

Cumberland
Council

Working together in Adult Social Care and Housing

Co-production Report 2024 – 2026

www.cumberland.gov.uk/have-your-say-adult-social-care-services

1. Message from Leadership

“Working together with people who have lived experience is not something we see as optional or additional. It is central to how we want Adult Social Care and Housing in Cumberland to work.

This report reflects a period of learning and change. Over the past two years, people have shared their experiences honestly and, at times, bravely. What they have told us has challenged longheld assumptions, shaped real decisions and helped us improve how support feels in people’s everyday lives. In many areas, we are now involving people earlier, listening more carefully and acting more deliberately on what we hear.

The examples in this report show where working together has made a difference, from shaping strategies and commissioning decisions, to changing how staff understand people’s experiences, to improving accessibility and communication. They also show where our approach has worked best: when involvement is planned early, when expectations are clear, and when people can see how their insight is being used.

We are equally clear about what still needs to improve. Involvement is not yet consistent across all areas. Some communities remain underrepresented, and too often learning has relied on individual projects rather than being built into routine decisionmaking. External assurance through the Care Quality Commission has reinforced the importance of addressing these gaps.

That is why the next phase of this work focuses on embedding what we have learned. Strengthening governance through the Making It Real approach, improving how we use insight, and being clearer about where and how people can influence decisions are all crucial to making involvement reliable rather than exceptional.

Thank you to everyone who has taken part, people with lived experience, carers, community organisations, staff and partners. Your contribution has shaped this work and continues to shape where we are heading next. Our task now is to make sure Working Together becomes part of everyday practice across Adult Social Care and Housing, so that involvement is not something people have to push for, but something they can expect.”

Chris JonesKing, Director of Adult Social Care & Housing

"This year has shown that when housing and social care work together, people experience more consistent, clearer and more compassionate support. Insight from lived experience has shaped our approach and thinking to supported housing, homelessness and crisis pathways, reminding us that "home" is about safety, stability, connection and everyday choice. We've started to build shared expectations, improve accessibility and strengthen governance, creating a more reliable way of working across the system. Our task now is to embed this fully, making early involvement the norm and ensuring our services feel joined up, transparent and shaped by what matters to people in Cumberland."

Paul Latimer, Assistant Director for Housing, Quality & Resources



"Listening well is one of the most important things we can do. When people tell us what's working, what isn't, and what gets in the way, it helps us shape services that are clearer, kinder and more accountable to our communities. The last two years has shown the difference it makes when people's voices are taken seriously. There's still more to do, but we are moving towards a culture where involvement is expected, not exceptional and where everyone feels able to influence the decisions that affect their lives."

Lisa Hinton, Portfolio Holder

“Working with [Cumberland Council] and being valued and listened to made all the difference. All the work behind the scenes made it possible, simplified things and made it easy to read.

The main thing is that we’ve done it on Microsoft Teams and I can hear... Really, if we’re having a group discussion live, I need microphones to hear what people are saying, but the format of talking with Microsoft Teams made it possible for me to participate. Otherwise, it’s important that microphones are used in groups, and I think that needs to be said.

I think everything has happened in the right order, and it’s been slow, but deliberate. I think it’s important that we train people. When people are involved, they need to be prepared properly and do the groundwork properly.

I think using projects that are actually doing coproduction, giving them value, listening to them and saying that they’re doing the coproduction charter, and that they maybe just need a slight adjustment to fit in, and we fit in with what they’re doing.

So, it’s a learning together experience.”

Margaret, Expert by Experience, Co-Production Champion

2. Our Co-Produced Shared Vision for Working Together

Our vision is a Cumberland where people feel heard, valued, and able to shape the services that affect their lives.

A place where working together is central to what we do, because it is the right thing to do, and where decisions are made with communities, not for them.

We want a system where people with lived experience, carers, community organisations, volunteers and practitioners from all backgrounds work side by side to design services that are respectful, inclusive and grounded in real life.

We're building a community where everyone belongs, everyone matters, and everyone is supported to live the good life they choose, with dignity, equality, equity and hope at its heart.



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3. Executive Summary

Over the last two years, Adult Social Care & Housing has strengthened how it works alongside people with lived experience, carers, staff, providers and partners. The Care Quality Commission noted more meaningful involvement, clearer examples of lived experience shaping decisions and early signs of a cultural shift. They also highlighted what we already recognise: involvement needs to be more consistent, more representative and embedded earlier in decision-making.

We have focused on three priorities:

- Building clearer expectations and more accessible approaches to involvement.
- Developing a stronger evidence base through practical examples and case studies.
- Improving how we gather and use insight so we can learn and improve.

Over this period, we have begun to move from involvement happening through individual pieces of work to a more intentional and connected approach. Expectations are becoming clearer, relationships are more sustained, and lived experience insight is increasingly shaping decisions rather than sitting alongside them. This shift is not yet complete, but it marks an important step towards involvement becoming a normal part of how we plan, improve and deliver Adult Social Care and Housing.

People are beginning to see their insight influence decisions, but we know involvement must continue to be earlier, deeper and more inclusive.

Three areas showed particularly strong impact:

Supported Housing Strategy: over 100 people shaped the direction of the strategy and defined what “home” means in practice.

Carers Forum: carers directly shaped the Carers Charter, influenced contracts and helped redesign communication and assessment approaches.

Co-producing “Malcolm”: people with lived experience of multiple disadvantage created a tool that has shifted staff understanding, empathy and relational practice.

4. How this work aligns to the Council Plan and ASCH Vision

Our Working Together approach is one way that ASCH delivers the Cumberland Plan and the ASCH Vision in practice.

The **Cumberland Council Plan (2023–2027)** sets a clear overall aim: to improve the health and wellbeing of people in Cumberland. Coproduction directly supports this by making sure services reflect what matters to people, especially those who face the biggest barriers. When people shape ideas early, support is more likely to be clear, fair and responsive.

The ASCH Vision is that: **“People live fulfilled, healthy, independent lives in the place that they call home.”** This comes to life when we listen to people, understand their priorities, and involve them in decisions that affect their everyday experience of support and housing.

Prevention, dignity, independence and choice run through both the Plan and the Vision. The examples in this report show what this looks like when lived experience leads the way.

We also saw this alignment in practice when Andy and Judith represented Cumberland at the Casey Commission roundtable in Newcastle in March 2026. They described feeling welcomed, listened to and taken seriously, and spoke with real pride about contributing to a national conversation on Adult Social Care. Their experience is a reminder of what the Council Plan and ASCH Vision look like when they come to life: people feeling valued, confident and supported to share what matters to them, not only locally but on a wider stage. What people shared through this work is shaping not only individual projects, but the shared principles and values that now guide how we work together across ASCH.



5. Our direction, principles and values

We want a consistent way of working where people feel listened to, respected and able to shape the services that affect their lives. Working together simply means designing, improving and delivering services **with** people, not **for** them.

We are also clear that ASCH operates within responsibilities around safeguarding, legal duties, budgets and timescales. Being open about these limits matters. Trust is built when we are honest about what can change, what cannot, and why, and when people understand how decisions are being made.

Over the past two years, people have been clear about what good involvement should feel like in practice. Across our work, the same principles come through consistently:

- **Openness** — we're honest about what's possible and transparent about decisions.
- **Respect** — we value different ways of knowing and being.
- **Compassion** — we care about people's experiences, wishes and feelings.
- **Equality and equity** — fair treatment for everyone, with extra or different support where needed.
- **Accountability** — we do what we say we will do, and we are honest when we fall short.
- **Belonging** — we create spaces where everyone feels valued, included and able to be themselves.



These principles are already shaping how we work and are set out more fully in the Working Together Charter, which is being finalised through co-design ahead of wider adoption.

They align closely with the Social Care Institute for Excellence (SCIE) principles that have guided our approach, including valuing different forms of knowledge, widening who is heard, removing practical barriers to involvement, and helping people see the difference their input makes. The SCIE principles provided a strong foundation for this work; the Working Together Charter turns that learning into a shared, locally owned set of expectations for how we work in practice.

The Cumberland Council Plan values — **compassionate, innovative, empowering, ambitious and collaborative** — sit at the heart of this way of working. They guide how we create safe spaces for honest conversation, how we use creative and accessible approaches, how we recognise people as experts in their own lives, and how we work across adult social care, housing, health and the voluntary, community, faith and social enterprise sector.

Working Together is how these values and principles are put into everyday practice. It is the bridge between what people tell us matters, how we work alongside them, and how decisions are shaped across ASCH.

6. Building the Foundations for Working Together

Our work began with an early roundtable session in 2024, bringing together **26** people across the system, including lived experience partners, VCFSE colleagues and staff. It set the tone for everything that followed. Participants rated the session **4.5/5**, and **90%** said they wanted to stay involved. It also highlighted key priorities that still shape our work today, including representation, rural access and rebuilding trust. Of the original 26 people involved in the early coproduction workshops, around a quarter remain actively engaged. They continue to contribute through the Lived Experience Network, the Carers Forum or specific coproduction project groups.

Where people did not continue, this often reflected the absence of a clear ongoing route for involvement at that stage. At that point, involvement activity was developing quickly, including commissioned engagement such as Ageing Well and work linked to decisions about Moot Lodge, but before wider Working Together programme arrangements and governance were fully established. This highlighted the need for clearer routes, continuity and governance, which we are now putting in place.

Following this, we continued to deliver and expand involvement activity across Adult Social Care and Housing. Across the next two years we delivered **more than 13 coproduction workshops**, including Making Every Adult Matter workshops, D/deaf community sessions, carers' work and Supported Housing Strategy sessions.

The Supported Housing Strategy engagement was one of the largest and most detailed pieces of involvement work we've undertaken: **more than 100 people** took part, across six cohorts, plus a survey of **40 careexperienced young people**.

We reached a wider range of people, including **refugees and asylum seekers, D/deaf people, unpaid carers, disabled adults, autistic people, and careexperienced young people.**

The launch of the Lived Experience Network brought together over **50** people across organisations, beginning to build a “network of networks” approach to involvement across Cumberland, including over **10 lived experience members.**

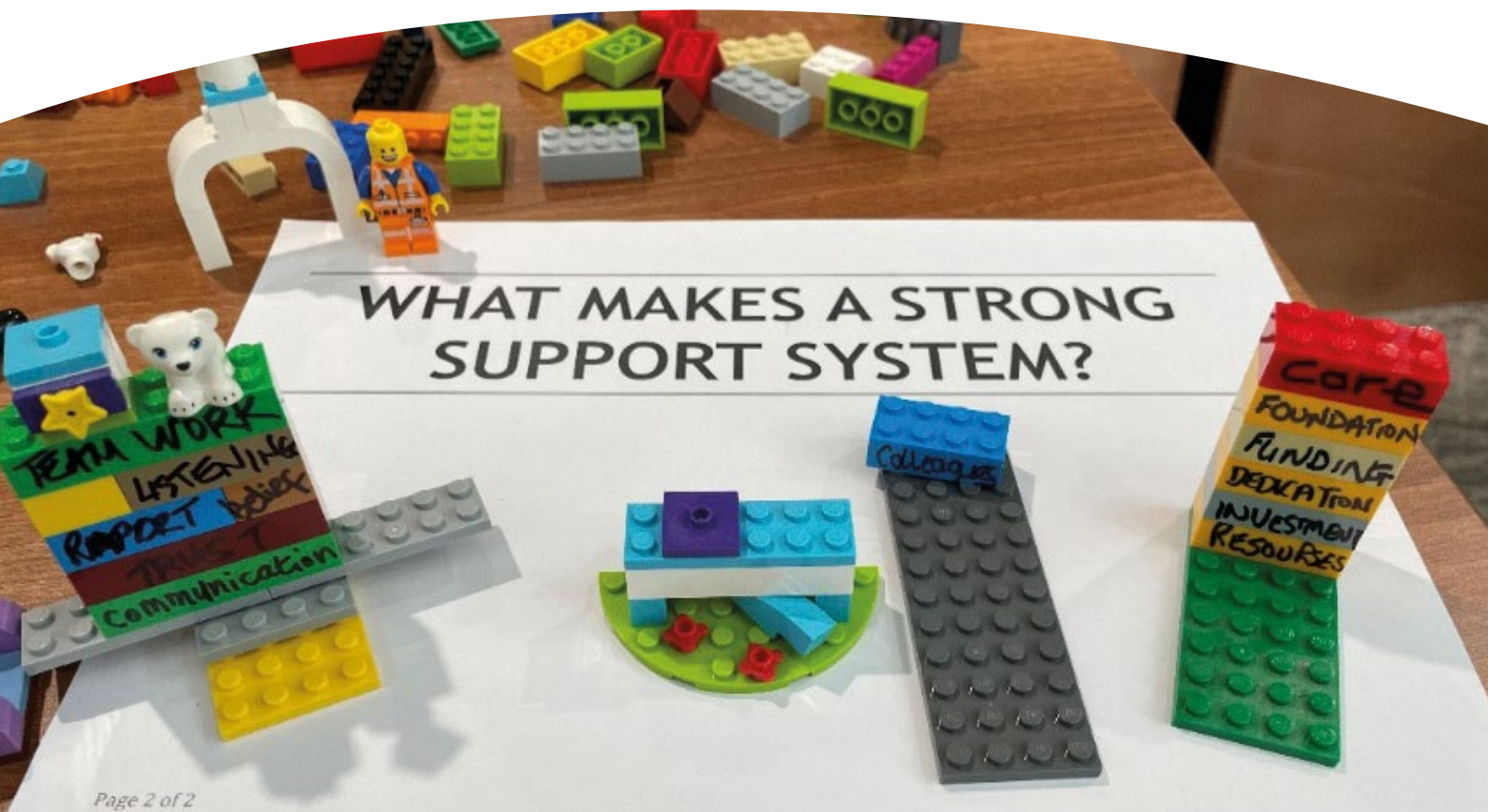
Staff confidence and capability is growing. This year, over **40 staff members** took part in coproduction training and workshops, strengthening our ability to work alongside people in a more confident and consistent way.

We also saw increased organisational requests for support with co-production came from Commissioning, Project Management, Health and Wellbeing Coaches, Provider Services and others, a sign that teams are starting to consider ways to involve people earlier.

Engagement with the Working Together Charter reached systemwide scale, including **three Member briefings**, circulation to all **Elected Members, all Parish and Town Councils**, and over **212 partner contacts.**

Online reach is also growing, with website page views increasing from **26** in January 2025 to **169** in December 2025.

Alongside councilled work, wider system engagement has also shaped understanding and priorities. This includes Healthwatch Cumberland’s Ageing Well in Cumberland report, which gathered insight from over 600 people across 15 towns. The findings echo themes seen throughout this report, particularly around independence, access to support, transport, staying connected to place and the importance of being able to age well at home, and provide an important source of independent livedexperience evidence alongside our own involvement activity.



Why this matters

Taken together, these changes show a real shift in culture. Working together is becoming more consistent, because expectations are clearer and people know what to expect. It is becoming more inclusive, as a wider mix of people are taking part and shaping the work. It is more visible, with leadership and boards seeing this activity regularly and engaging with it. And it is more supported, because colleagues know where to come for advice and are increasingly asking for help to involve people earlier and better.

As an expert by experience put it, **“I have the ability but felt I didn’t have the power until now... I felt I was listened to and understood.”** That sense of confidence and shared ownership is what we are trying to build. These foundations will help us move from isolated pockets of good practice to a reliable, whole system way of working alongside people.

Different ways people were involved

In this report we describe a range of ways people were involved in shaping work across Adult Social Care and Housing. Not all of this activity was coproduction in its fullest sense, and we think it’s important to be clear about that.

At different stages, and for different types of decision, we used consultation, engagement and coproduction. Consultation helped us test ideas and understand likely impact. Engagement helped us hear experiences, build relationships and improve how services felt day to day. Coproduction was used where people could most meaningfully work alongside us from the outset and help shape decisions.

Some of the strongest engagement in this period generated rich insight before consistent routes for prioritisation and oversight were fully in place. That learning has shaped how we are now strengthening governance through the Making It Real approach. This means being open and purposeful about consultation and engagement, while growing consistent, supported coproduction where it can make the greatest difference.

7. Governance and involvement routes

Building on this learning, we strengthened formal routes for lived experience to shape decisions. Governance meetings took place regularly throughout the year, and involvement work progressed into the Co-production Working Group as structures developed.

Regular updates went to Achieving Excellence, Scrutiny and other boards, creating more space for visibility, challenge and learning. The Living Well Subgroup — co-chaired by the co-production lead and a person with lived experience — met throughout the year and contributed to the development of co-produced cultural competence training.

As we move into 2026–27, governance will align to the Making It Real framework. This will give involvement a more stable home in decision-making and make it part of routine practice, rather than something dependent on individual projects or teams.

8. What external assurance told us

The CQC highlighted clear progress: more involvement of people and unpaid carers; stronger examples of co-production; and evidence that people's voices are shaping practice. They also noted a cultural shift beginning to emerge.

They were also direct about what needs to improve: involvement must be more embedded, more structured and more representative of the full population we support. This report responds directly to those challenges by showing both where practice has strengthened and what we are putting in place next.

9. Case studies: What We Did and What Changed

These examples show how lived experience shaped real decisions and strengthened practice across ASCH and partners.

9.1 Supported Housing Strategy

The Supported Housing Strategy engagement was one of the largest and most detailed pieces of involvement we have undertaken. Working in partnership with the Social Care Institute for Excellence (SCIE), we used a structured and accessible approach at scale, designed to support meaningful participation across a wide range of experiences.

More than **100** people took part through smallgroup sessions, onetoone conversations and a survey completed by **40** careexperienced young people. We worked with **six** cohorts: people with learning disabilities and autistic people; careexperienced young people; disabled people (including people with sensory impairment and longterm conditions); older people; people with mental health needs (including those placed out of area); and people experiencing multiple disadvantage and homelessness.



Each cohort used accessible materials, including Easy Read formats and visual prompts, alongside a consistent approach to gathering insight. This helped people take part in ways that worked for them, regardless of confidence or communication style, and allowed us to draw together learning across very different experiences.

Themes across the cohorts

Across all six cohorts, people described “home” as much more than a building. What mattered most was feeling safe and able to settle, being close to the people and places that matter, and having enough control over everyday life to feel that it is genuinely your own.

Five themes came through consistently:

Safety

Stability

Connection

Familiarity

**Everyday
choice**

People were also clear about the practical things that make these themes real in daily life. These included decent repairs and maintenance, warm and wellkept homes, clear and accessible communication with landlords, neighbourhood safety, and support that helps people understand their housing options and move through changes without repeated upheaval.

Together, this insight is shaping how “good supported housing” is defined in the Strategy. Rather than focusing only on building type or tenure, the emphasis is on whether housing enables people to feel secure, informed and able to build an ordinary life that makes sense to them.

9.2 Carers Forum

The Carers Forum has become one of the strongest examples of working together in ASCH. It has grown into a consistent, accessible space where unpaid carers, staff, partners, and Members come together to shape policy, practice and commissioning.

Sessions typically had **17–24** people, and were supported with British Sign Language interpreters, Personal Assistant support, microphones, plainEnglish documents and multiple feedback routes.



Carers told us they felt isolated, struggled with unclear information, experienced gaps between ASCH and Health, and felt assessments sometimes lacked meaningful conversation.

What changed

- Carers shaped the revised Carers Charter, Terms of Reference, and Practice Principles.
- Their insight improved the carers contract.
- Accessibility improvements were implemented immediately.

One carer reflected on their changing confidence in the process: “I was sceptical when first coming along if anything would happen... overall my opinion has changed and things are moving forward positively.”

Multiple routes for feedback helped ensure people could contribute in ways that worked for them.

In carers’ own words

- “Carers are experts by experience — please listen, hear, act.”
- “Reading the document made us cry, in a good way.”

This case study demonstrates coproduction in action: accessible, sustained, partnered and meaningful.

9.3 Coproducing “Malcolm” — Seeing Multiple Disadvantage Through a Person’s Eyes

We worked with people with lived experience of multiple disadvantage to coproduce Malcolm, a fictional but deeply grounded character shaped directly by their stories. Malcolm reflects the realities of homelessness, trauma, alcohol dependency and fractured support, but also the humour, strengths and aspirations people described.

Through open conversations, people shared what life feels like when you are 23, alone, and trying to survive on the streets of West Cumbria. They talked about withdrawal, shame, invisibility, temporary warmth, and the emotional cycle of fear, laughter and numbness.

One person captured this:

“When people give up on you, you give up on yourself.”

These insights shaped Malcolm’s voice and helped create a character who feels honest, painful in places and hopeful in others. His story is now used as a tool to help staff see beyond labels and understand the emotional reality behind multiple disadvantage.

A person from Calderwood House later copresented Malcolm’s story at an ASCH staff briefing. Sharing the story in his own words brought truth and dignity into the room. Afterwards he reflected:

“I feel like I’m important. It makes me feel like I’m being heard and that I can make a difference.”

9.4 Developing the Working Together Charter

The Cumberland Working Together Charter was shaped through open, practical conversations with people with lived experience, carers, community organisations and colleagues from across the system. The aim was to capture, in people’s own words, what good involvement should feel like and to turn this into a shared set of expectations for everyone working in Cumberland.

The process began with a World Café session co-hosted with Healthwatch and the Lived Experience Network. **Thirty-one** people took part, including **eight** with lived experience. The relaxed, café-style format made it easier for people to contribute openly. As an Expert by Experience, put it: **“The chips and sandwiches did a lot for the atmosphere of the gathering... free speech happened. Each member had the opportunity to make their contribution.”**

A **multi-agency** working group then met monthly over nine months, with lived experience members working alongside NHS colleagues, VCFSE partners and council staff. The group refined the wording, tested the commitments against real experience and made sure the draft reflected the things people said mattered most: respect, honesty, fairness and proper listening. Along the way, the draft was shared across community groups, mental health partnerships, parish and town councils and a wide range of voluntary organisations so that more people could shape it.



People fed back that the process felt hopeful, a sign that involvement was being taken seriously. As one VCFSE colleague reflected: **“We’re often asked to bring the voice of lived experience but can’t always be sure people will be cared for or that their input will be used meaningfully. This event gave me real hope that the hard work is being done, that the voice of lived experience will be truly valued.”**

The result is a Charter built from real conversations and shared understanding. It gives teams a clear, practical reference point for planning involvement and helps create a more consistent experience for people wherever they encounter ASCH. The Charter is now in its final design stage, shaped visually and practically with lived experience partners before being adopted across the system.

9.5 Approved Mental Health Practitioner (AMHP) work: Strengthening crisis pathways through lived experience

This work centred on people who had experienced detention under the Mental Health Act or acute mental health crisis, areas where power, fear and trauma are all present. The focus was on developing a new Mental Health Act feedback questionnaire that felt respectful, safe and relevant to people who have been through these experiences.

People with lived experience worked alongside AMHPs, Waythrough staff, a University of Lancashire lecturer and digital design colleagues to shape the questions, language and overall feel of the tool. The aim was to create something that recognised the emotional reality of Mental Health Act assessments and gave people a meaningful way to share what helped and what didn’t.



People influenced the tone, format, accessibility and psychological safety considerations, ensuring the questionnaire reflected real priorities. The coproduction process also shaped the engagement materials and the digital design, including QR code access, so the tool felt easy to use and grounded in dignity.

One person shared an insight that captured the depth of the work:

“It would have been better if they (professionals undertaking the Mental Health Act assessment) had thought about where they sat... it felt like an interview and it was quite intimidating.”

This type of feedback rarely surfaces without deliberate, safe involvement. It directly shaped how future iterations will be introduced.

Impact

The work produced a tool that is more respectful, traumaaware and relevant for people who have been assessed under the Mental Health Act. It has set a clear expectation that lived experience will continue informing future practice improvements, particularly around how people are approached, communicated with, and supported during and after crisis assessments.

9.6 D/deaf Community Access

Two workshops in Carlisle and Whitehaven brought D/deaf people, Cumbria Deaf Association (CDA), ASCH, Healthwatch, NHS partners and VCFSE organisations together to explore reallife barriers to accessing information and support.

This work highlighted that the main barrier for D/deaf people was awareness of access routes. People described not always knowing how to request communication support, inconsistent booking processes, and limited clarity about what was available and when. In practice, this meant support that existed was not always accessible when it was needed.

The sessions created an open and safe space, where people were able to speak honestly about what needs to change. A National Institute for Health and Care Research Champion for North Cumbria reflected on the experience, describing it as:

“Inspiring... where people felt safe and included. Engaging with the deaf community offered a unique opportunity to understand what life is like in their shoes...”

Participants and partners worked together to identify practical improvements, including more consistent interpreter booking systems, wider deaf awareness training, development of BSL video resources, and aims for better joinup between health, social care and the voluntary and community sector.

Difference made

This work is directly shaping the new Hearing Service specification. The next stage will be taken forward as a coproduction project with Commissioning and the D/deaf community over the coming year.

Read more here: [Lived Experience Report](#)

9.7 TechEnabled Care (TEC): a story that changed understanding

A person accessing ASCH and passionate about assistive technology, was filmed at home demonstrating the devices he uses daily. This simple collaboration had a big impact. At a 'Festival of Practice' event, staff from across ASCH, health partners and the University of Cumbria watched the video. Many had never seen this equipment in real use before.

What changed

- Staff reported increased confidence to recommend TEC.
- The video built empathy and understanding — it wasn't about "kit", it was about independence, control and dignity.
- It influenced discussions about how technology might be expanded in practice.

Feedback included:

"Staff who were inexperienced in what some tech looked like could watch a customer use this and see the real impact on their quality of life."





9.8 Commissioning Differently in Millom (IMPACT)

Work in Millom brought people with lived experience, carers, community groups, microproviders and staff together to rethink what “good support” looks like in a rural area where traditional commissioning models simply don’t fit. People described long journeys, fragile services and the exhaustion that comes from having to travel for basic support. One person captured it clearly: **“It’s too far. By the time people get to Barrow and back, they’re exhausted.”**

What emerged was an honest picture of daily life in Millom, the isolation, the gaps in daytime opportunities, and the reality that local strengths often sit outside formal services. The Ladies Lunch Club spoke about connection as life support: **“Sometimes when I’m on my own, I don’t feel like eating. Coming here means I know I’ll get one nice meal a week.”** This shaped a shared understanding that prevention here isn’t abstract, it’s about belonging, consistency and being known.

Across five sessions people moved from describing problems to shaping solutions. Together they created a coproduced Theory of Change that puts local, relational and flexible support at the centre. Priorities included exploring day opportunities in existing community spaces, improving visibility of what’s available and developing a Community Connector role to join things up. As someone said: **“It doesn’t have to be big in a place like Millom — it just needs to be consistent and local.”**

Although the work is ongoing, the process has already strengthened relationships and built confidence. People described the network as shifting from a talking shop to “a platform”, with a clearer sense that commissioning can be shaped from the ground up when lived experience leads the way. Early steps, like scoping Shared Lives options, linking microproviders and beginning a local directory, are signs of a longerterm change that’s only just beginning.

9.9 Learning from the lives and deaths of people with a learning disability and autistic people (LeDeR)

This piece of work brought together an Advanced Practice Lead, NHS colleagues and the person's family to design and deliver a set of reflective LeDeR workshops shaped by the learning from the person's review. The aim was to help staff understand not just the procedural elements of LeDeR reviews, but the human impact behind them.

Together, they explored the identified learning from the review, including autism awareness, Mental Capacity Act (MCA) practice, reasonable adjustments and dual diagnosis, all areas where improvement was needed.

The family's willingness to share their story set the tone for the sessions. Staff described hearing directly from them as transformative. It shifted the workshops from 'training' into genuine reflection, encouraging people to think more deeply about their own practice, the assumptions they hold, and the difference respectful, personcentred support can make.

Feedback showed how powerful this approach was. Staff described the learning as **meaningful, impactful and practice changing**, with several people explaining how it would directly influence how they approach MCA conversations, plan reasonable adjustments and work alongside families.

The work has continued beyond the workshops. Further work is underway to explore the development of an elearning resource and a potential case study, so the learning can reach more people across ASCH and beyond. Alongside this, partners are developing a practical guide to coproducing LeDeR learning, offering honest reflections on what helped and what others may want to consider when involving people with lived experience in sensitive learning.

This case study shows what can happen when coproduction is not an addon but sits at the heart of learning. It led to better understanding, changed practice, and strengthened a shared commitment to improving the experience of people with a learning disability and autistic adults in Cumberland.

9.10 Involving people in recruitment

People with lived experience played a stronger role in recruitment this year. Their insight helped us understand how candidates relate to people in real situations, something that formal interviews can miss.

What we did

People with lived experience were supported to take part in interviews for a range of posts, including leadership roles within Cumberland Care.

Services used a simple twopanel approach: a formal panel led by managers, and a lived experience panel supported by staff. This meant people could take part in a comfortable setting, and candidates were seen in more than one context, through informal chat, being shown around, and responding to straightforward, accessible questions.

People with lived experience focused on how candidates communicated, whether they listened, and how they made others feel. Staff were there to support confidence and understanding, without shaping people's views.

What people told us

People with lived experience said they enjoyed being involved and felt their contribution genuinely mattered. They valued being able to meet candidates informally and said this helped them **"see the real person"**.

Staff said the approach gave them a clearer and more rounded picture of candidates. Several highlighted how differently some people presented in the lived experience panel compared with the formal interview, differences they might not otherwise have noticed.

What changed

- Lived experience insight directly shaped final recruitment decisions.
- Teams gained a stronger shared understanding of the importance of relational practice when recruiting.
- Staff became more confident in preparing people, supporting them on the day, and sharing back what happened afterwards.

What's next

We are developing simple, consistent materials, including accessible preparation sheets, clearer scoring tools and a wider pool of people who want to be involved, so this becomes a routine part of recruitment across all services.

People with lived experience will continue to help us select staff whose values, communication and behaviour reflect what matters most to the people we support.

9.11 Shared Lives: building confidence, connection and creativity

Shared Lives have been developing their peer support offer and annual social events in a way that increasingly puts people's choices at the centre. Over the past year, the team have shifted from staffplanned social events to co-producing with people where they want to go and what they want to do. Last year the group chose a day out in Silloth; this year they decided on a boat trip on Windermere. What used to be a serviceled outing has become an annual event shaped entirely by people's preferences.

The peer support group has also grown in confidence. Sessions are now arranged in a way that allows people to spend time together informally, share experiences, and decide collectively what they would like the group to try next. Activities such as bingo, games and bowling have been suggested and chosen by people themselves, with staff there only to support the practicalities.



Creative ideas are also coming through. At Christmas, one Shared Lives carer raised that someone they support wanted to record a song, so the team arranged time in a studio and made it happen. During Shared Lives Week, they held a celebration event for carers that was codesigned with the people accessing support. The group created a video quiz to share on the day, and one person produced artwork that was turned into cards and given out to carers as a thank you.

People tell the team that these opportunities help them feel more involved and more confident speaking up about what they want. Although wider service development is still a longerterm goal, these small but meaningful steps are laying the foundations, building trust, strengthening relationships, and helping people see that their ideas and contributions lead to real action.

This case study shows how everyday coproduction like choosing venues, shaping activities, creating something together, can build the confidence and connection needed for deeper involvement in the future.

9.12 Homelessness, Access and Temporary Accommodation

Over the past year, people experiencing homelessness have continued to influence how we design and improve housing access, assessment processes, and pathways. This insight has primarily come through day-to-day conversations with housing officers, feedback at first point of contact, and intelligence from partner organisations supporting people with complex needs.

Feedback highlighted that, while support was valued, approaching homelessness services could still feel confusing and overwhelming at times of crisis. Assessments were sometimes experienced as rushed or unclear, expectations were not always explained in a straightforward way, and communication could vary during key points in the process. These themes were consistently reflected in feedback from partners.

This insight has informed a number of improvements. It has shaped priorities within the Homelessness & Rough Sleeping Strategy, strengthening the focus on prevention, earlier engagement, and more coordinated support for people with complex needs. It has also led to a more consistent, flexible, and trauma-informed approach to access and assessment. Housing officers now spend more time preparing people ahead of appointments, use clearer and more consistent language, and set out what the service can and cannot provide. This has helped reduce anxiety at first contact and improve transparency.

Feedback from people in Temporary Accommodation is informing our approach to standards, communication and move-on planning, with a stronger focus on ensuring people understand their housing options, expectations and next steps.

People's experiences have further influenced how we shape supported housing pathways, particularly in relation to move-on, tenancy sustainment and closer coordination between housing, health and VCFSE partners.

This approach ensures that lived experience continues to shape both day-to-day practice and longer-term service development.

9.13 Regional insight: Over a Brew (North East Association for the Directors of Adult Social Services (ADASS))



We joined a series of informal “Over a Brew” sessions with North East ADASS and Curators of Change. These storyled conversations brought together people with lived experience, carers, social workers, safeguarding leads, commissioners and providers.

People spoke openly about feeling unheard, the emotional impact of complex processes, and the difference it makes when social care workers listen, show kindness and involve people meaningfully. Their insights strongly echoed what we hear locally.

We produced three short learning pieces for managers, drawing on these themes. These now support reflective discussions in team meetings and have directly informed assessment practice guidance, particularly around preparation, communication and relational practice

10. Themes across the year

A few strong themes emerged across the system this year.

Earlier involvement works better.

The most meaningful examples came when people shaped ideas early, not once decisions were already formed.

Accessibility makes involvement possible.

Tools such as BSL, plain English, covering expenses and getting the basics right such as venues, timing, microphones, opened the door to many more people.

Staff want support, not extra process.

Teams are keen to work in this way, but need clearer tools and expectations that fit real workloads.

Representation is broadening.

More carers, disabled people, D/deaf people, refugees, autistic people, people with learning disabilities, careexperienced young people and people living in rural areas took part this year, and we want to keep widening who is involved. There are still gaps in who is currently engaged. Some communities remain underrepresented, and geography, trust, accessibility and confidence continue to shape who feels able to take part.

This reflects issues identified through the CQC assessment and is echoed in the Achieving Excellence Plan, particularly around equity of access, unpaid carers, rurality and the experiences of people with communication needs.

The next phase will focus on more targeted outreach, clearer routes into involvement, and better use of equality data, so that who we hear from, and who we don't, is visible and actively addressed.

Insight must lead to action.

People want to see what has changed. This report shows progress, but consistently closing the loop remains essential.

Some of the strongest engagement this year such as the Ageing Well engagement, happened ahead of a fully established governance structure. These projects generated rich insight and meaningful relationships but were not yet consistently connected into a wider programme of governance and prioritisation.

As we move into the next phase, a clearer governance model will ensure this kind of learning is more consistently connected to commissioning, service improvement and strategic decision-making, rather than relying on individual projects.

11. Looking ahead: Working Together programme 2026-2028

In 2026–28, our focus moves from establishing foundations to putting Working Together into practice at greater depth and scale. The next phase strengthens how people shape decisions across housing, practice improvement and major service developments, using different forms of involvement at the right points in the process.

To move from pockets of good practice to a consistent, system wide way of working, we will establish a Making It Real Board. The Board will provide clear governance, prioritisation and oversight for all coproduction activity across ASCH. Its role is to agree where effort is best focused, shape how involvement happens for those priorities, and ensure lived experience influences decisions. The Board will help set direction, agree priorities and ensure insight is used purposefully, rather than in isolation.

The Board will bring together learning from the ASCH transformation programme, commissioning pipeline, service feedback, regulatory findings and lived experience. This creates a single place where insight, improvement priorities and decisionmaking meet, ensuring coproduction activity is connected, intentional and visibly influencing what we do next.



Consultation and engagement will continue to play an important role alongside this. They will be used to test ideas, gather insight from a wider range of people, and understand impact at different stages of work. The Board will help ensure that consultation and engagement are used deliberately and transparently, and that what we hear is fed back into decisionmaking and, where appropriate, taken forward through deeper coproduction.

The priorities for the 2026–28 Working Together programme were chosen deliberately. They reflect:

- ASCH transformation priorities outlined in the Achieving Excellence Plan, including actions on Direct Payments, carers, equity and feedback loops.
- The ASCH Service Plan, particularly commitments on coproduction, governance and inclusive practice.
- Commissioning intentions set out in the Market Position Statement and upcoming service specifications.
- Lived experience feedback from carers, disabled people, D/deaf people, people experiencing homelessness and people living in rural communities.
- External assurance, particularly areas highlighted through CQC as needing greater consistency or earlier involvement.

Progress will be reported through existing leadership, quality and scrutiny arrangements, ensuring this work contributes to wider service improvement rather than sitting alongside it. This ensures future coproduction activity is focused on areas where it can most strongly influence service quality, equity and outcomes.

Through the Making It Real Board, a small number of priority areas will be agreed and reviewed, with focused engagement or reference groups feeding learning and recommendations into leadership and commissioning decisions.

Planned work for consideration includes:

- Young people shaping the supported housing offer.
- A Direct Payments Lived Experience Working Group.
- Codesigning the Hearing Service specification.
- Supporting to shape the Supported Housing Strategy.
- Reforms to homelessness access and triage.
- New Temporary Accommodation standards.
- Continued delivery of the Homelessness and Rough Sleeping Strategy.
- Co-producing day opportunities in Millom.

This phase is about going further: involving people earlier in complex work, improving the quality of our insight and widening participation. It also means strengthening how teams apply learning, not just how insight is gathered.

Governance will continue to develop in line with the Making It Real framework, ensuring lived experience is part of routine decisionmaking and ongoing improvement. The aim is simple: involvement should feel normal, reliable and embedded in how we design, review and improve support.

While this report shows clear examples of influence, we know impact needs to be measured more consistently. Over the next phase, we will develop a more joinedup approach to outcome measurement, using participant feedback, service changes and commissioning decisions to evidence what has changed and why. This will support learning, accountability and clearer reporting to people involved, leaders and external assurance bodies.

Taken together, this approach will help create services that feel clearer, more responsive and more grounded in what people say matters to them, continuing the shift towards support that works better for people and for the places they call home.

12. Closing reflection

The years 2024 - 2026 has shown what is possible when people's experience is taken seriously. The work in this report isn't just a collection of good-news stories, it reflects real influence, practical improvements and a stronger shared understanding of what matters to people across Cumberland.

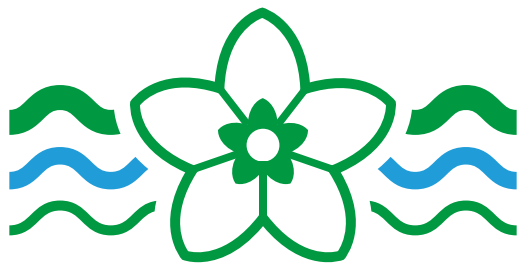
We are still early in this journey. The challenge for the next two years is reliability, building ways of working where involving people is not dependent on individuals or enthusiasm, but is part of everyday practice, decision-making and leadership.

Working together is becoming not just what we do, but how we do it, and the expectation going forward is that people's insight will continue shaping our decisions, our culture and the way our services feel to the people who use them.

Finally, we want to thank everyone who has contributed to this work over the past two years, people with lived experience, carers, community organisations, voluntary and faith groups, members, partners and colleagues across ASCH and the wider system.

People have given their time, shared experiences, challenged our thinking and worked alongside us on specific pieces of work. That contribution has influenced priorities, shaped decisions and improved how support feels in practice. We are grateful for the care, honesty and commitment people have brought to this work, and we know that continuing to work together will be essential as this programme develops further.





**Cumberland
Council**