanced Findings:** Insights were richer, nuanced, and more reflective of real-world experiences, highlighting unmet needs and service gaps.
- **Participant Trust and Comfort:** The co-production facilitators with lived experiences fostered safe spaces, reducing stigma and encouraging open dialogue.
- **Empowerment:** The co-production facilitators reported their own personal growth and sense of validation, feeling valued for their contributions.
- **Stigma Reduction:** The process may have helped to normalise mental health discussions within the community.
- **Improved Methodology:** Co-production added depth and authenticity, making the MHNA findings both practical and sensitive to community realities.



Case Study

Mental Health Day Support Review



Rationale for project:

To work closely with stakeholders and people drawing on mental health services to review and set founding principles for proposals for an improved integrated health and Adult Social Care mental health day support service offer within Camden. The three separately commissioned mental health day services in scope for potential redesign and integration included the Greenwood Day service managed by Camden Council, the Phoenix Day Service provided by Mind in Camden and commissioned by Camden Council, and the Acute Day Unit provided by Camden & Islington NHS Foundation Trust (now part of the North London Mental Health Partnership / ‘NLMHP’), which had temporarily closed in April 2020 but was due to reopen.

Motivations for reviewing and improving mental health day services centred around the potential for better integration across adult social care and health day services across the borough, to provide an increased level of flexibility in the level and type of support available within day support services, and to provide a clearer, more streamlined offer for people drawing on services and referring teams. The service also aimed to better serve the changing profile of peoples support needs, further integrate with other local services, and align with strategic aims of the Camden Plan and NHS Longer term plans vision for improved place-based community mental health models set out within the ‘Community Mental Health Framework’.

Who was involved

Camden Council commissioners worked closely with what was previously called Camden & Islington NHS Foundation Trust, now part of the North London Mental Health Partnership (NLMHP) and Verve, a specialist communications and engagement agency commissioned by the NLMHP to facilitate the engagement and codesign process with a wide range of stakeholders and residents who were currently, or had previously, drawn on mental health day services.



How were people involved

The engagement and codesign approach involved three phases, including pre-engagement, engagement, and codesign. A desk-based Equality Impact Assessment was also conducted. Sessions took a deliberative approach with people currently or previously drawing on mental health day services, carers, and other stakeholders conducted through face-to-face and online engagement and codesign workshops and focus groups.

Pre-engagement phase: One online session with service users, carers, and stakeholders and two in-person focus groups with people drawing on mental health day services at the Greenwood and Phoenix day services. A discussion with the Autism Hub also took place.

Engagement phase: This included four workshops and one focus group (including one session dedicated to capturing insights from ex-service users of the Acute Day Unit previously at Jules Thorn, and one focus group with adults with autism). Two of these workshops were held in-person, and two online.

During both phases, service users and carers gave feedback regarding their ideas for a new mental health day service. This was collated into a report which enabled the team to develop possible options for elements of the new service.

Codesign phase: This consisted of two in-person workshops with service users and carers. An online information sharing session was also held with people who were unable to join the face-to-face co-design sessions, and a separate session was held by an NLMHP senior manager for people who had previously attended the Acute Day Unit service.

At the face-to-face codesign sessions, service users and carers worked in groups on the different areas proposed for the new service with the aim of enabling the team to refine the components of the new service. As part of the codesign process, the team shared the limitations to the achievement of certain areas of the feedback and where appropriate, service users discussed possible mitigatory actions.

Feedback was grouped into six themes including:

- accessing services and referrals
- how services work together
- interventions and activities
- duration of services and opening hours
- staff and communication, and,
- areas of feedback with limitations

Any challenges/solutions and how these were managed

Mental health day services are often a lifeline for people with mental health support needs, and offer a strong peer network and routine at a time when these are needed most. Therefore, any discussions surrounding potential changes to services can be emotive and concerning to people drawing on these services. The previous 'Acute Day Unit' service commissioned by NLMHP which had temporarily closed in April 2020 which was in scope of inclusion within wider integrated offer was a particularly emotive subject for some people. The original ADU service was much loved by many people who had attended it, and the prospect of its inclusion in a redesigned model caused some concern and suspicion about the motivations for this.

Another challenge was around communicating motivations and early thinking around an integrated health and social care day support offer which involved three separate day support services within its scope. Understandably, people drawing on their own respective day support service were mainly concerned about any potential changes to the service they were currently, or had previously, drawn on, and getting people to discuss wider services as part of a potential integrated model with its implicit complexities was sometimes difficult to communicate and encourage discussion on.

These challenges were managed through clear, accessible, regular and targeted communication with current and previous mental health day service users, to fully explain the motivations for an improved service and allay any concerns they had right from the beginning of the process. This crucially involved Commissioners working closely with the NLMHP and current day service managers to facilitate frequent discussions and distribute regular information about early thinking around the redesign as early as possible. The pre-engagement sessions were particularly important to involve people that were, or had previously, used day support services to explain the rationale for the engagement sessions, respond to any concerns, and understand how and when they wanted to be communicated with.

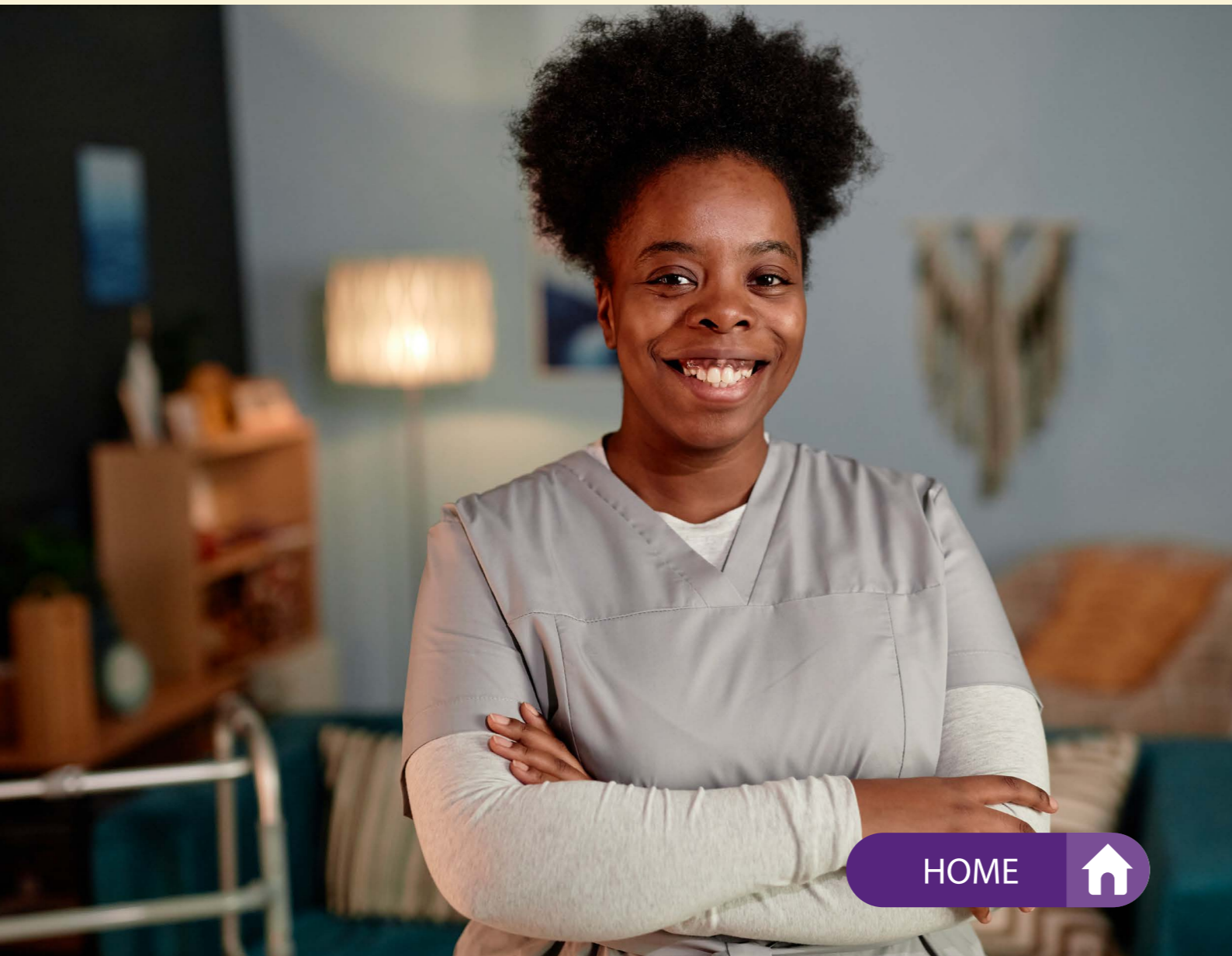


A variety of ways for people to feed back their views on the service redesign were also promoted, i.e. online and in person events, online surveys, feedback via email and one to one telephone interviews. Accessible information that was presented at engagement sessions was always distributed in advance of the engagement and coproduction sessions, to allow time for people to absorb the information, raise concerns and discuss these with their key workers, and think about any questions they may have previous to the events.

Outcome/impact/Next Steps if ongoing

The integrated mental health day support service had phased opening from 1st Aril 2024, and was officially opened by Councillor Anna Wright, Camden’s Cabinet Member for Health, Wellbeing and Adult Social Care at the Greenwood Centre in Kentish Town on Wednesday 31 July 2024.

An ongoing Reference Group takes place which provides opportunities for people drawing on the integrated day service to review the performance and ongoing design of the service



Case Study

**Adult Social Care
Co-production
Framework**



Rationale for the Project

Developing our plans with residents is a key priority in Supporting People, Connecting Communities – our borough-wide strategy for Adult Social Care. To embed co-production as our standard practice, we created a Co-Production Framework, ensuring people with lived experience, carers, and staff collaborate to design, deliver, and evaluate services. The framework aimed to provide a shared understanding of what good co-production looks like, address underrepresentation in participation and build a more consistent approach to involving residents in decisions which affect them.

Who Was Involved

The project involved 38 individuals with lived experience of Adult Social Care services, including family members and carers, internal and external staff and voluntary and community sector organisations. Specific efforts were made to include seldom heard groups who are often underrepresented in co-production and engagement. These included members of Great Camden Minds, an empowerment group for people with dementia, and individuals from Camden’s Bengali community who were previously identified as underserved in research.

How People Were Involved

- Following taster sessions, participants joined one of four working groups which collectively became known as Forward Camden. The four working groups included:
- Older Adults group: older adults with a range of lived experience, including mental health and carer responsibilities
 - Great Camden Minds Group: individuals with a diagnosis of dementia & their carers
 - Adamson Group: young adults living in mental health supported accommodation
 - Surma Community Centre Group: predominantly older adults from the Bengali community with a range of lived experience including learning disabilities. People

contributed to the framework through workshops, focus groups, creative sessions, and storytelling. Staff and residents lived and learned experiences provided insights into what co-production means to them in Camden, as well as our strengths and areas for improvement. From this, we developed five key priorities which helped set our strategic direction for co-production over the next five years, with members of Forward Camden taking a central role in the final decision-making.

Challenges and Solutions

Diversity in co-production groups

Challenges: Bringing together a co-production group which is diverse, and representative of the local community

Solutions: We made targeted efforts to reach out to and engage with people from marginalised communities. We shared the opportunity to be part of the project internally, amongst providers and across voluntary and community sector organisations. Posters and information were also placed around Camden and promoted via Camden Libraries and in newsletters, including Camden Disability Action and Camden Carers. Material for the groups, as well as the pace of meetings was tailored to the needs of each group, and we provided translated documents and interpreters where required. Where people had memory issues, we used an iterative approach, repeating discussions and concepts as needed, allowing space for clarity.

Balancing time and understanding

Challenges: A lack of familiarity about co-production concepts and the social care system, particularly for those from seldom heard groups, meant we needed more time than anticipated to cover foundational topics and build skills and confidence

Solutions: We ran additional pre-involvement sessions on co-production and Adult Social Care to build knowledge before transitioning to broader strategic topics. We also invited a commissioner and a manager to explain their roles/services to help develop understanding. To make sure we worked at the pace of people, we ensured timelines were flexible and provided additional support throughout the project as needed. Updates shared with senior management within Adult Social Care also highlighted the additional time that's needed to do co-production well – particularly when working with seldom heard groups – to help inform planning and build awareness across the organisation.

Focus on immediate concerns

Challenges: Having the opportunity to talk to someone from Adult Care face-to-face meant people often focused on personal and immediate concerns, particularly at the start of the project. At times, this could be frustrating for other members in the group and impacted the flow of meetings.

Solutions: We dedicated time at the beginning of the project to understand people's experiences, needs, and barriers and signposted people to services and support where required. We also wrote working agreements together in each group which outlined keeping to our agenda, meaning we could revisit this if we were going off track. To support people with concerns, we offered time 10 minutes at the end of the sessions for people to talk about personal issues to keep our focus on the session.

Outcomes and Impact

The collaborative process led to the launch of Moving Forward Together, a Co-Production Framework for Adult Social Care in July 2024. The framework is now being implemented alongside people who were involved in its development. This includes a practical toolkit, training for staff and residents and the co-production of evaluation measures. The framework is set to increase opportunities for more partnerships with residents across Adult Social Care and creating the framework together has created strong and trusting relationships with those involved.



Case Study

Carers Action Plan



Rationale for the project

We Make Camden aims to unite communities to address social inequality, ensuring everyone can access the support they need. The Carers Action Plan recognises the diverse experiences of carers and sets out a range of actions to ensure they are supported fully in a joined up and cohesive way, enabling them to live fulfilling lives beyond their caregiving roles.

The Care Act 2014 and associated statutory guidance gives clear duties to local authorities to identify unpaid carers, assess their needs and prevent, reduce and delay future need for support.

These duties have influenced the Supporting People Connecting Communities strategy, which aims to ensure that Camden residents, including carers, live independently in the place they call home, doing the things that matter to them. It has specific aims to ensure carers feel valued and supported.

In the strategy, it demonstrates the Council's intention to achieve this priority 'by coproducing a plan with carers which focuses on the issues defined by them.' This plan is the Carers Action Plan.

Stakeholder Involvement

A whole-system approach was essential to the development of the Carers Action Plan. This involved collaboration across the Camden Borough Partnership, which includes health services, council departments, voluntary organisations, and carers themselves. The process began by mapping out existing initiatives, understanding ongoing work with carers, and identifying gaps where collaboration could strengthen support.

Central to this project are unpaid carers. Other key stakeholders included carer led organisations; Local authority and Adult Social Care; Health and Voluntary and Community Sector organisations.

A working group, including unpaid carers, played a leadership role in developing the plan. This group ensured that carers' experiences were at the heart of the plan, while also connecting with a wider network of services and organisations.

Multiple touchpoints with stakeholders, such as focus groups, regular meetings and communications, allowed for the refinement of the plan based on live feedback and ensured that the final plan was both comprehensive and actionable.

Challenges & Solutions

Several challenges arose during the development of the action plan, such as balancing diverse viewpoints, managing resource constraints, and navigating competing priorities. To address these, the project team kept an open and transparent dialogue with stakeholders. This helped consensus-building and prioritise key actions that aligned with the needs of carers. The involvement of experts and strategic use of data ensured that the plan was grounded in evidence and best practices, despite limitations in time and funding.

Outcomes & Impact

The co-production process culminated in the launch of the Camden Carers Action Plan at a full-Council meeting in July 2024. Carers and local service providers spoke directly to councillors about the challenges they face and their priorities, leading to a deepened understanding and commitment to support carers. The launch was accompanied by an art exhibition titled "What Does Caring Mean to You?" which underscored the personal significance of caregiving.

The plan has strong strategic backing, and a Borough Partnership Carers Board will be established by the end of 2024. This board, chaired by carers, will oversee the implementation of the action plan, ensuring accountability across all involved organisations. Funding from the Better Care Fund will support three dedicated posts to ensure the plan's goals are met, and embed the board, demonstrating a long-term commitment to carers in Camden.



Appendix 1

Steps of Participation Scenarios (Activity 2.1)

Co-Production

Residents in a community group meet with Council workers to discuss how we can build better community networks and reduce loneliness and social isolation. The community group is given a pot of money to set up and run different activities and projects within the local area

Residents work together with council staff to co-produce an action plan to support and improve the lives of carers across the borough

Residents work with Council staff and voluntary organisations to develop and run community projects which aim to improve neighbourhood connectedness and reduce loneliness

Co-Design

Residents and commissioners work together to design a new drug service in the borough

Members of a community centre are involved in designing the programme of activities for those who access the centre

Individuals with learning disabilities work with a tech company to design an app which will improve independent travel

Engagement

A mental health charity runs a series of events to explore and better understand what people want from services

A group of government agencies start hosting events with young adults to understand and better cater to their needs when they leave school

Camden Council organises a quarterly Citizen's Assembly to hear from residents about what's going well/not so well in the local area

Consultation

The council organises an event to consult with residents around building a new supported accommodation service in the area

A feedback survey is sent out to residents who draw on Adult Social Care services to ask about their experiences

The council gets feedback from a group of residents about what they want from their accommodation service

Informing

A day service for older adults sends out a monthly newsletter to let people know about activities happening in the service

Library staff send out a quarterly e-newsletter informing residents about upcoming events

The council sends out letters to a housing estate informing them of upcoming changes to the site

Educating

Staff deliver a training session to residents around safeguarding

An organisation attends a meeting with a self-advocacy group to share information about their service

Camden Adult Social Care records a podcast to share good practice and examples of co-production across our services

Persuasion

A government agency requires people to look for work or attend education to receive a financial benefit

A resident is required to attend a weekly partnership meeting around their care and support, or they risk losing their accommodation

Participation in an activity at a Day Service is compulsory and so the member has to take part



Appendix 2

Co-production and Engagement Project Planning Template

Project/Service Name: _____

Date: _____

Project Lead/s: _____

Resident Groups/Individuals Involved: _____

Your purpose and objectives: What specific issues will the group address? What outcomes are you hoping to achieve and why? What are the expected outcomes of co-production or partnership working?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Identifying and involving stakeholders: Who needs to be involved and what will their responsibilities be? How will you recruit people? How will you reach out to and include seldom heard groups?

[illegible]

Co-production and partnership working: What level of influence will people have and what methods will you use to engage with people? How will you ensure accessibility and inclusivity? How will decisions be made?

This image shows a blank sheet of white paper with ten horizontal black lines, evenly spaced from top to bottom. The lines are parallel and extend across the entire width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the paper.

Communication: How will you communication with the group and share updates and feedback? Who will be responsible for taking and sharing minutes and updates?

Resources and Support: What resources will you need for your project? E.g., budget, meeting space, technology and materials. Are there any training or support needs identified for staff and residents?

Timelines and Milestones: How will you track and monitor progress?

Monitoring and Evaluation: How will you measure success? How will residents be involved in the evaluation?

Further involvement: What opportunities are there for future co-production or ongoing engagement?

Appendix 3

Project Evaluation Template for Adult Social Care

This template is designed to gather your feedback on the co-production process to understand what worked well, what worked less well and to share wider learning. It also looks at how well we've worked to our six guiding principles for co-production and how your work links in with the wider Good Life Camden framework which we use to complete our annual review of co-production in Adult Social Care.

Staff and residents can fill this out with the project lead throughout the co-production process to reflect on where we might need to adapt how we're working, and after projects for an overall review. Completed templates can be sent to coproduction@camden.gov.uk.

Part 1

General Reflection

- 1. **What's worked well?** (include successes or strengths and what contributed to these)
- 2. **What could be improved?** (include any challenges and what could help overcome these)
- 3. **Wider Learning** (include suggestions which could inform future co-production)

Part 2

Evaluating our guiding principles for Co-production

For each guiding principle, consider the statements and provide your assessment on a scale from **1 (Strongly Disagree)** to **5 (Strongly Agree)** and any comments.

The template can also be found on the Practice Guide for staff within Adult Social Care and on the Camden Care Choices website for those outside of Adult Social Care.

1. Relationships

1. We have built trusting and respectful relationships within the co-production group

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

2. I feel that my strengths, skills, and contributions have been valued and recognised

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

Feedback: _____



2. Communication

1. We have communicated clearly, openly, and effectively

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

2. I have felt listened to and understood

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

Feedback: _____

3. Accessibility

1. The co-production process and materials were accessible

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

2. I have had the support I need to be involved

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

Feedback: _____

4. Inclusivity

1. A variety of perspectives were included

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

2. I felt welcome and my contributions have been valued and respected

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

Feedback: _____

5. Honesty/Transparency

1. The decision-making process was open and transparent

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

2. Enough information was provided to make decisions

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

Feedback: _____

6. Being realistic

1. We have set clear and achievable goals

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

2. I understand what we can achieve in this project

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree (Neutral)
- ☐ Agree
- ☐ Strongly Agree

Feedback: _____

Part 3

Good Life Camden Framework

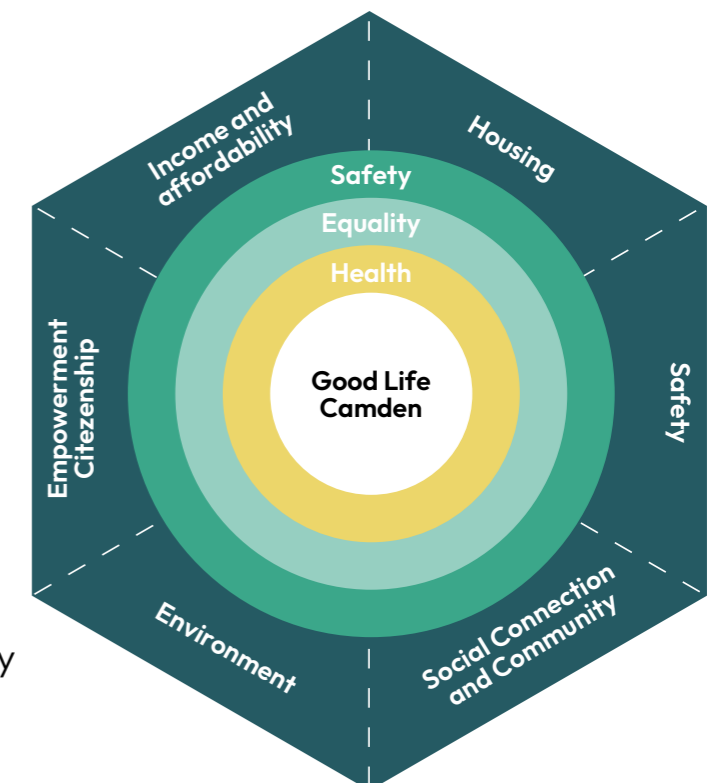
Tick which areas of the Good Life Camden framework your project links to. If you're not sure, you can access more information on the themes here: [Good Life Camden – We Make Camden](#)

Core themes:

- ☐ Safety
- ☐ Equality
- ☐ Health

Domain themes:

- ☐ Housing
- ☐ Income and affordability
- ☐ Empowered Citizenships
- ☐ Life-long learning
- ☐ Social connections & community
- ☐ Environment



Additional feedback:

Thank you for taking the time to complete this template



Strengths Based Principles of What Matters	Think Local Act Personal Principles of Co-Production
We assume everyone has strengths, potential and something positive to contribute	Recognising people as assets
We recognise that strong relationships are central to people's well-being	Developing two-way, reciprocal relationships Encouraging peer support
We stay curious because we recognise that everyone has a unique story to tell	Recognising people as assets
We help people to maintain hope so they can see possibilities	Recognising people as assets Building on people's capabilities
We acknowledge that positive risk taking is an essential part of independent living	Facilitating rather than delivering
We build resilience so that people feel equipped to deal with challenges they face now and in the future	Recognising people as assets Building on people's capabilities
We use plain, non-judgemental language in a way that shows respect to people	Building on people's capabilities Developing two-way, reciprocal relationships
We are committed to getting to know the community we service and developing the links and opportunities within it	Blurring boundaries between delivering and receiving services Facilitating rather than delivering



Appendix 4

Co-production Attendance and Voucher Collection

Name	Date	Activity	Time Spent	Voucher Amount Received	Signed by recipient

Glossary of key terms

This glossary provides an essential foundation for understanding co-production and helps to create a shared language of what we mean when we use specific terms across Adult Social Care.

- Assets:** The strengths, skills and resources of individuals and communities
- Carer:** Individuals who provide paid or unpaid care and support to family members or friends who have disabilities, health conditions, or who are elderly
- Co-Deliver:** When individuals with lived experience and professionals share responsibility for delivering services, ensuring both perspectives are integrated into how support is provided
- Co-Design:** People who use services, and their carers are involved in the design of services or policies. This ensures their needs and perspectives shape the final product from the outset
- Co-Evaluation:** A method where people with lived experience are actively involved in assessing and reviewing the effectiveness and outcomes of services or initiatives.
- Consultation:** A form of engagement where residents may be asked for their views, opinions or preferences but these may not be taken into consideration in decision-making
- Co-Production:** A collaborative approach where people who use services, their families, carers, and professionals share power as equal partners to design, develop, implement, and evaluate services or policies
- Educating:** Residents are given information or knowledge about a topic or area of interest, but this is a one-way flow of information
- Engagement:** People are involved in discussions about different topics and may have some say in decisions which are made
- Facilitation:** The process of guiding discussions and activities in a co-production project to ensure equal participation, support collaboration, and help achieve shared outcomes
- Inclusive Participation:** Ensuring that all voices, particularly those who are traditionally marginalised or underrepresented, are actively involved and able to contribute to co-production processes
- Informing:** People are given information about events, activities or projects which impact them, and they may be helped to understand a decision which has been made



Lived Experience: The personal knowledge or insights gained from direct or indirect experience of Adult Social Care services, which can offer valuable perspectives in shaping and improving these services

Partnership Working: A collaborative effort between different stakeholders, including professionals, service users, carers, and community organisations, to achieve common goals in adult social care

Peer Support: Support provided by individuals who have similar experiences or challenges, offering advice, guidance, and emotional support to one another in a co-production setting

Persuasion: Residents are required or encouraged to be part of an activity against their wishes

Power-Sharing: A key principle in co-production, where decision-making power is distributed equally between practitioners and residents with lived experience, ensuring everyone's voice is valued

Person-Centred Care: An approach that places the individual at the heart of care planning and delivery, ensuring that support is tailored to their unique needs, preferences, and circumstances

Residents: Individuals who receive or rely on adult social care services. These can include people with disabilities, older adults, and those needing mental health support

Seldom heard groups: People or groups who may be underrepresented or marginalised in society

Stakeholders: All individuals or groups who have an interest in or are affected by a service, project, or policy. This includes residents, carers, practitioners, and community organisations

Strengths-Based Approach: Camden's approach to working with people that focuses on the strengths, skills, and resources of individuals and communities rather than their deficits or needs, empowering people to play an active role in shaping services

What Matters: Camden's approach to Adult Social Care which focuses on people strengths and what they can do, rather than what they can't



Contact

coproduction@camden.gov.uk